

Ross	Simmons	Tiberi
Rothman	Simpson	Tierney
Roukema	Skeen	Toomey
Roybal-Allard	Skelton	Trafficant
Royce	Smith (MI)	Turner
Ryan (WI)	Smith (NJ)	Upton
Ryun (KS)	Smith (TX)	Velazquez
Sanchez	Smith (WA)	Vitter
Sanders	Snyder	Walden
Sandlin	Solis	Walsh
Sawyer	Souder	Watkins (OK)
Saxton	Spratt	Watson (CA)
Scarborough	Stearns	Watt (NC)
Schakowsky	Stenholm	Watts (OK)
Schiff	Strickland	Waxman
Schrock	Stump	Weiner
Sensenbrenner	Sununu	Weldon (FL)
Serrano	Tanner	Weldon (PA)
Sessions	Tauscher	Wexler
Shadegg	Tauzin	Whitfield
Shaw	Taylor (NC)	Wicker
Shays	Terry	Wilson
Sherman	Thomas	Wolf
Sherwood	Thornberry	Woolsey
Shimkus	Thune	Wynn
Shows	Thurman	Young (AK)
Shuster	Tiahrt	Young (FL)

## NOES—44

Baird	Kennedy (MN)	Roemer
Capuano	Kucinich	Sabo
Costello	Larsen (WA)	Schaffer
Crane	Latham	Stupak
Crowley	LoBiondo	Sweeney
DeFazio	McCarthy (NY)	Thompson (CA)
English	McDermott	Thompson (MS)
Filner	McNulty	Udall (CO)
Fossella	Menendez	Udall (NM)
Gutierrez	Moore	Visclosky
Gutknecht	Moran (KS)	Wamp
Hefley	Oberstar	Waters
Hilliard	Peterson (MN)	Weller
Hoekstra	Platts	Wu
Hulshof	Ramstad	

## ANSWERED "PRESENT"—1

Tancredo

## NOT VOTING—29

Calvert	Johnson, E. B.	Neal
Cubin	Jones (OH)	Norwood
Flake	Keller	Reynolds
Gephardt	Kelly	Rush
Gordon	Lewis (CA)	Scott
Goss	Lipinski	Slaughter
Hastings (FL)	McKinney	Spence
Hunter	Millender	Stark
Hutchinson	McDonald	Taylor (MS)
Jefferson	Miller, Gary	Towns

□ 1225

So the Journal was approved.

The result of the vote was announced as above recorded.

## SUNDRY MESSAGES FROM THE PRESIDENT

Sundry messages, in writing from the President of the United States were communicated to the House by Ms. Wanda Evans, one of his secretaries.

## CONTINUATION OF NATIONAL EMERGENCY WITH RESPECT TO IRAQ—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 107-111)

The SPEAKER pro tempore (Mr. RYAN of Wisconsin) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on International Relations and ordered to be printed:

*To the Congress of the United States:*

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides

for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the Federal Register and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent the enclosed notice, stating that the Iraqi emergency is to continue in effect beyond August 2, 2001, to the Federal Register for publication.

The crisis between the United States and Iraq that led to the declaration on August 2, 1990, of a national emergency has not been resolved. The Government of Iraq continues to engage in activities inimical to stability in the Middle East and hostile to United States interests in the region. Such Iraqi actions pose a continuing, unusual, and extraordinary threat to the national security and foreign policy of the United States. For these reasons, I have determined that it is necessary to maintain in force the broad authorities necessary to apply economic pressure on the Government of Iraq.

GEORGE W. BUSH.

THE WHITE HOUSE, July 31, 2001.

## PERIODIC REPORT ON NATIONAL EMERGENCY WITH RESPECT TO IRAQ—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 107-110)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on International Relations and ordered to be printed:

*To the Congress of the United States:*

As required by section 401(c) of the National Emergencies Act, 50 U.S.C. 1641(c), and section 204(c) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(c), I transmit herewith a 6-month report on the national emergency with respect to Iraq that was declared in Executive Order 12722 of August 2, 1990.

GEORGE W. BUSH.

THE WHITE HOUSE, July 31, 2001.

## VETERANS BENEFITS ACT OF 2001

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2540) to amend title 38, United States Code, to make various improvements to veterans benefits programs under laws administered by the Secretary of Veterans Affairs, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2540

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

## SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Veterans Benefits Act of 2001".

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

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code.

## TITLE I—ANNUAL COST-OF-LIVING ADJUSTMENT IN COMPENSATION AND DIC RATES

Sec. 101. Increase in rates of disability compensation and dependency and indemnity compensation.

Sec. 102. Publication of adjusted rates.

## TITLE II—COMPENSATION PROVISIONS

Sec. 201. Presumption that diabetes mellitus (type 2) is service-connected.

Sec. 202. Inclusion of illnesses that cannot be clearly defined in presumption of service connection for Gulf War veterans.

Sec. 203. Preservation of service connection for undiagnosed illnesses to provide for participation in research projects by Gulf War veterans.

Sec. 204. Presumptive period for undiagnosed illnesses program providing compensation for veterans of Persian Gulf War who have certain illnesses.

## TITLE III—ADMINISTRATION OF UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

Sec. 301. Registration fees.

Sec. 302. Administrative authorities.

## TITLE IV—OTHER MATTERS

Sec. 401. Payment of insurance proceeds to an alternate beneficiary when first beneficiary cannot be identified.

Sec. 402. Extension of copayment requirement for outpatient prescription medications.

Sec. 403. Department of Veterans Affairs Health Services Improvement Fund made subject to appropriations.

Sec. 404. Native American veteran housing loan pilot program.

Sec. 405. Modification of loan assumption notice requirement.

Sec. 406. Elimination of requirement for providing a copy of notice of appeal to the Secretary.

Sec. 407. Pilot program for expansion of toll-free telephone access to veterans service representatives.

Sec. 408. Technical and clerical amendments.

Sec. 409. Codification of recurring provisions in annual Department of Veterans Affairs appropriations Acts.

## SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

## TITLE I—ANNUAL COST-OF-LIVING ADJUSTMENT IN COMPENSATION AND DIC RATES

## SEC. 101. INCREASE IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) RATE ADJUSTMENT.—The Secretary of Veterans Affairs shall, effective on December 1, 2001, increase the dollar amounts in effect for the payment of disability compensation and dependency and indemnity compensation by the Secretary, as specified in subsection (b).

(b) AMOUNTS TO BE INCREASED.—The dollar amounts to be increased pursuant to subsection (a) are the following:

(1) COMPENSATION.—Each of the dollar amounts in effect under section 1114 of title 38, United States Code.

(2) ADDITIONAL COMPENSATION FOR DEPENDENTS.—Each of the dollar amounts in effect under sections 1115(1) of such title.

(3) CLOTHING ALLOWANCE.—The dollar amount in effect under section 1162 of such title.

(4) NEW DIC RATES.—The dollar amounts in effect under paragraphs (1) and (2) of section 1311(a) of such title.

(5) OLD DIC RATES.—Each of the dollar amounts in effect under section 1311(a)(3) of such title.

(6) ADDITIONAL DIC FOR SURVIVING SPOUSES WITH MINOR CHILDREN.—The dollar amount in effect under section 1311(b) of such title.

(7) ADDITIONAL DIC FOR DISABILITY.—The dollar amounts in effect under sections 1311(c) and 1311(d) of such title.

(8) DIC FOR DEPENDENT CHILDREN.—The dollar amounts in effect under sections 1313(a) and 1314 of such title.

(c) DETERMINATION OF INCREASE.—(1) The increase under subsection (a) shall be made in the dollar amounts specified in subsection (b) as in effect on November 30, 2001.

(2) Except as provided in paragraph (3), each such amount shall be increased by the same percentage as the percentage by which benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.) are increased effective December 1, 2001, as a result of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

(3) Each dollar amount increased pursuant to paragraph (2) shall, if not a whole dollar amount, be rounded down to the next lower whole dollar amount.

(d) SPECIAL RULE.—The Secretary may adjust administratively, consistent with the increases made under subsection (a), the rates of disability compensation payable to persons within the purview of section 10 of Public Law 85-857 (72 Stat. 1263) who are not in receipt of compensation payable pursuant to chapter 11 of title 38, United States Code.

#### SEC. 102. PUBLICATION OF ADJUSTED RATES.

At the same time as the matters specified in section 215(i)(2)(D) of the Social Security Act (42 U.S.C. 415(i)(2)(D)) are required to be published by reason of a determination made under section 215(i) of such Act during fiscal year 2002, the Secretary of Veterans Affairs shall publish in the Federal Register the amounts specified in subsection (b) of section 101, as increased pursuant to that section.

### TITLE II—COMPENSATION PROVISIONS

#### SEC. 201. PRESUMPTION THAT DIABETES MELLITUS (TYPE 2) IS SERVICE-CONNECTED.

Section 1116(a)(2) is amended by adding at the end the following new subparagraph:

“(H) Diabetes Mellitus (Type 2).”

#### SEC. 202. INCLUSION OF ILLNESSES THAT CANNOT BE CLEARLY DEFINED IN PRESUMPTION OF SERVICE CONNECTION.

(a) ILLNESSES THAT CANNOT BE CLEARLY DEFINED.—(1) Subsection (a) of section 1117 is amended by inserting “or fibromyalgia, chronic fatigue syndrome, a chronic multi-symptom illness, or any other illness that cannot be clearly defined (or combination of illnesses that cannot be clearly defined)” after “illnesses”).

(2) Subsection (c)(1) of such section is amended by inserting “or fibromyalgia, chronic fatigue syndrome, a chronic multi-symptom illness, or any other illness that cannot be clearly defined (or combination of illnesses that cannot be clearly defined)” in the matter preceding subparagraph (A) after “illnesses”).

(b) SIGNS OR SYMPTOMS THAT MAY INDICATE UNDIAGNOSED ILLNESSES.—(1) Section 1117 is

further amended by adding at the end the following new subsection:

“(g) For purposes of this section, signs or symptoms that may be a manifestation of an undiagnosed illness include the following:

“(1) Fatigue.  
“(2) Unexplained rashes or other dermatological signs or symptoms.

“(3) Headache.  
“(4) Muscle pain.

“(5) Joint pain.  
“(6) Neurologic signs or symptoms.

“(7) Neuropsychological signs or symptoms.

“(8) Signs or symptoms involving the respiratory system (upper or lower).

“(9) Sleep disturbances.  
“(10) Gastrointestinal signs or symptoms.

“(11) Cardiovascular signs or symptoms.  
“(12) Abnormal weight loss.

“(13) Menstrual disorders.”

(2) Section 1118(a) is amended by adding at the end the following new paragraph:

“(4) For purposes of this section, signs or symptoms that may be a manifestation of an undiagnosed illness include the signs and symptoms listed in section 1117(g) of this title.”

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on April 1, 2002.

#### SEC. 203. PRESERVATION OF SERVICE CONNECTION FOR UNDIAGNOSED ILLNESSES TO PROVIDE FOR PARTICIPATION IN RESEARCH PROJECTS BY GULF WAR VETERANS.

(a) AUTHORITY FOR SECRETARY TO PROVIDE FOR PARTICIPATION WITHOUT LOSS OF BENEFITS.—Section 1117 is amended by adding after subsection (g), as added by section 202(b), the following new subsection:

“(h)(1) If the Secretary determines with respect to a medical research project sponsored by the Department that it is necessary for the conduct of the project that Persian Gulf veterans in receipt of compensation under this section or section 1118 of this title participate in the project without the possibility of loss of service connection under either such section, the Secretary shall provide that service connection granted under either such section for disability of a veteran who participated in the research project may not be terminated.

“(2) Paragraph (1) does not apply in a case in which—

“(A) the original award of compensation or service connection was based on fraud; or

“(B) it is clearly shown from military records that the person concerned did not have the requisite service or character of discharge.

“(3) The Secretary shall publish in the Federal Register a notice of each determination made by the Secretary under paragraph (1) with respect to a medical research project.”

(b) EFFECTIVE DATE.—The authority provided by subsection (h) of section 1117 of title 38, United States Code, as added by subsection (a), may be used by the Secretary of Veterans Affairs with respect to any medical research project of the Department of Veterans Affairs, whether commenced before, on, or after the date of the enactment of this Act.

#### SEC. 204. PRESUMPTIVE PERIOD FOR UNDIAGNOSED ILLNESSES PROGRAM PROVIDING COMPENSATION FOR VETERANS OF PERSIAN GULF WAR WHO HAVE CERTAIN ILLNESSES.

Section 1117 is amended—

(1) in subsection (a)(2), by striking “within the presumptive period prescribed under subsection (b)” and inserting “before December 31, 2003”; and

(2) by striking subsection (b).

### TITLE III—ADMINISTRATION OF UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

#### SEC. 301. REGISTRATION FEES.

(a) FEES FOR COURT-SPONSORED ACTIVITIES.—Subsection (a) of section 7285 is amended by adding at the end the following new sentence: “The Court may also impose registration fees on persons participating in a judicial conference convened pursuant to section 7286 of this title or any other court-sponsored activity.”

(b) USE OF FEES.—Subsection (b) of such section is amended by striking “for the purposes of (1)” and all that follows through the period and inserting “for the following purposes:

“(1) Conducting investigations and proceedings, including employing independent counsel, to pursue disciplinary matters.

“(2) Defraying the expenses of—  
“(A) judicial conferences convened pursuant to section 7286 of this title; and

“(B) other activities and programs that are designed to support and foster bench and bar communication and relationships or the study, understanding, public commemoration, or improvement of veterans law or of the work of the Court.”

(c) CLERICAL AMENDMENTS.—(1) The heading for such section is amended to read as follows:

“§ 7285. Practice and registration fees”.

(2) The item relating to such section in the table of sections at the beginning of chapter 72 is amended to read as follows:

“7285. Practice and registration fees.”

#### SEC. 302. ADMINISTRATIVE AUTHORITIES.

(a) IN GENERAL.—Subchapter III of chapter 72 is amended by adding at the end the following new section:

“§ 7287. Administration

“Notwithstanding any other provision of law, the Court of Appeals for Veterans Claims may exercise, for purposes of management, administration, and expenditure of funds, the authorities provided for such purposes by any provision of law (including any limitation with respect to such provision) applicable to a court of the United States as defined in section 451 of title 28, except to the extent that such provision of law is inconsistent with a provision of this chapter.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item related to section 7286 the following new item:

7287. Administration.”

### TITLE IV—OTHER MATTERS

#### SEC. 401. PAYMENT OF INSURANCE PROCEEDS TO AN ALTERNATE BENEFICIARY WHEN FIRST BENEFICIARY CANNOT BE IDENTIFIED.

(a) NSLI.—Section 1917 is amended by adding at the end the following new subsection:

“(f)(1) Following the death of the insured—

“(A) if the first beneficiary otherwise entitled to payment of the insurance proceeds does not make a claim for such payment within three years after the death of the insured, payment of the proceeds may be made to another beneficiary designated by the insured, in the order of precedence as designated by the insured, as if the first beneficiary had predeceased the insured; and

“(B) if within five years after the death of the insured, no claim has been filed by a person designated by the insured as a beneficiary and the Secretary has not received any notice in writing that any such claim will be made, payment of the insurance proceeds may (notwithstanding any other provision of law) be made to such person as may in the judgment of the Secretary be equitably entitled to the proceeds of the policy.

“(2) Payment of insurance proceeds under paragraph (1) shall be a bar to recovery by any other person.”.

(b) USGLL.—Section 1951 is amended—

(1) by inserting “(a)” before “United States Government”; and

(2) by adding at the end the following new subsection:

“(b)(1) Following the death of the insured—

“(A) if the first beneficiary otherwise entitled to payment of the insurance proceeds does not make a claim for such payment within three years after the death of the insured, payment of the proceeds may be made to another beneficiary designated by the insured, in the order of precedence as designated by the insured, as if the first beneficiary had predeceased the insured; and

“(B) if within five years after the death of the insured, no claim has been filed by a person designated by the insured as a beneficiary and the Secretary has not received any notice in writing that any such claim will be made, payment of the insurance proceeds may (notwithstanding any other provision of law) be made to such person as may in the judgment of the Secretary be equitably entitled to the proceeds of the policy.”

“(2) Payment of insurance proceeds under paragraph (1) shall be a bar to recovery by any other person.”.

(c) TRANSITION PROVISION.—In the case of a person insured under subchapter I or II of chapter 19 of title 38, United States Code, who dies before the date of the enactment of this Act, the three-year and five-year periods specified in subsection (f)(1) of section 1917 of title 38, United States Code, as added by subsection (a), and subsection (b)(1) of section 1951 of such title, as added by subsection (b), shall for purposes of the applicable subsection be treated as being the three-year and five-year periods, respectively, beginning on the date of the enactment of this Act.

**SEC. 402. EXTENSION OF COPAYMENT REQUIREMENT FOR OUTPATIENT PRESCRIPTION MEDICATIONS.**

Section 1722A(d) is amended by striking “September 30, 2002” and inserting “September 30, 2006”.

**SEC. 403. DEPARTMENT OF VETERANS AFFAIRS HEALTH SERVICES IMPROVEMENT FUND MADE SUBJECT TO APPROPRIATIONS.**

(a) AMOUNTS TO BE SUBJECT TO APPROPRIATIONS.—Effective October 1, 2002, subsection (c) of section 1729B is amended by striking “Amounts in the fund are hereby made available,” and inserting “Subject to the provisions of appropriations Acts, amounts in the fund shall be available.”.

(b) TECHNICAL AMENDMENT.—Subsection (b) of such section is amended by striking paragraph (1) and redesignating paragraphs (2), (3), and (4) as paragraphs (1), (2), and (3), respectively.

**SEC. 404. NATIVE AMERICAN VETERAN HOUSING LOAN PILOT PROGRAM.**

(a) EXTENSION OF NATIVE AMERICAN VETERAN HOUSING LOAN PILOT PROGRAM.—Section 3761(c) is amended by striking “December 31, 2001” and inserting “December 31, 2005”.

(b) AUTHORIZATION OF THE USE OF CERTAIN FEDERAL MEMORANDUMS OF UNDERSTANDING.—Section 3762(a)(1) is amended—

(1) by inserting “(A)” after “(1)”;

(2) by striking “and” after the semicolon and inserting “or”; and

(3) by adding at the end the following:

“(B) the tribal organization that has jurisdiction over the veteran has entered into a memorandum of understanding with any department or agency of the United States with respect to direct housing loans to Native Americans that the Secretary determines substantially complies with the requirements of subsection (b); and”.

**SEC. 405. MODIFICATION OF LOAN ASSUMPTION NOTICE REQUIREMENT.**

Section 3714(d) is amended to read as follows:

“(d) With respect to a loan guaranteed, insured, or made under this chapter, the Secretary shall provide, by regulation, that at least one instrument evidencing either the loan or the mortgage or deed of trust therefor, shall conspicuously contain, in such form as the Secretary shall specify, a notice in substantially the following form: ‘This loan is not assumable without the approval of the Department of Veterans Affairs or its authorized agent’.”.

**SEC. 406. ELIMINATION OF REQUIREMENT FOR PROVIDING A COPY OF NOTICE OF APPEAL TO THE SECRETARY.**

(a) REPEAL.—Section 7266 is amended by striking subsection (b).

(b) CONFORMING AMENDMENTS.—Such section is further amended—

(1) by striking “(1)” after “(a)”;

(2) by redesignating paragraph (2) as subsection (b);

(3) by redesignating paragraph (3) as subsection (c) and redesignating subparagraphs (A) and (B) thereof as paragraphs (1) and (2); and

(4) by redesignating paragraph (4) as subsection (d) and by striking “paragraph (3)(B)” therein and inserting “subsection (c)(2)”.

**SEC. 407. PILOT PROGRAM FOR EXPANSION OF TOLL-FREE TELEPHONE ACCESS TO VETERANS SERVICE REPRESENTATIVES.**

(a) PILOT PROGRAM.—The Secretary of Veterans Affairs shall conduct a pilot program to test the benefits and cost-effectiveness of expanding access to veterans service representatives of the Department of Veterans Affairs through a toll-free (so-called “1-800”) telephone number. Under the pilot program, the Secretary shall expand the available hours of such access to veterans service representatives to not less than 12 hours on each regular business day and not less than six hours on Saturday.

(b) INFORMATION TO BE PROVIDED.—The Secretary shall ensure, as part of the pilot program, that veterans service representatives of the Department of Veterans Affairs have available to them (in addition to information about benefits provided under laws administered by the Secretary) information about veterans benefits provided by—

(1) all other departments and agencies of the United States; and

(2) State governments.

(c) CONSULTATION.—The Secretary shall establish the pilot program in consultation with the heads of other departments and agencies of the United States that provide veterans benefits.

(d) VETERANS BENEFITS DEFINED.—For purposes of this section, the term “veterans benefits” means benefits provided to a person based upon the person’s own service, or the service of someone else, in the Armed Forces.

(e) PERIOD OF PILOT PROGRAM.—The pilot program shall—

(1) begin not later than six months after the date of the enactment of this Act; and

(2) end at the end of the two-year period beginning on the date on which the program begins.

(f) REPORT.—Not later than 120 days after the end of the pilot program, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the pilot program. The report shall provide the Secretary’s assessment of the benefits and cost-effectiveness of continuing or making permanent the pilot program, including an assessment of the extent to which there is a demand for ac-

cess to veterans service representatives during the period of expanded access to such representatives provided under the pilot program.

**SEC. 408. TECHNICAL AND CLERICAL AMENDMENTS.**

(a) AMENDMENTS TO TITLE 38, UNITED STATES CODE.—Title 38, United States Code, is amended as follows:

(1)(A) Section 712 is repealed.

(B) The table of sections at the beginning of chapter 7 is amended by striking the item relating to section 712.

(2) Section 710B(c)(2)(B) is amended by inserting “on” before “November 30, 1999”.

(3) Section 3695(a)(5) is amended by striking “1610” and inserting “1611”.

(b) OTHER AMENDMENTS.—

(1) Section 1001(a)(2) of the Veterans’ Benefits Improvements Act of 1994 (38 U.S.C. 7721 note) is amended by striking “and” at the end of subparagraph (C).

(2) Section 12 of the Homeless Veterans Comprehensive Service Programs Act of 1992 (38 U.S.C. 7721 note) is amended in the first sentence by striking “to carry out this Act” and all that follows in that sentence and inserting “to carry out this Act \$50,000,000 for fiscal year 2001.”.

**SEC. 409. CODIFICATION OF RECURRING PROVISIONS IN ANNUAL DEPARTMENT OF VETERANS AFFAIRS APPROPRIATIONS ACTS.**

(a) CODIFICATION OF RECURRING PROVISIONS.—Section 313 is amended by adding at the end the following new subsections:

“(c) COMPENSATION AND PENSION.—Funds appropriated for Compensation and Pensions are available for the following purposes:

“(1) The payment of compensation benefits to or on behalf of veterans as authorized by section 107 and chapters 11, 13, 51, 53, 55, and 61 of this title.

“(2) Pension benefits to or on behalf of veterans as authorized by chapters 15, 51, 53, 55, and 61 of this title and section 306 of the Veterans’ and Survivors’ Pension Improvement Act of 1978.

“(3) The payment of benefits as authorized under chapter 18 of this title.

“(4) Burial benefits, emergency and other officers’ retirement pay, adjusted-service credits and certificates, payments of premiums due on commercial life insurance policies guaranteed under the provisions of article IV of the Soldiers’ and Sailors’ Civil Relief Act of 1940 (50 U.S.C. App. 540 et seq.), and other benefits as authorized by sections 107, 1312, 1977, and 2106 and chapters 23, 51, 53, 55, and 61 of this title and the World War Adjusted Compensation Act (43 Stat. 122, 123), the Act of May 24, 1928 (Public Law No. 506 of the 70th Congress; 45 Stat. 735), and Public Law 87–875 (76 Stat. 1198).

“(d) MEDICAL CARE.—Funds appropriated for Medical Care are available for the following purposes:

“(1) The maintenance and operation of hospitals, nursing homes, and domiciliary facilities.

“(2) Furnishing, as authorized by law, inpatient and outpatient care and treatment to beneficiaries of the Department, including care and treatment in facilities not under the jurisdiction of the Department.

“(3) Furnishing recreational facilities, supplies, and equipment.

“(4) Funeral and burial expenses and other expenses incidental to funeral and burial expenses for beneficiaries receiving care from the Department.

“(5) Administrative expenses in support of planning, design, project management, real property acquisition and disposition, construction, and renovation of any facility under the jurisdiction or for the use of the Department.

“(6) Oversight, engineering, and architectural activities not charged to project cost.

“(7) Repairing, altering, improving, or providing facilities in the medical facilities and homes under the jurisdiction of the Department, not otherwise provided for, either by contact or by the hire of temporary employees and purchase of materials.

“(8) Uniforms or uniform allowances, as authorized by sections 5901 and 5902 of title 5.

“(9) Aid to State homes, as authorized by section 1741 of this title.

“(10) Administrative and legal expenses of the Department for collecting and recovering amounts owed the Department as authorized under chapter 17 of this title and Public Law 87-693, popularly known as the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.).

“(e) MEDICAL ADMINISTRATION AND MISCELLANEOUS OPERATING EXPENSES.—Funds appropriated for Medical Administration and Miscellaneous Operating Expenses are available for the following purposes:

“(1) The administration of medical, hospital, nursing home, domiciliary, construction, supply, and research activities authorized by law.

“(2) Administrative expenses in support of planning, design, project management, architectural work, engineering, real property acquisition and disposition, construction, and renovation of any facility under the jurisdiction or for the use of the Department, including site acquisition.

“(3) Engineering and architectural activities not charged to project costs.

“(4) Research and development in building construction technology.

“(f) GENERAL OPERATING EXPENSES.—Funds appropriated for General Operating Expenses are available for the following purposes:

“(1) Uniforms or allowances therefor.

“(2) Hire of passenger motor vehicles.

“(3) Reimbursement of the General Services Administration for security guard services.

“(4) Reimbursement of the Department of Defense for the cost of overseas employee mail.

“(5) Administration of the Service Members Occupational Conversion and Training Act of 1992 (10 U.S.C. 1143 note).

“(g) CONSTRUCTION.—Funds appropriated for Construction, Major Projects, and for Construction, Minor Projects, are available, with respect to a project, for the following purposes:

“(1) Planning.

“(2) Architectural and engineering services.

“(3) Maintenance or guarantee period services costs associated with equipment guarantees provided under the project.

“(4) Services of claims analysts.

“(5) Offsite utility and storm drainage system construction costs.

“(6) Site acquisition.

“(h) CONSTRUCTION, MINOR PROJECTS.—In addition to the purposes specified in subsection (g), funds appropriated for Construction, Minor Projects, are available for—

“(1) repairs to any of the nonmedical facilities under the jurisdiction or for the use of the Department which are necessary because of loss or damage caused by a natural disaster or catastrophe; and

“(2) temporary measures necessary to prevent or to minimize further loss by such causes.”

(b) DEFINITION.—(1) Chapter 1 is amended by adding at the end the following new section:

“§ 117. Definition of cost of direct and guaranteed loans

“For the purpose of any provision of law appropriating funds to the Department for the cost of direct or guaranteed loans, the cost of any such loan, including the cost of

modifying any such loan, shall be as defined in section 502 of the Congressional Budget Act of 1974 (2 U.S.C. 661a).”

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

“117. Definition of cost of direct and guaranteed loans.”

(c) EFFECTIVE DATE.—Subsections (c) through (h) of section 313 of title 38, United States Code, as added by subsection (a), and section 117 of such title, as added by subsection (b), shall take effect with respect to funds appropriated for fiscal year 2003.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, as chairman of the Committee on Veterans' Affairs, I am very pleased to bring before the House H.R. 2540, as amended, Veterans Benefits Act of 2001.

This is the fourth major piece of legislation that the Committee on Veterans' Affairs has brought to the floor this year. Earlier this year, the House passed H.R. 801, the Veterans' Survivor Benefits Improvements Act of 2001, which was signed into law on June 5.

This legislation, Public Law 107-14, expands health and life insurance coverage for dependents and survivors of veterans. The House also approved H.R. 811, the Veterans' Hospitals Emergency Repair Act, which provides \$550 million over 2 years to repair and renovate VA medical facilities.

While this legislation is still awaiting action in the Senate, having passed the House, funding was included in the VA-HUD appropriations bill approved last night to begin these needed repairs.

In addition, the House has approved H.R. 1291, the 21st Century Montgomery G.I. Bill Enhancement Act, which also is awaiting Senate action. It provides a 70 percent increase in G.I. educational benefits to qualifying service members.

Mr. Speaker, today we bring yet another vitally important piece of legislation to the floor that will provide increases in VA compensation payments to disabled veterans and their survivors.

Mr. Speaker, there are more than 2.3 million disabled veterans or survivors of disabled veterans today receiving compensation who will receive a boost with passage of H.R. 2540, including more than 170,000 veterans rated 100 percent disabled who will get an additional \$767 each year added to their existing benefit.

I would note parenthetically in the State of New Jersey there are 3,246 disabled veterans with a rating of 100%, and they, too, will get an additional \$767 in benefits.

□ 1230

Upon enactment of this legislation, all veterans or qualified survivors will

get the 2.7 percent COLA. The cost for this will be over \$400 million in the first year and \$543 million over the next 4 years. In all, the compensation package for the COLA will be \$2.5 billion over 5 years.

Another very important component of this bill addresses the lingering effects of service to Persian Gulf War veterans. Many veterans who applied for disability compensation for poorly defined illnesses found that a beneficial law we adopted in 1994, the Persian Gulf War Veterans Act, had a “Catch-22.” If a doctor could diagnose the illness, and the symptoms had not arisen in service or within 1 year, the claim was denied.

Mr. Speaker, there is an evolution occurring in medicine today with respect to so-called chronic multi-symptom illnesses. Some of these illnesses, such as chronic fatigue syndrome, have case definitions that are generally accepted in the medical profession, although their cause and effect and treatment are unknown. Concerned physicians who study and treat many patients with one or more symptoms may not agree that a given set of symptoms fit one case definition or another. At other times, physicians may decide to treat discrete symptoms without reaching a definitive diagnosis. This bill provides the expansion authority; and my good friend and colleague, the gentleman from Idaho (Mr. SIMPSON), the chairman of the Subcommittee on Benefits, will explain this momentarily in greater detail.

Let me also say that this legislation is the work of a tremendous amount of bipartisanship as well as a great deal of work by our respective staffs, and I would like to single out a number of Members. First of all, beginning with my good friend, the ranking member, the gentleman from Illinois (Mr. EVANS), who was instrumental in working on section 2 of this important piece of legislation. He has contributed very constructively to the shaping of this bill.

I would especially like to thank the gentleman from Idaho (Mr. SIMPSON), as I mentioned before, chairman of the Subcommittee on Benefits, and the ranking member of the subcommittee, the gentleman from Texas (Mr. REYES). I would just note that while the gentleman from Idaho is only in his second term and is already a subcommittee chairman, he is not new to policy making. Chairman SIMPSON is an accomplished lawmaker. As I think many of my colleagues know, he served in his State legislature for 14 years. His positions included majority caucus chairman, assistant majority leader in the Idaho House of Representatives; and he served as speaker, for 6 years in the Idaho House of Representatives. He is also a member of the Idaho Republican Party Hall of Fame. We are very fortunate to have him serving as chairman.

Let me also thank some of the other Members who worked on this. The gentleman from Florida (Mr. BILIRAKIS),

who helped shape the final outcome of this bill. After markup, some issues remained that were hammered out in a constructive dialogue. There were some lingering issues that needed to be resolved, and he was instrumental in crafting that compromise.

Let me also thank the gentleman from Indiana (Mr. BUYER), a Persian Gulf War vet himself, who worked on this legislation very mightily; the gentleman from Nevada (Mr. GIBBONS), who intended on offering an extension on the bill—a compromise—extends the period by 2 years. I also want to thank the gentleman from Mississippi (Mr. SHOWS); and the gentleman from Illinois (Mr. MANZULLO), the latter who had a major bill on Gulf War vets with multiple cosponsors, in excess of 200, who was also very instrumental in shaping this legislation.

Finally, I want to thank our staff: Jeannie McNally, Darryl Kehrer, Paige McManus, Devon Seibert, Kingston Smith, Summer Larson, and my good friend and chief counsel, Patrick Ryan.

Also the minority staff: Beth Kilker, Debbie Smith, Mary Ellen McCarthy, and Michael Durishin, who worked hard on this bill. I urge support for this important veterans legislation.

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

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

I rise in strong support of H.R. 2540, the Veterans Benefits Act of 2001; and I commend and salute our distinguished chairman of the committee for his leadership in working with the Members on both sides to bring this measure before us today. I join with him in saluting the staff that he has recognized as well.

I also want to recognize the new chairman of the Subcommittee on Benefits, the gentleman from Idaho (Mr. SIMPSON), and the ranking Democratic member of the Subcommittee on Benefits, the gentleman from Texas (Mr. REYES), who contributed to the bill before us today.

In addition, I want to publicly acknowledge the important contributions of the gentleman from New Mexico (Mr. UDALL) and the gentlewoman from California (Mrs. CAPPS) and others to this legislation.

As amended, this resolution contains many provisions important to our veterans, and I will highlight just a few.

The bill provides an annual cost of living adjustment, effective December 1, 2001, to recipients of service-connected disability compensation and dependency and indemnity compensation. It is the obligation of this grateful Nation to preserve the purchasing power of these benefits. This COLA will mirror the COLA received by Social Security recipients.

Section 201 of the bill is the one that I introduced. This section provides a statutory basis for a presumption of service-connection for Vietnam veterans with Type 2 diabetes who were exposed to herbicides. This provision

assures our Nation's veterans that this is a benefit based in law.

Section 202 of the bill is based on H.R. 1406, which I introduced. It identifies additional ill-defined or undiagnosed illnesses or illnesses for which service-connection is presumed for Gulf War veterans. Additionally, it lists symptoms or signs that may be associated.

H.R. 2540 authorizes a 2-year pilot program for expanded toll-free access to veterans' benefits counselors. This provision is derived from the recommendations made by the gentleman from Louisiana (Mr. BAKER), a member of the committee, and the gentlewoman from California (Mrs. CAPPS), a Member of good standing; and we appreciate her work.

I am pleased that H.R. 2540 also extends the authority of the VA to make direct home loans to Native Americans who live on trust lands. I want to thank the gentleman from New Mexico (Mr. UDALL) for introducing similar legislation in H.R. 1929.

Again, I want to thank the chairman of the full committee and the chairman and ranking member of the subcommittee for bringing this bill before us today. I urge all our colleagues to support H.R. 2540, as amended.

Mr. Speaker, I rise in strong support of H.R. 2540, the Veterans Benefits Act of 2001. I commend and thank the distinguished Chairman of the Committee, CHRIS SMITH, for his leadership in working with members on both sides of the aisle to bring this measure before us today. I also want to recognize the new Chairman of the Subcommittee on Benefits, Mr. SIMPSON, and the Ranking Democratic Member of the Subcommittee on Benefits, Mr. REYES, who contributed to the bill before us today.

I fully support the cost-of-living increase provided by Title I of H.R. 2540. The purchasing power of the benefits which our veterans have earned must be maintained and not be diminished because basic living expenses have increased. Our Nation's veterans have earned their benefits. It is the obligation of a grateful Nation to preserve the purchasing power of these benefits and pay them in a timely manner.

As a long time supporter of benefits for veterans who have suffered from the effects of exposure to herbicides such as Agent Orange, I welcome VA's recent regulation providing a presumption of service-connection for Vietnam veterans exposed to dioxin who now suffer from diabetes Mellitus, Type 2. This was the right action to take. Now it is time to provide a statutory presumption that makes it clear to veterans that their eligibility is protected as a matter of law. Section 201 of the bill is based on legislation I introduced, H.R. 862. This important step will not result in any additional benefit costs, but will assure our Nation's veterans of their statutory right.

I also strongly support section 202 of the bill, based on H.R. 1406 which I introduced to overturn a narrow and erroneous opinion of the Department of Veterans Affairs (VA) General Counsel. Thousands of veterans who were healthy before their service in Southwest Asia have experienced a variety of unexplained symptoms since going to Southwest

Asia. Claims for service-connected compensation filed by Gulf War veterans were originally denied because no single disease entity or syndrome responsible for these illnesses had been identified. In providing for compensation due to undiagnosed illnesses or illnesses which could not be clearly defined, the Congress specifically intended that under Public Law 103-446, veterans be given the benefit of the doubt and provided service-connected compensation benefits. Because of an erroneous Opinion of VA's General Counsel, the law's intent has been frustrated and many veterans have been denied compensation.

As many veterans organizations have noted, both the former Chairman of this Committee [BOB STUMP] and I have criticized VA's interpretation of the term "undiagnosed illness" in VA General Counsel Precedent Opinion 8-98 as extremely restrictive. That opinion held that VA is precluded from providing benefits to veterans who develop symptoms after military service and who receive a diagnostic label, such as "chronic service fatigue syndrome" even for illnesses which are not clearly defined. Thousands of veterans have had their claims denied because "chronic fatigue syndrome" or another diagnostic label such as "irritable bowel syndrome" was provided. Other veterans with identical symptoms whose physicians did not attach a diagnostic label have had their claims granted. Such disparate treatment is unfair and unacceptable.

Since there is no known cause for these illnesses and no specific laboratory tests to confirm the diagnosis, as a practical matter VA's ability to provide compensation has been limited to veterans whose symptoms became manifest during active duty or active duty for training or to veterans whose physician indicated that the veterans symptoms were due to an "undiagnosed" condition. Section 202 of H.R. 2540 places the emphasis where Congress originally intended by focusing on the symptoms which have had such a disabling affect on the lives of some Gulf War veterans. The bill addresses illnesses which are not clearly defined, rather than illnesses whose etiology is not clearly defined. As Dr. Claudia Miller, an experienced medical researcher testified at the October 26, 1999, hearing of the Subcommittee on Benefits concerning Persian Gulf War Veterans Issues, "In medicine, we will label something with a name, as you are aware, and call it a diagnosis, but it may not convey what the etiology is. There are very few places in medicine where we say what the etiology is when we give a diagnosis. One of the few is infectious diseases."

In focusing on the symptoms of poorly defined illnesses, the bill applies to disabilities resulting from what is increasingly referred to in medical research as "chronic multisymptom illnesses". (See, "Chronic Multisymptom Illness Affecting Air Force Veterans of the Gulf War", Fukuda et al, JAMA 1988; 280:981-988, "Clinical Risk Communication: Explaining Causality To Gulf War Veterans With Chronic Multisymptom Illnesses" Engel, Sunrise Symposium (June 25, 1999) (Found at [www.deploymenthealth.mil/education/riskcomm.doc](http://www.deploymenthealth.mil/education/riskcomm.doc)) and "Multiple Chemical Sensitivity and Chronic Fatigue Syndrome in British Gulf War Veterans," Reid et al, American Journal of Epidemiology, 2001 153:604-609. Veterans must be provided the benefit of the doubt. VA's cost estimate for compensating Gulf veterans who suffer from fibromyalgia, chronic fatigue syndrome and irritable bowel syndrome is

evidence that claims which Congress intended to recognize in its 1994 legislation are being denied under present law.

The handling of claims based on undiagnosed illnesses continues to be problematic. Current VA policy requires VA to consider symptoms attributed to a diagnosed condition under whatever rating is appropriate and to also give full credence to symptoms which cannot be attributed to any of the diagnosed illnesses. In some cases, adjudicators in VA Regional Offices have failed to follow VA policy. I hope that by expanding the coverage of service-connection to illnesses which cannot be clearly defined, VA adjudicators will make fewer such errors.

I regret that having expended so much of our Nation's resources on a large tax cut, we lack the funding to make this provision effective until April 1, 2002. There is one and only one reason for not making this provision effective upon enactment and even retroactive to the date of the original legislation. Having spent our Nation's "surplus" on large tax cuts for the wealthiest Americans, we have to search for nickels and dimes to meet our debt to our Nation's disabled veterans. This is a disgrace, but it is the result with which we are now forced to live.

I understand the concerns raised by those who believe the presumptive period for undiagnosed illnesses should be extended. Except for members of the Guard and Reserve who, though not assigned to the Gulf have suffered adverse effects following the administration of anthrax and other vaccines while on inactive duty for training. I am not aware of any cases where symptoms of undiagnosed illnesses have recently become manifest. I am also not aware of any servicemembers recently assigned to the Gulf having experienced symptoms of undiagnosed illnesses, chronic fatigue syndrome or fibromyalgia. However, because this may exist, I do not oppose the two-year extension of time contained in the Manager's amendment. Although I hope that no disabilities with a long latency period such as cancer or other illnesses will result from Gulf Service, I will support a presumption of service-connection if and when certain disabilities are determined to be more prevalent in Gulf veterans than comparable populations.

Section 203 of H.R. 2540 gives the Secretary of Veterans Affairs the authority to protect the service connection of veterans receiving compensation benefits. Last year, Congresswoman CAPPS and I became aware that VA was having difficulty in recruiting veterans to participate in a VA-sponsored research study concerning the prevalence of Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) in Gulf War veterans. Because ALS is such a rare disease, the validity of the study required that as many veterans as possible with this condition be identified. A number of veterans refused to participate in the study because they were currently receiving service connected compensation benefits attributed to an undiagnosed illness. If ALS were to be diagnosed, the veteran would lose those benefits. In response to a joint request from Mrs. CAPPS, Mr. STEARNS, Mr. BILIRAKIS and myself to protect the benefits of the ALS study participants, former Acting Secretary Goyer stated in an October 19, 2000, letter, "there is simply no viable way to provide such protection consistent with existing law and

standards of ethical conduct for Government employees."

Section 203 of H.R. 2540 is intended to remedy this dilemma and provide the VA with the authority needed to enable veterans to participate in medical research studies, without fear that their benefits will be placed in jeopardy. Absent such authority, there is a very real risk that veterans will be caught in a "Catch-22" situation. Without adequate research, it may not be possible to demonstrate an association between service in Southwest Asia and specific rare illnesses experienced by a small number of Gulf War veterans. If the research is inadequate, deserving veterans may be denied compensation. Medical research serves an important humanitarian goal, by furthering knowledge concerning human diseases and treatment. Veterans who participate in such research, without any likelihood of direct benefit to their own lives, deserve to be protected, not punished, for their humanitarian spirit. By preserving the service connected character of the veteran's disabilities, they and their survivors would qualify for compensation and dependency and indemnity compensation (DIC) benefits.

I am also pleased that the bill addresses concerns expressed by Mrs. CAPPS and Mr. BAKER concerning VA's toll-free telephone service. The proposed pilot project should provide veterans with improved access to VA employees for those questions which cannot be handled by VA's automated telephone system. This is particularly important for the growing population of elderly veterans and survivors, who may have difficulty navigating through the high-tech world of automated telephone systems. I expect that this pilot program will provide us with valuable information concerning VA's ability to handle telephonic inquiries.

Likewise, I strongly support the provisions in H.R. 2540 that are derived from H.R. 1929 introduced by TOM UDALL and myself to extend the pilot program providing direct home loans to veterans residing on tribal lands. It is critical that this Congress continued to recognize the important differences between homes on tribal land and conventional home loans under Anglo-American legal principles of real property. This bill provides another home ownership option to Native American veterans residing on tribal lands.

H.R. 2540 also contains provisions derived from H.R. 2222, introduced by Mr. FILNER and H.R. 2359, introduced by Chairman SMITH and myself. VA should not be holding monies which could be distributed to the beneficiaries or heirs of a veteran when the primary beneficiary cannot be located. VA should make every effort to assure that the rightful or equitable beneficiaries of these interests receive the funds to which they are entitled.

Section 406 of H.R. 2540 would eliminate the requirement that veterans filing an appeal with the U.S. Court of Appeals for Veterans Claims also notify the VA. This requirement has apparently caused confusion among appellants and caused some to be denied their right to appeal a decision to the court in a timely manner. Since current court rules require the U.S. Court of Appeals for Veterans Claims to notify the Secretary of Veterans Affairs when an appeal is documented, sufficient notice would be provided to the Secretary with the elimination of this requirement.

I thank the Chairman and Ranking Member of the Subcommittee for bringing this bill for-

ward and urge all members to support H.R. 2540.

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

Mr. SMITH of New Jersey. Mr. Speaker, I yield 4 minutes to the gentleman from Idaho (Mr. SIMPSON), the distinguished chairman of the Subcommittee on Benefits.

Mr. SIMPSON. Mr. Speaker, I thank the gentleman for yielding me this time and for his kinds words; and I am proud to rise in support of H.R. 2540, the Veterans Benefits Act of 2001. This bill comprises several of the bills we took testimony on in the Subcommittee on Benefits on July 10 as well as administrative provisions affecting the Court of Appeals for Veterans Claims, all of which we marked up in subcommittee on July 12.

I will briefly outline the various provisions of the bill, which makes an array of improvements to veterans benefits programs.

Title I would provide a cost of living adjustment, already mentioned, effective December 1, 2001, to the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation. As the committee has done in the past, the rate of increase will be the same as the Social Security COLA increase.

On July 9, the Department of Veterans Affairs issued final rules adding Type 2 diabetes to the regulatory list of service-connected illnesses presumed to be associated with exposures to the herbicide agents in Vietnam. VA based its decision on recent findings by the National Academy of Sciences. Section 201 of this bill codifies the VA regulations.

The remaining sections of title 2 addresses issues unique to Persian Gulf War veterans. They indeed are selfless individuals who went into harm's way to fight tyranny. About 12,000 of our 714,000 service members who served in the Gulf suffer from hard-to-diagnose illnesses.

Section 202 would expand the definition of undiagnosed illnesses to include fibromyalgia, chronic fatigue syndrome, and chronic multi-symptom illnesses for the statutory presumption of service connection, as well as for other illnesses that cannot be clearly defined. This section also lists signs and symptoms that may be a manifestation of an undiagnosed illness.

I would like to take this opportunity to thank the gentleman from Illinois (Mr. MANZULLO), the gentleman from Mississippi (Mr. SHOWS), and the gentleman from Florida (Mr. BILIRAKIS) for their work, and the gentleman from Texas (Mr. REYES) for working with me on this provision.

Section 203 would grant the Secretary the authority to protect the service-connected grant of a Persian Gulf war veteran who participates in a Department-sponsored medical research project. It is the committee's intention that this provision will

broaden participation in vital scientific and medical studies.

Section 204 would expand to December 31, 2003 the presumptive period for providing compensation to veterans with undiagnosed illnesses. This authority expires at the end of this year. And I would like to thank the gentleman from Florida (Mr. GIBBONS) and the gentleman from Indiana (Mr. BUYER) for their work with us on this issue.

Title 3 would provide greater administrative flexibility to the U.S. Court of Appeals for Veterans Claims so that registration fees paid to the court might be used in connection with practitioner disciplinary proceedings and in support of bench and bar and veterans' law educational activities. Title 3 also authorizes the collection of registration fees for other court-sponsored activities where appropriate.

Section 401 would give the VA the authority to make a payment of life insurance proceedings to an alternate beneficiary when the primary beneficiary cannot be located within 3 years. Currently, there is no time limitation for the first-named beneficiary of a national service life insurance or United States Government life insurance policy to file a claim. As a result, VA is required to hold the unclaimed funds indefinitely. Section 402 would extend the copayment requirement for a VA outpatient prescription medication to September 30, 2006 from September 30, 2002.

Section 403 would make the availability of funds from VA's Health Services Improvement Fund subject to the provisions of the appropriations acts.

Section 404 would extend the Native Americans Veteran Housing Loan Pilot program to 2005.

Section 405 would modify the loan assumption notice requirement.

Section 406 would eliminate the need for a claimant to send a copy of a notice of appeal to the Secretary. Removal of this notice requirement would not impair VA's ability to receive notice of the filing of an appeal and to respond to those who are properly filed with the court.

Finally, section 407 would establish a 2-year nationwide pilot program requiring the Secretary to expand the available hours of the VA's 1-800 toll-free information service and to assess the extent to which demands for such service exists. This pilot would provide information on veterans benefits and services administered by all Federal departments and agencies.

I would like to thank the gentleman from Louisiana (Mr. BAKER) and his staff for working with the subcommittee on this provision, along with the gentlewoman from California (Mrs. CAPPS) for her testimony that she submitted at the subcommittee's July 10 hearing.

Mr. Speaker, I also want to thank a real gentleman, the gentleman from Texas (Mr. REYES), the ranking member of the Subcommittee on Benefits,

for his support and counsel in my first few weeks as chairman of this subcommittee.

Lastly, we would not be considering this bill if it were not for the wisdom and foresight of the gentleman from New Jersey (Mr. SMITH), chairman of the full committee, and the ranking member, the gentleman from Illinois (Mr. EVANS). These two gentlemen have served together on the Committee on Veterans' Affairs for some 20 years, and I appreciate their leadership.

Mr. Speaker, H.R. 2540 is a strong bill; and I urge my colleagues support of it.

Mr. EVANS. Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. REYES).

Mr. REYES. Mr. Speaker, I thank the gentleman for yielding me this time.

As an original cosponsor and strong supporter of H.R. 2540, the Veterans Benefits Act of 2001, I am pleased that we are moving forward to assure a cost of living increase for our Nation's disabled veterans and their families, and the other benefits provided in this legislation as well. The sooner the benefits provided in this bill can be enacted into law, I believe the better.

I want to acknowledge the cooperation of our chairman and ranking member, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS), as well as our new subcommittee chair, the gentleman from Idaho (Mr. SIMPSON), in moving this bill forward. I appreciate their commitment and leadership to the benefits accorded to our veterans.

I want to highlight the provisions addressing the needs of Gulf War veterans. A new report of the Institute of Medicine acknowledges that symptoms experienced by Gulf War veterans have a significant degree of overlap with symptoms of patients diagnosed with conditions such as fibromyalgia, chronic fatigue syndrome, and irritable bowel syndrome.

When legislation was originally passed to provide service-connected compensation benefits to our Nation's Gulf War veterans, it was the intent of Congress that those who were experiencing these symptoms, such as fatigue, joint pain, and others noted in the recent IOM report, would be compensated. Unfortunately, VA's General Counsel ruled that only veterans whose symptoms did not carry a diagnostic label would be compensated. Currently, VA's ability to receive compensation depends on the happenstance of whether or not the examining physician attributes a diagnostic label to the symptoms. This is unfair to our Nation's veterans and must be changed.

The Gulf War provisions of H.R. 2540 place the emphasis where it was originally intended by focusing on the symptoms experienced by Gulf War veterans rather than a particular label which may be attributed to them. The term chronic multi-symptom illness is intended to include veterans who experience more than one symptom lasting

at least 6 months. It is my understanding that thousands of Gulf War veterans have had claims denied because their symptoms were attributed to a diagnosis of chronic fatigue syndrome. Most of these war veterans would be eligible for benefits provided by this bill as of April 1, 2002.

I deeply regret that the large tax cut recently signed into law leaves no funds available to make this provision effective any sooner. I would prefer that this bill provide those benefits and be effective as of November 2, 1994, when the original law was passed.

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Nonetheless, I recognize that under the financial constraints that we must now live with, there is no money to provide for an earlier effective date. Sick Gulf War veterans deserve the compensation provided by this bill.

Mr. Speaker, I would also like to state that I support the manager's amendment extending until December 31, 2003, the period in which Gulf War veterans may manifest symptoms qualifying for compensation as an undiagnosed illness. The measure before us moves us towards the goal of meeting the needs of our sick Gulf War veterans in a responsible manner.

Again, I want to thank the chairman, the ranking member and the chair of the Subcommittee on Benefits for their leadership and their vision to our Nation's veterans.

H.R. 2540 is a good bill and I urge all the Members to support it.

Mr. SMITH of New Jersey. Mr. Speaker, because of great interest and the number of speakers on H.R. 2540, I ask unanimous consent that we have an additional 10 minutes equally divided between the majority and minority.

The SPEAKER pro tempore (Mr. RYAN of Wisconsin). Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 3 minutes to the gentleman from Indiana (Mr. BUYER).

Mr. BUYER. Mr. Speaker, I rise in strong support of the Veterans Benefits Act of 2001. I also wish to extend my compliments to the chairman, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. Evans); also the gentleman from Idaho (Mr. SIMPSON) and the gentleman from Texas (Mr. REYES) and also recognition to my Gulf War comrade, the gentleman from Nevada (Mr. GIBBONS).

I am especially pleased with the compensation provision for Vietnam and Gulf War veterans. For too long the Vietnam veterans have been waiting for VA to recognize illnesses like diabetes melitus for compensation and pension benefits.

I also clearly recall as a freshman in this Chamber in the 103rd Congress, it having only been a few months since I returned from the Persian Gulf, having to fight for my colleagues just to receive their medical attention as a result of military service.

The concerns and appreciation of the country for their service was real, but the medical science to link causation to service in the Gulf War was severely lacking.

In 1994, I recall Joe Kennedy and the gentleman from Illinois (Mr. EVANS) and myself introducing something very radical. It was called compensation for an undiagnosed illness. As we were downsizing the military, we wanted to make sure that these Gulf War veterans received their medical attention, yet they were also in economic dire straits. So we also wanted to make sure their families were taken care of as we then focused and put millions of dollars into medical research to press the bounds of science.

The VA then struggled with our initiatives. What they then learned was, simply put, that the VA over the last several years has narrowly interpreted congressional intent to provide for sick veterans with disability compensation that they so dearly earned and should receive.

The VA failed to consider illnesses like fibromyalgia, chronic fatigue syndrome, and chronic multisymptom illnesses and other illnesses that cannot be clearly defined as having been attributed to service in the Persian Gulf.

I am especially pleased that this bill will include a list of symptoms that the VA must recognize as being a manifestation of an undiagnosed illness.

This bill will help clarify Congress's intent with regards to the benefits of sick Persian Gulf War veterans. I fully support this bill and look forward to referring the measure to the Senate.

Mr. EVANS. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. FILNER).

Mr. FILNER. Mr. Speaker, I thank the Chair and the ranking member for bringing us H.R. 2540, the Veterans Benefit Act. I would like to briefly call attention to another provision which will provide fairness for our Nation's veterans.

The VA currently holds about 4,000 national life insurance and U.S. Government life insurance policies valued at about \$23 million on which payment has not been made. Why is this? Because the VA has been unable to locate the person identified as the beneficiary following the death of the veteran.

I introduced recently a bill, H.R. 2222, regarding this problem, and I am pleased that this provision to permit the VA to pay an alternate beneficiary, if the primary beneficiary cannot be located within 3 years of the death of the insured veteran, has been included in H.R. 2540. I know this provision will benefit the families of many, many, many veterans.

I also support the expanded definition which will allow Gulf War veterans to obtain service-connected compensation for chronic multisymptom illnesses such as chronic fatigue syndrome.

Like the gentleman from Texas (Mr. REYES) before me, I am upset that the

provisions must be delayed until April 1, 2002. Once again, the reason for this is because this Congress enacted a tax plan first, before the budget. So we have to live within the context of a budget which was greatly restricted and restrained to us. So having spent this surplus, we are unable to promptly pay our debt to our Nation's Gulf War veterans. I find this deplorable, but we are under these congressional rules.

Of course, because this bill improves benefits for our veterans, I urge my colleagues to vote for H.R. 2540. I thank the chairman for another strong bill.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. MANZULLO).

Mr. MANZULLO. Mr. Speaker, 10 years ago a patriot from Freeport, Illinois, named Dan Steele went off to war in Iraq to fight for the American people and protect the freedoms this country has known for more than 200 years.

During the buildup in the Gulf, Dan's leg was fractured by an Iraqi soldier's apparent suicide attack. Over the next 8 years, Dan suffered from various conditions shared by many in the Gulf War.

In May of 1999, Dan succumbed to his illnesses and passed away. The county coroner listed "Gulf War Syndrome" as a secondary cause on his death certificate.

Shortly after Dan's funeral, I dispatched Al Pennimen, a retired judge on my staff, to contact his widow, Donna. She vowed to Dan to do whatever she could to help other Gulf War veterans suffering from mysterious ailments. Her story moved me to introduce legislation, H.R. 612, that now has the support of over 225 Members of Congress. A companion bill has been introduced in the Senate by Senator KAY BAILEY HUTCHINSON. I am pleased to announce that significant portions of H.R. 612 are included in this benefits package today.

I thank the gentleman from New Jersey (Mr. SMITH) and members of the Committee on Veterans Affairs for strengthening the part of the bill that provides enhanced benefits for ailing Gulf War veterans. These provisions will allow more sick veterans to qualify for compensation by expanding the list of eligible illnesses, adding strong report language on multiple chemical sensitivity, codifying 13 possible symptoms, and extending by 2 years the time period during which these symptoms may arise.

Mr. Speaker, I urge my colleagues to vote in favor of H.R. 2540. It goes a long way towards fulfilling the promises we have made to our veterans.

Mr. EVANS. Mr. Speaker, I yield 2 minutes to the gentleman from Mississippi (Mr. SHOWS).

Mr. SHOWS. Mr. Speaker, I am proud to be a member of the Committee on Veterans Affairs and to show my strong support for H.R. 2540, the Veterans Benefits Act of 2001. This important legislation will take meaningful

action to improve benefits our Nation's veterans have earned. As my colleagues know, we have been concerned about the appalling 75 percent rate at which Gulf War veterans suffering from undiagnosed illnesses have been denied compensation from the VA.

Earlier this year, I introduced H.R. 612, the Persian Gulf War Compensation Act of 2001 with two other outstanding advocates for veterans, the gentleman from Illinois (Mr. MANZULLO) and the gentleman from California (Mr. GALLEGLY). This legislation garnered strong bipartisan support from over 225 Members of Congress. I am pleased to say that the gentleman from New Jersey (Mr. SMITH), the gentleman from Illinois (Mr. EVANS) and my fellow subcommittee members helped us on some provisions in this bill that are key to provisions in H.R. 612.

The Veterans Benefit Act of 2001 will now clarify VA standards for compensation by recognizing fibromyalgia, chronic fatigue syndrome, multiple chemical sensitivity, and other ailments, or poorly defined illnesses associated with Gulf War service.

Additionally, this bill extends the presumptive period for undiagnosed illnesses to December 31, 2003. This is a true victory for the veteran.

Mr. Speaker, these veterans put their lives on the line to protect, defend and advance ideals of democracy, and our American way of life by serving the United States military. They answered the call. We have a duty to answer them. Vote for this bill. It is the right thing to do.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. BAKER).

Mr. BAKER. Mr. Speaker, all too often we pick up the telephone and dial a 1-800 number or dial a business enterprise and we are, by computer, referenced from department to department to department, and often are not even able to communicate with another human being to get an answer to our very simple question.

Most of us see that simply as an aggravation, but when it happens to a veteran of military service when calling on his country to have a question answered, it is an insult. That is why I am grateful for the inclusion of a pilot program for 2 years which makes an effort to have a 1-800 veterans number. Amazingly, we will have a human being on the end of that phone. It is a long overdue service, and I think we should explore the potentials. It may be fraught with difficulty and difficult to perfect, but there is one thing that is for sure: The veterans who have given to this country are at least deserving of respectful treatment.

Mr. Speaker, I thank my colleagues for taking this step towards what I think is an appropriate action for the veterans of our country.

Mr. EVANS. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Mr. Speaker, while we have a long way to go, the Veterans Benefit Act is a step in the right direction. The compensation legislation before us would streamline the rating system of certain service-connected illnesses, as well as provide a cost-of-living adjustment to those receiving disability compensation benefits.

As a member of the committee, I am proud to join the bipartisan efforts to improve the quality and deliver the veterans benefits program. Veterans should not be left wondering if the Federal Government is going to fulfill its promise. Those who have received service-connected disability benefits can expect a cost-of-living benefit. So can their survivors. For Vietnam veterans who were exposed to Agent Orange and now suffer from diabetes, the Veterans Benefit Act acknowledges their entitlement to service-connected disabilities benefits.

In addition, Gulf War veterans suffering from ill-defined illnesses which modern medical technology cannot really diagnose, the Veterans Benefit Act will likewise extend the presumption of service connections. Veterans who suffer from disabilities should not be abandoned and their disabilities should not be ignored simply because doctors cannot diagnose the causes.

Finally, I am supportive of a 2-year nationwide pilot program to include in the bill expansion of the availability of hours of the VA 1-800 toll-free information service. Veterans worked around the clock for us, and they deserve for us to do the same for them. Our freedoms did not come free, and for veterans the physical and psychological wounds of the war do not go away.

I want to take this opportunity to thank the gentleman from New Jersey (Mr. SMITH) for his hard work, and that of my distinguished colleague, the gentleman from Illinois (Mr. EVANS), the ranking member.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the gentleman from Mississippi (Mr. PICKERING), who carries on the tradition of our former chairman, Mr. Montgomery.

Mr. PICKERING. Mr. Speaker, I rise in strong support of H.R. 2540, the Veterans Benefit Act. Today we have 250,000 veterans in Mississippi; 54,000 are World War II veterans, 77,000 are Vietnam veterans, 39,000 served in Korea, and 33,000 are Gulf War vets. This bill provides them compensation benefits and COLA.

It recognizes the 33,000 Gulf War veterans and gives them an extension of the presumptive period to recognize the mysterious illnesses that they returned with, and provides them we hope with the care they have so richly earned.

It provides for a great new pilot program to provide information, as the gentleman from Louisiana (Mr. BAKER) mentioned, a voice-to-voice, a person-to-person providing the care they need to get the care they deserve.

Mr. Speaker, I want to commend the gentleman from New Jersey (Mr.

SMITH) for his leadership. He has been aggressive and assertive in representing veterans across this country and in my State of Mississippi.

Secretary Principi has done a tremendous job. We are making progress because we know to recruit and retain the young people today in our military force, we must show the care and the commitment, the respect and the appreciation to the veterans who served yesterday.

This bill, along with H.R. 1291, the Montgomery GI bill, is a significant step in the right direction, and for that I give great support and commendation to the committee and to the chairman and to the other Members and to this bill.

□ 1300

Mr. EVANS. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Mrs. CAPPs).

(Mrs. CAPPs asked and was given permission to revise and extend her remarks.)

Mrs. CAPPs. Mr. Speaker, I rise in strong support of this bill. I want to thank the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS) for their leadership on this important legislation.

I wish to highlight a couple of provisions contained in H.R. 2540 that I have worked on for some time. The first provision would end a Catch-22 faced by vets and VA researchers. Currently vets can lose benefits for an "undiagnosed illness" if participation in a VA study determines the illness and it is not service connected. This issue was brought to my attention last year. VA researchers told me of concerns that some vets might not participate in an ongoing study to look at possible connections between Gulf War service and Lou Gehrig's disease. I learned that some vets feared losing needed benefits by participating in the study. This lack of participation could compromise an important study that could benefit vets and all people suffering from Lou Gehrig's disease. H.R. 2540 fixes this problem by letting VA protect compensation in such cases. This provision is based on a bill the gentleman from Illinois (Mr. EVANS) and I introduced earlier this year.

H.R. 2540 also contains provisions to temporarily expand hours for VA's toll-free information lines to at least 12 hours a day Monday through Friday and 6 hours on Saturday. I have a lot of interest in this subject having introduced legislation for the last 2 years which would operate information lines 24 hours a day, 7 days a week. My bill would also get the information line to include crisis intervention services. I am very pleased that the committee has included provisions to keep this information line open longer hours. It will make it easier for vets to get information on the benefits that they have earned. I look forward to working with the committee as we follow up on this important pilot program.

I urge my colleagues to support this bill.

Mr. Speaker, I rise today in strong support of H.R. 2540, the Veterans Benefits act of 2001. As an original cosponsor, I am proud to speak on behalf of this important legislation.

First, I would like to thank Mr. SIMPSON, the Chairman of the Subcommittee on Benefits and Mr. REYES, the Ranking Member for their excellent leadership on the issue of improving services for our nation's veterans. I would also like to commend Mr. SMITH, Chairman of the full Committee and Mr. EVANS, the Ranking Member for their leadership.

This bill offers several important initiatives to improve the lives of our veterans. I am especially pleased about the inclusion of the provisions in Sec. 203 and Sec. 407. I am pleased to have worked closely with the Subcommittee on these two critical areas.

Sec. 203 would eliminate a classic "Catch-22" situation faced by our veterans and the VA in medical research studies and is based on legislation, H.R. 1406, the Gulf War Undiagnosed Illness Act of 2001, Representative Evans and I introduced earlier this year. Under the current scenario, veterans who are being compensated on the basis of an "undiagnosed illness" and who participate in a VA-sponsored medical research study, could lose their benefits if they are "diagnosed" with a non-service related condition during the course of the study.

Last year, VA personnel told me about their concerns that if veterans declined to participate in a study because of the risk of losing benefits, the data may be insufficient and render the study unusable. These concerns were raised in connection with a study being done last year to determine a possible connection between ALS and service in the Gulf War.

This legislation would give the VA the authority to protect compensation for undiagnosed illnesses when the VA determines that such protection is needed to ensure adequate participation by veterans in VA-sponsored medical research. This guarantee is particularly important for research that requires a high level of participation to achieve valid findings. I would again like to commend Ranking Member EVANS for his leadership in this area.

Sec. 407 of this bill establishes a pilot program at the VA to expand access to veterans benefits counselors. Under the bill, the hours would be expanded to no less than 12 hours a day, Monday through Friday and no less than six hours on Saturday. This expansion of access is essential to provide our veterans with the services that they richly deserve.

I am proud to have authored H.R. 1435, the Veterans Emergency Telephone Service Act of 2001. This bill would address the pressing need of some of our nation's veterans for 24 hour access to crisis intervention services.

By virtue of their service and sacrifice on behalf of this nation, our veterans deserve the very best support services we can provide. Such moments don't always occur during business hours, Monday through Friday. The bill before us takes critical steps to fulfill our obligation to our veterans.

I look forward to continuing to work closely with the Committee on ways in which veterans' access to telephone service can be improved and expanded even more in its hours of availability and the services offered. I strongly urge an aye vote on H.R. 2540.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from New York (Mr. GILMAN), the chairman emeritus of the Committee on International Relations.

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

Mr. GILMAN. Mr. Speaker, I thank the gentleman for yielding me this time. I am pleased to rise today in strong support of H.R. 2540, the Veterans Benefits Act of 2001. I ask our colleagues to join in full support of this important legislation.

Mr. Speaker, the House typically passes a general veterans benefits bill each year. H.R. 2540 represents this year's benefit legislation providing several important improvements to existing programs. I want to thank the distinguished gentleman from New Jersey (Mr. SMITH) for all the good work he is doing for our veterans throughout the country.

First, this bill provides for the annual cost-of-living adjustment to the rates of disability compensation for those veterans with service-connected disabilities. This new rate will go into effect in December of this year. Congress has approved an annual cost-of-living adjustment to these veterans and survivors since 1976.

Second, this legislation adds type II diabetes to the list of diseases presumed to be service connected in Vietnam veterans exposed to herbicide agents. It also greatly extends the definition of undiagnosed illnesses for Persian Gulf War veterans and authorizes the Secretary of Veterans Affairs to protect the grant of service connection of Gulf War veterans who participate in VA-sponsored medical research projects. These are long overdue benefits. It also extends the presumptive period for providing compensation to Persian Gulf veterans with undiagnosed illnesses to December 31, 2003.

Mr. Speaker, many of our veterans from the Vietnam and Gulf Wars went years suffering from undiagnosed ailments while receiving neither recognition nor treatment from the veterans health care system. During the past 10 years, the Congress made great strides in recognizing the special circumstances surrounding the post-service experiences of these veterans. This bill is an extension of that process. For that reason, I urge its adoption by the House. I want to thank the gentleman from New Jersey again for his dedicated service to the veterans of our Nation.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from California (Mr. CUNNINGHAM).

Mr. CUNNINGHAM. Mr. Speaker, I would like to laud my colleagues on both sides of the aisle. Veterans issues are very important. Both sides of the aisle support this bill very well. But every once in a while we have got peo-

ple that just cannot stop themselves from partisan shots, and they need to be answered.

The gentleman from California said there is not enough money for veterans because we spent the surplus in tax relief. First of all, surplus is defined as the amount of money above what it needs to run the Government with a 4 to 6 percent increase. That is what this committee has done.

Secondly, the 124 deployments, \$200 billion cost destroying our military and our ability to fund things like the veterans, \$200 billion under the peace-keeping deployments of Bill Clinton. Recently, the ranking minority member says, "Well, this is a good step but we have got a long way to go." The gentleman from Missouri, the minority leader, recently said that raising taxes in 1993, he was proud of it when the Democrats had control of the White House, the House and the Senate, and he would do it again.

I think it is right to point out what those taxes were. The first part of those taxes were to cut the COLAs of the veterans. The second part was to cut the COLAs of the military. That is the wrong direction. The third was to increase the tax on the middle class which affected military and the veterans. The fourth was to increase taxes on Social Security and then take every dime out of the Social Security Trust Fund which raises the debt which veterans and military have to pay for.

So yes, I think we are going in the right direction. We do have a long way to go. Let us analyze what is the reason why we do not have the dollars to put forward that we really need. We have had 124 deployments taxing our veterans and our military. That is why I laud both sides of the aisle now for increasing those funds.

Mr. BILIRAKIS. Mr. Speaker, as an original sponsor, I rise in strong support of H.R. 2540, the Veterans' Benefits Act of 2001.

One of the most important bills the Congress approves each year is legislation providing disabled veterans an annual cost-of-living adjustment (COLA). H.R. 2540 provides a COLA, effective December 1, 2001, to disabled veterans and the surviving spouses of veterans who are receiving Dependency and Indemnity Compensation (DIC). As in previous years, these deserving men and women will receive the same COLA that Social Security recipients will receive. I am pleased that we are acting to provide disabled veterans and their survivors with an annual COLA.

The bill makes a number of other benefits improvements, including the addition of Diabetes Mellitus (Type 2) to the list of diseases presumed to be service-connected in Vietnam veterans exposed to herbicide agents. The bill also requires the Secretary of Veterans' Affairs to establish a two-year nationwide pilot program to expand the VA's 1-800 toll-free information service to include information on all federal veterans' benefits and veterans' benefits administered by each state.

The legislation also contains provisions affecting compensation for Persian Gulf veterans. Specifically, the bill expands the definition of undiagnosed illnesses for Persian Gulf

veterans to include fibromyalgia, chronic fatigue syndrome and chronic multi-symptom illness for the statutory presumption of service-connection. The legislation also extends the presumptive period for Persian Gulf illnesses, which is scheduled to expire at the end of this year, until December 31, 2003.

When Veterans' Affairs Committee considered H.R. 2540, Members of the Committee had some concerns about the provisions pertaining to Persian Gulf veterans. I was pleased that we were able to sit down and work out these differences so the House could proceed with this important legislation.

I urge my colleagues to support the Veterans' Benefits Act of 2001.

Mr. GALLEGLY. Mr. Speaker, I rise in support of the Veterans Benefits Act of 2001, a measure that will improve veterans' benefits, especially for our veterans who became ill as a result of their service in the Gulf War.

Mr. Speaker, I am pleased to say that the Veterans Benefits Act of 2001 contains many important provisions from H.R. 612—the Persian Gulf War Illness Compensation Act—which I introduced with my colleagues Congressmen DON MANZULLO and RONNIE SHOWS.

Since the end of the Gulf War, the Veterans Administration has denied nearly 80 percent of all sick Gulf War veterans' claims for compensation. In the view of many, including the National Gulf War Resource Center, the Veterans' Administration has employed too strict a standard for diagnosing Gulf War Illness.

In response, the Veterans Benefits Act includes a critical two-year extension for Gulf War veterans to report and be compensated for Gulf War Illness. In addition, the bill includes a comprehensive list of symptoms that constitute Gulf War Illness. The measure also expands the definition of undiagnosed illness to include fibromyalgia and chronic fatigue syndrome as diseases that are compensatable, diseases often mistakenly attributed to Gulf War veterans.

I want to personally thank Chairman SMITH and the members of the Veterans' Affairs Committee in working with me and Congressmen MANZULLO and SHOWS in getting this critical language included in this bill. When we move into conference, I hope that we continue to work to strengthen some of these provisions, including further extending the date of Gulf War veteran can be compensated for Gulf War related symptoms.

As one of the original cosponsors of the 1991 resolution to authorize then-President Bush to use force in the Persian Gulf, I believe we must go the extra mile to take care of the men and women who went to war against Iraqi dictator Saddam Hussein and are now suffering from these unexplained and devastating ailments.

Many of those suffering from Gulf War Illness were Reservists and National Guardsmen uprooted from their families and jobs. They answered the call, and we have a duty to help them. I urge my colleagues to vote for this important measure.

Mr. UDALL of New Mexico. Mr. Speaker, I strongly support H.R. 2540, the Veterans Benefits Act of 2001.

This legislation provides an important annual cost-of-living adjustment for disabled veterans, as well as surviving spouses of veteran's who receive dependency and indemnity compensation. H.R. 2540 also makes a number of important changes to improve insurance, compensation, and housing programs for our nation's veterans.

I want to thank Chairman SMITH, Ranking Member EVANS, and my colleagues on the Veterans' Affairs Committee for supporting the inclusion of provisions from H.R. 1929, the Native American Veterans Home Loan Act of 2001, in H.R. 2540. Ranking Member EVANS, fourteen other Members and I introduced H.R. 1929 on May 21st of this year to extend the Native American Veterans Home Loan Pilot Program for another four years, and expedite the process of obtaining VA home loans for Native American Veterans living on tribal and trust lands. This program helps many Native Americans Veterans who might otherwise be unable to obtain suitable housing. Including the important provisions of H.R. 1929 in H.R. 2540 will allow other Native American Veterans to take advantage of this important program.

The Native American Veterans Home Loan Pilot Program, however, is just one of many VA benefits improved through H.R. 2540. I ask my colleagues to join me in support of these important benefit enhancements for the men and women who have sacrificed so much in defense of liberty and democracy.

Mr. EVANS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, I thank all of my colleagues for their participation in this debate in helping to craft what I think is a very worthwhile bill.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. RYAN of Wisconsin). 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. 2540, 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.

#### PROVIDING FOR CONSIDERATION OF H.R. 2505, HUMAN CLONING PROHIBITION ACT OF 2001

Mrs. MYRICK. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 214 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

##### H. RES. 214

*Resolved*, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 2505) to amend title 18, United States Code, to prohibit human cloning. The bill shall be considered as read for amendment. The amendments recommended by the Committee on the Judiciary now printed in the bill shall be consid-

ered as adopted. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto to final passage without intervening motion except: (1) one hour of debate on the bill, as amended, equally divided and controlled by the chairman and ranking minority member of the Committee on the Judiciary; (2) the further amendment printed in the report of the Committee on Rules accompanying this resolution, if offered by Representative Scott of Virginia or his designee, which shall be separately debatable for 10 minutes equally divided and controlled by the proponent and an opponent; (3) after disposition of the amendment by Representative Scott, the further amendment in the nature of a substitute printed in the report of the Committee on Rules, if offered by Representative Greenwood of Pennsylvania or his designee, shall be in order without intervention of any point of order, shall be considered as read, and shall be separately debatable for one hour equally divided and controlled by the proponent and an opponent; and (4) one motion to recommit with or without instructions.

The SPEAKER pro tempore (Mr. SIMPSON). The gentlewoman from North Carolina (Mrs. MYRICK) is recognized for 1 hour.

Mrs. MYRICK. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, yesterday the Committee on Rules met and granted a structured rule for H.R. 2505, the Human Cloning Prohibition Act. The rule provides for 1 hour of debate in the House equally divided and controlled by the chairman and ranking minority member of the Committee on the Judiciary. The rule waives all points of order against the bill. The rule provides that the amendments recommended by the Committee on the Judiciary now printed in the bill shall be considered as adopted. The rule makes in order the amendment printed in the Rules Committee report accompanying the rule if offered by the gentleman from Virginia (Mr. SCOTT) or a designee which shall be separately debatable for 10 minutes equally divided and controlled by the proponent and an opponent. The rule makes in order after disposition of the Scott amendment the further amendment in the nature of a substitute printed in the Rules Committee report accompanying the rule if offered by the gentleman from Pennsylvania (Mr. GREENWOOD) or a designee, which shall be considered as read and shall be separately debatable for 1 hour equally divided and controlled by the proponent and an opponent. The rule waives all points of order against the amendment in the nature of a substitute printed in the report. Finally, the rule provides for one motion to recommit, with or without instructions.

Mr. Speaker, this is a fair rule which will permit a thorough discussion of all the relevant issues. In fact, Members came before the Committee on Rules

yesterday and testified on two amendments. This rule allows for both of those amendments to be heard. The first of these amendments is the Greenwood substitute which allows human cloning for medical purposes. I oppose the Greenwood amendment because it is wrong to create human embryo farms, even for scientific research. The Committee on Rules, though, recognizes that the gentleman from Pennsylvania's proposal is the leading alternative to a ban on human cloning. Because we are aiming for a fair and thorough debate, we should make it in order on the House floor.

The second amendment is a proposal by the gentleman from Virginia (Mr. SCOTT) to fund a study on human cloning. Again because the Committee on Rules recognizes the importance of this issue and wants a fair and open debate, we have decided that the gentleman from Virginia's study deserves House consideration.

Mr. Speaker, as the gentleman from Florida (Mr. HASTINGS) said in our Rules Committee meeting yesterday, this is an extremely important and a very complex issue.

□ 1315

Science is on the verge of cloning human embryos for both medical and reproductive purposes. Congress cannot face a weightier issue than the ethics of human cloning, and Congress should not run away from this problem. It is our job to address such pressing moral dilemmas, and it is our job to do so in a deliberative way. We do so today.

This bill and this rule represent the best of Congress. The Committee on the Judiciary held days of hearings on the Human Cloning Prohibition Act, with the Nation's leading scientists and ethicists. Today, this rule allows for floor consideration of the two most important challenges to the human cloning bill of the gentleman from Florida (Mr. WELDON.) If we wait to act, human cloning will go forward unregulated, with frightening and ghoulish consequences.

I have spent a lot of time considering this issue, because it is so complex; and I have decided to vote to ban human cloning. It is simply wrong to clone human beings. It is wrong to create fully grown tailor-made cloned babies, and it is wrong to clone human embryos to experiment on and destroy them. Anything other than a ban on human cloning would license the most ghoulish and dangerous enterprise in human history.

Some of us can still remember how the world was repulsed during and after World War II by the experiments conducted by the Nazis in the war. How is this different?

I urge my colleagues to support this rule, and I urge my colleagues to support the underlying measure.

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

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