

make Florida their home during the winter months of the year and those veterans who visit the numerous vacation areas in Central Florida, which can number in the tens of thousands.

According to the VA, Central Florida is the number one destination for combat veterans and veterans 65 years of age or older. It is also the number one area for veterans who have 50 percent or more service connected disability, and 18 percent of our veterans have post traumatic stress disorder (PTSD).

Yet Orlando is the largest metropolitan area in the country that is not serviced by a VA medical center. In 2004, Orlando and its surrounding area was identified by the Department of Veterans Affairs through the Capital Asset Realignment for Enhanced Services (CARES) Commission as an area in need of a new VA medical center. CARES was intended to be a comprehensive, system-wide approach, identifying the demand for VA care and projecting into the future the appropriate function, size, and location for VA facilities. At this same time, CARES identified the need for a new medical complex in Las Vegas, Nevada. This need was appropriate and warranted, and the facility in Las Vegas has received funding and is scheduled to break ground this year. However, a hospital in Central Florida still remains an idea.

Orlando area veterans along with the 128 active veterans service organizations in the Central Florida region average 2 hours of travel time to get to VA hospitals located in Tampa, Gainesville, and Jacksonville. This includes veterans who live in Orange, Seminole, Brevard, and Volusia counties. In fact, only 45% of our veterans are within the VA's access standards for hospital care. An Orlando VA medical center would cut most drive times in half, making it more convenient and cut down travel costs. A closer facility would also mean veterans would pursue the medical services provided by the VA and lead to a better quality of life, which they deserve.

Concerns have arisen from Central Florida veterans associations in the area that a VA medical center will not come to fruition. At a May 1st public hearing administered by the Orlando VA Hospital Site Selection Committee, many veterans were accusing lawmakers of not caring for veterans because of the slow progress that has been made.

As of now, \$25 million had been authorized by the VA for the Orlando VA Medical Center to assist in site selection, design, and planning. Choosing a site needs to be done while balancing the accessibility needs of Central Florida's veterans, along with the long-term economic impact the hospital will have on the State. This is essential as we look for ways to leverage funds to maximize investment benefit.

This bill would authorize more than \$377 million for the construction of this desperately needed facility at the Lake Nona site. This site will include a proposed medical school for the University of Central Florida and the future site of a laboratory research facility from the Burnham Institute, one of the world's leading healthcare and cancer research institutes.

This stunning trifecta for Orlando: the VA hospital, the UCF Medical School, and the Burnham Institute will be valuable to both local veterans and the VA, as the medical school and research environment will provide insight into innovative and cutting-edge technologies

which could serve as a vehicle for sharing expensive medical equipment. We also have confirmation from Orlando's Florida hospital that they look forward to partnering with the VA to help share in the costs of diagnostic equipment and contribute to residency and staffing needs. This commitment will ensure that those who have served our country have access to additional resources to further enhance the medical services the VA may offer to them.

Veterans in Central Florida have been waiting for nearly three decades for a new complex that has continuously met delays. I appreciate this opportunity to express Central Florida's immediate and urgent need for a medical facility and I strongly urge passage of this bill so that our growing veterans' population may finally have appropriate access to vital health care services.

Mr. MICHAUD. Mr. Speaker, once again I would like to thank the good chairman of the committee, Chairman BUYER, and chairman of the House Subcommittee, HENRY BROWN, for their hard work that they have done on this legislation, really making it a concerted effort to bringing on board today so that we can vote on this legislation. But, once again, the staff. I know this is not an easy process. The staff on both sides of the aisle have worked very diligently in this effort. So I do want to commend the staff on both sides of the aisle, and I really appreciate the chairman's strong advocacy for veterans and veterans issues, and enjoyed working with him on this legislation.

Mr. BUYER. Mr. Speaker, will the gentleman yield?

Mr. MICHAUD. I yield to the gentleman from Indiana.

Mr. BUYER. Likewise, you do such good because you are a genuine human being, and I want to thank you for your leadership. And it was a treat and joy to work with you and Chairman BROWN on this, along with your staff.

I appreciate you also recognizing the staff. Mr. Tucker who is sitting there next to you, when I think of his work, and Mr. Weekly and Ms. Dunn, but also that of Jim Lariviere, Jim who now has been activated as a colonel in the Marine Corps in Afghanistan, Kelly Craven and Jim Holley who is also here on the floor for their hard work.

But I also want to pause and, if I might, this is a pretty large bill and we have had to work with a lot of different Members. So if I might, I would like to thank, in particular, Mr. MICHAUD for your work. I want to thank Mr. EVANS for his bipartisanship and his good work and his leadership. I also want to thank Chairman BROWN for his work on the Charleston project, Mr. FORTUÑO for his work in Puerto Rico, Ms. BERKLEY in Las Vegas, Mr. BEAUPREZ in Denver, Mr. BAKER for New Orleans.

And we got a full court press when it came to Orlando. We had leadership of Mr. STEARNS, Mr. FEENEY, Ms. BROWN, Chairman MILLER, Mr. KELLER, Chairman BILIRAKIS, and Ms. GINNY BROWN-WAITE. So we got the full court press when it came to Orlando; we got the

message. And it was just a real treat in working with all of them, and I thank the gentleman for recognizing them.

Mr. MICHAUD. And, likewise, it has been a real treat. And even though I do not represent the State of Florida, there are a lot of snow birds from the State of Maine, veterans that go to Florida. So I have heard from my veterans as well as far as the facilities in Florida. I really appreciate your comments, Mr. Chairman.

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

Mr. BUYER. Mr. Speaker, H.R. 5815 is a well-thought-out bill. It is the product of thorough bipartisan collaboration. I urge my colleagues to act favorably now and move this legislation to the Senate so that we can give our veterans the assurances of new and improved medical facilities.

Mr. EVANS. Mr. Speaker, I am pleased to rise in support of H.R. 5815, the VA construction authorization bill. I commend my colleagues on the Committee in producing this important piece of legislation.

I am glad to see Congress once again fulfilling its responsibility to authorize new health care facilities for veterans. This is an important task. Veterans deserve the highest quality of health care.

I urge my colleagues to support this bill.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Indiana (Mr. BUYER) that the House suspend the rules and pass the bill, H.R. 5815, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. BUYER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material relative to H.R. 5815, as amended.

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

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Ordering the previous question on H. Res. 996, by the yeas and nays; adopting H. Res. 996, if ordered; and suspending the rules and passing H.R. 4893, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining