

bill requires the VA to create key health metrics to measure whether each medical center is satisfactory or underperforming.

The metrics will be published on the VA Web site, and an underperforming medical center will be subject to a rapid deployment team being sent to the facility to create a remediation plan and bring them up to standards. The VA will issue quarterly reports on the underperforming facilities and their progress in the following remediation plan.

Additionally, the bill seeks to require the VA to enter into partnerships with recognized schools of nursing to provide undergraduate nursing students enrolled in such schools with standardized training. The bill lists the 11 areas the training should involve, including PTSD, TBI, and military sexual trauma.

Mr. Speaker, this bill addresses issues the committee has expressed concerns about in the past. I support its passage.

Mr. Speaker, I urge the passage of H.R. 3234, as amended.

I yield back the balance of my time.

Mr. ABRAHAM. Mr. Speaker, I also once again encourage all Members to support H.R. 3234, as amended.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 3234, the Failing VA Medical Center Recovery Act.

I support this legislation because it would establish in the Department of Veterans Affairs an Office of Failing Medical Center Recovery, and the position of Under Secretary for Failing Medical Center Recovery to head the Office.

The Office shall carry out the managerial and day-to-day operational control of each VA failing medical center.

The bill directs that the VA shall: publish in the Federal Register and on a publicly available VA website a compilation of key health metrics for each VA medical center; certify semiannually that each VA medical center ranked as "failing" is subject to managerial and day-to-day operational control by the Office; revoke the certification of a VA medical center as a failing medical center if it achieves a ranking of "satisfactory" or better for three consecutive fiscal quarters; submit to Congress a quarterly report on the Office, including actions taken by the Under Secretary regarding covered failing medical centers; and transfer each covered failing medical center from the direct control of the relevant Veterans Integrated Service Network to the direct control of the Under Secretary.

The bill also ensures that the Inspector General of the VA will prioritize investigations relating to covered failing medical centers, and the Office of Accountability Review will prioritize investigations of whistle blower retaliation relating to such centers.

Mr. Speaker, the reason this important legislation is needed is illustrated by the tragic and heart breaking cases of thousands of veterans who were left waiting for care for serious medical conditions.

In the State of Texas we have 1,099,141 Veterans under the age of 65 and 590,618 who are over the age of 65. There are over 1,689,759 veterans living in our state.

The 18th Congressional District has 20,607 under age 65 and 9,844 Veterans over the age of 65.

The Michael E. DeBakey Veterans Hospital Center, located in Houston Texas serves the health care needs of thousands of veterans and their families.

The DeBakey Veterans Hospital Center provides support to veterans and their families who are amputees, cancer, spinal cord injuries, traumatic brain injury, and have visual impairments.

The Medical center provides family support services through its Fisher House that provides living suites at no cost to family members of hospitalized Veterans and military members.

Today, with our vote on H.R. 3234, we can renew our commitment to our nation's more than 2 million troops and reservists, their families, and the 22 million veterans who served our nation.

I urge all Members to join me in voting to pass H.R. 3234.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. ABRAHAM) that the House suspend the rules and pass the bill, H.R. 3234, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to evaluate the ability of each medical center of the Department to provide quality health care to veterans, to ensure that the Secretary improves such medical centers that are underperforming, and for other purposes."

A motion to reconsider was laid on the table.

#### FEMALE VETERAN SUICIDE PREVENTION ACT

Mr. ABRAHAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2915) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans as part of the evaluation of such programs by the Secretary, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2915

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

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Female Veteran Suicide Prevention Act".*

#### SEC. 2. SPECIFIC CONSIDERATION OF WOMEN VETERANS IN EVALUATION OF DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS.

*Section 1709B(a)(2) of title 38, United States Code, is amended—*

*(1) in subparagraph (A), by inserting before the semicolon the following: ", including specific metrics applicable to women";*

*(2) in subparagraph (D), by striking "and" at the end;*

*(3) in subparagraph (E), by striking the period at the end and inserting "; and"; and*

*(4) by adding at the end the following new subparagraph:*

*"(F) identify the mental health care and suicide prevention programs conducted by the Secretary that are most effective for women veterans and such programs with the highest satisfaction rates among women veterans."*

#### SEC. 3. MENTAL HEALTH TREATMENT FOR VETERANS WHO SERVED IN CLASSIFIED MISSIONS.

*(a) SENSE OF CONGRESS.—It is the sense of Congress that veterans who experience combat-related mental health wounds should have immediate, appropriate, and consistent access to comprehensive mental health care.*

*(b) IN GENERAL.—Subchapter II of chapter 17 of title 38, United States Code, is amended by adding at the end the following section:*

#### "§ 1720H. Mental health treatment for veterans who served in classified missions

*"(a) ESTABLISHMENT OF STANDARDS.—(1) The Secretary shall establish standards and procedures to ensure that each covered veteran may access mental health care provided by the Secretary in a manner that fully accommodates the obligation of the veteran to not improperly disclose classified information.*

*"(2) The Secretary shall disseminate guidance to employees of the Veterans Health Administration, including mental health professionals, on the standards and procedures established under paragraph (1) and how to best engage covered veterans during the course of mental health treatment with respect to classified information.*

*"(b) IDENTIFICATION.—In carrying out this section, the Secretary shall ensure that a veteran may elect to identify as a covered veteran on an appropriate form.*

*"(c) DEFINITIONS.—In this section:*

*"(1) The term 'classified information' means any information or material that has been determined by an official of the United States pursuant to law, an Executive order, or regulation to require protection against unauthorized disclosure for reasons of national security.*

*"(2) The term 'covered veteran' means a veteran who—*

*"(A) is enrolled in the health care system established under section 1705(a) of this title;*

*"(B) is seeking mental health treatment; and*

*"(C) in the course of serving in the Armed Forces, participated in a sensitive mission or served in a sensitive unit.*

*"(3) The term 'sensitive mission' means a mission of the Armed Forces that, at the time at which a covered veteran seeks treatment, is classified.*

*"(4) The term 'sensitive unit' has the meaning given that term in section 130b(c)(4) of title 10."*

*(c) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 1720G the following new item:*

*"1720H. Mental health treatment for veterans who served in classified missions."*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Louisiana (Mr. ABRAHAM) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana.

GENERAL LEAVE

Mr. ABRAHAM. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and add extraneous material on H.R. 2915, as amended.

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

There was no objection.

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

I rise in support of H.R. 2915, as amended, the Female Veteran Suicide Prevention Act. This bill would amend the Clay Hunt Suicide Prevention for American Veterans, or the SAV Act, by directing the Department of Veterans Affairs to ensure that the independent third-party evaluation of mental health and suicide prevention programs required in the act identifies programs and metrics that are effective in treating women veterans.

Women are an important and an increasing segment of our Active Duty and veteran populations, and, moving forward, we must ensure that VA takes the unique needs of women veterans into account when conducting program reviews and evaluations.

This is particularly important for mental health and suicide prevention programs, given that recent research has shown that female veterans commit suicide at nearly six times the rate of other women and are five times more likely to commit suicide than male veterans.

H.R. 2915, as amended, would also require the VA to establish and disseminate standards and procedures to ensure that a veteran who has participated in a classified mission or served in a sensitive unit while in the Armed Forces may access VA mental health care in a manner that fully accommodates his or her obligation to not improperly disclose classified information.

Serious concerns have been raised about the mental health care that VA provides to veterans following the suicide death of Sergeant Daniel Somers in 2013. Sergeant Somers served on a number of classified missions during his time in the military.

When he separated from service and sought VA care, he was enrolled in group therapy sessions despite his fear of being unable to participate comfortably in group sessions due to his fear that he may inadvertently share classified information.

Had VA been more responsive to Sergeant Somers' concerns and provided him treatment that was sensitive to his concerns, he may be with us today.

H.R. 2915, as amended, is sponsored by Congresswoman JULIA BROWNLEY of California, the ranking member of the Subcommittee on Health, and incorporates provisions sponsored by Congresswoman KYRSTEN SINEMA of Arizona.

I am grateful to both of them for their work.

I urge all of my colleagues to support H.R. 2915, as amended.

I reserve the balance of my time.

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

I rise today in support of H.R. 2915, a bill to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs that are effective in treating women vet-

erans as a part of the evaluation of such programs by the Secretary.

My friend, the ranking member of the Health Subcommittee, Ms. JULIA BROWNLEY, was integral to identifying the issues affecting women suicides. I commend her leadership in bringing this issue to our attention.

Congress has long recognized the unacceptable rates of suicide among our Nation's veterans. Most recently, Congress passed the Clay Hunt Suicide Prevention for American Veterans Act, Public Law 114-2, which requires an independent third party to evaluate VA mental health care and suicide prevention programs.

VA's most recent suicide data report was released in February of 2013. That report found that 18 to 22 veterans per day commit suicide. In a follow-up report, the VA found an increase in the suicide rate among female veterans who use the VA healthcare system.

This finding echoes recent research that found that female veterans commit suicide nearly six times the rate of other women and that women veterans are five times more likely to be successful in committing suicide than male veterans.

This bill would amend the Clay Hunt Suicide Prevention for American Veterans Act to include within the independent third-party evaluation specific metrics applicable to women and to identify the VA mental health care and suicide prevention programs that are most effective and have the highest satisfaction rates among with women veterans.

Additionally, this legislation includes a provision that my friend, Representative KYRSTEN SINEMA of Arizona, has been working on for years.

This section requires the VA to establish and publish standards and procedures to ensure that a woman who participated in a classified mission or served in a sensitive unit while in the Armed Forces may access VA mental health care without improperly disclosing classified information.

This provision would also require the VA to find alternative methods of mental health treatment for veterans who need to access care without being put in a position where they may reveal information that should not be disclosed.

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

Mr. ABRAHAM. Mr. Speaker, I have no additional speakers. Once again, I encourage all Members to support H.R. 2915, as amended.

I yield back the balance of my time. Mr. TAKANO. Mr. Speaker, I yield 5 minutes to the gentlewoman from California (Ms. BROWNLEY).

Ms. BROWNLEY of California. Mr. Speaker, first I would like to thank Chairman MILLER and Ranking Member BROWN for their help in moving the Female Veteran Suicide Prevention Act forward.

I would also like to recognize my colleague from Arizona whose bill honoring the memory of her constituent,

Army veteran Sergeant Daniel Somers, has been included.

Mr. Speaker, as you know, the women veteran population is more than 2 million and growing quickly. But our understanding of the experience of women in the military and women veterans is not keeping pace with this rapidly changing demographic.

We agree that one of the most pressing and immediate issues we must address, as Members of Congress, is the tragic epidemic of suicide among all of our veterans. Last year Congress passed the Clay Hunt SAV Act, which required the VA to conduct annual evaluations of its suicide prevention and mental health programs.

I am confident that the Clay Hunt bill will save lives. But recently researchers analyzed data from 23 States and the Suicide Repository on more than 170,000 suicides over a 10-year period.

These researchers found data suggesting that female veteran suicide follows very different patterns than male veteran suicide. The statistics are extremely startling. Suicide among women veterans increased by an astounding 40 percent from 2000 to 2010.

The suicide rate among veteran women is nearly six times higher than among nonveteran women. For women ages 18 to 29, the risk of suicide is even higher, at nearly 12 times the rate of nonveteran women.

We don't know whether the reasons are related to the high rate of military sexual assault, gender-specific experiences on the battlefield, or factors that distinguish differing personal backgrounds, which is exactly the point. Without looking more closely at the root causes, we cannot hope to find better solutions.

Last year the Los Angeles Times wrote about this issue describing the heartbreaking case of Army medic Sara Leatherman. Even before her deployment, Sara had experienced depression and attempted suicide.

She was discharged early from her deployment because of a back injury sustained in Iraq. Suffering from post-traumatic stress and experiencing physical pain from her injury, Sara was not able to live by herself and moved in with her grandmother.

Sara was trying to get her life back on track and was attending community college. Although Sara was receiving VA treatment for PTSD, at the very young age of 24, she tragically took her life. Her family has been utterly destroyed by their loss.

While so very distressing, the VA was unable to help Sara. So we must honor Sara's memory and the memory of other women veterans whom we so tragically lost to suicide by doing our very best to better understand the underlying and unique causes that lead women veterans to take their lives over wanting to live their lives.

I introduced the Female Veteran Suicide Prevention Act to do just that by

building upon and improving the Clay Hunt SAV Act. My bill will help identify the different mental health and suicide prevention programs that are most effective for either male or female veterans.

My bill will also require the VA to report to Congress annually on the results of this analysis. Finally, my bill will require that VA's evaluation of its suicide prevention programs include specific performance metrics for women veterans.

The Female Veteran Suicide Prevention Act passed the House Veterans' Affairs Committee proudly with bipartisan support. It is also supported by the Service Women's Action Network, The American Legion, the Military Order of the Purple Heart, Disabled American Veterans, Iraq and Afghanistan Veterans of America, Veterans of Foreign Wars, Paralyzed Veterans of America, and the Vietnam Veterans of America.

Mr. Speaker, this bill will give us more tools in the toolbox to help save the lives of men and women who have bravely served our country with great honor and distinction. One human life unnecessarily lost is one life too many.

I thank my colleagues on the committee for making the Female Veteran Suicide Prevention Act a priority. I urge all of my colleagues to join me in voting "yes" on this important legislation.

THE AMERICAN LEGION,  
Washington, DC, September 11, 2015.

Hon. JULIA BROWNLEY,  
U.S. House of Representatives,  
Washington, DC.

DEAR REPRESENTATIVE BROWNLEY: On behalf of the over 2 million members of The American Legion, I would like to express our support for H.R. 2915, the Female Veteran Suicide Prevention Act. This bill, as written, would improve female veteran suicide prevention programs within the Department of Veterans Affairs (VA) by amending Title 38 directing the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans. This bill also strives to improve suicide prevention programs for female veterans enrolled in the VA healthcare system.

In 2014, The American Legion passed a resolution urging the President and Congress to sign into law the Suicide Prevention for American Veterans Act or similar acts that will expand and improve the care provided to veterans and servicemembers who have mental health issues or are at risk of suicide. Under this Act, the Departments of Defense and Veterans Affairs would be required to review their mental health care programs on an annual basis to ensure their effectiveness, offer special training on identifying those high risk veterans who are suicidal to their mental health providers, and to improve the process regarding medical records and prescriptions for the purpose of ensuring that there is a seamless health care process for those servicemembers who are transitioning out of the service.

Again, The American Legion supports H.R. 2915, the Female Veteran Suicide Prevention Act and applauds your leadership in addressing this critical issue facing our nation's veterans and their families.

Sincerely,

DALE BARNETT,  
National Commander.

MILITARY ORDER OF  
THE PURPLE HEART,  
Springfield, VA, December 15, 2015.

Hon. JEFF MILLER,  
Chairman, Committee on Veterans' Affairs,  
Washington, DC.

DEAR CHAIRMAN MILLER: On behalf of the Military Order of the Purple Heart (MOPH), I am pleased to offer support for H.R. 2915, the "Female Veteran Suicide Prevention Act". This legislation, if enacted, would help to identify mental health and suicide prevention programs that are the most effective and have the best outcomes among women veterans and would require that the results be reported to both the Senate and House Veterans Committees.

The recent data that has been published is deeply troubling. The data suggests that the suicide rate among women veterans is approximately six times higher than that of women who did not serve in the military.

While the Department of Veterans Affairs is examining why the suicide rate among women veterans is so much higher and how a history of Military Sexual Trauma may be one of the contributing factors, we as a nation must devote the time and resources to support these women who served our country in uniform.

MOPH requests that you bring this legislation before your committee as soon as possible so that America's women veterans understand that this issue will be given a high priority and that their service is appreciated.

Respectfully,

ROBERT PUSKAR,  
National Commander.

Mr. TAKANO. Mr. Speaker, again, I wish to thank my colleagues, Ms. BROWNLEY and Ms. SINEMA, for bringing the issues surrounding the prevention of female suicides in the military to our attention.

I urge passage of this very important bill.

I yield back the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, I rise today in support of the Female Veteran Suicide Prevention Act (H.R. 2915).

The VA estimates that 22 veterans take their own lives each day, or over 8,000 per year—more than have been killed in action since 9/11. The incidence of suicide among our veteran population is stunning, tragic beyond words, and simply unacceptable.

Too many veterans have returned from fighting our enemies overseas to fighting for their lives at home. As the son of a WW2 combat veteran, I have witnessed the residual wounds of war, the struggle to cope with the post-traumatic stress that can continue for decades and the pain that a lack of access to services can cause for veterans and their families.

Recognizing this great, unmet need, Congress recently enacted the bipartisan "Clay Hunt Suicide Prevention for American Veterans (SAV) Act," legislation targeting the gaps in the VA's mental health and suicide prevention efforts. Among other provisions, the law requires annual, independent third party evaluations of the effectiveness of the Department of Veterans Affairs' (VA) programs and establishes best practices for caring for at-risk veterans.

While the Clay Hunt Act is a comprehensive and well-designed law—I cosponsored and voted for it twice—there is one area where improvements could be made to maximize its impact and better assist one group of veterans: female veterans.

As the House Veterans' Affairs Committee report states: In 2014, the VA released an update to the survey and found increases in the suicide rate in female users of the VA health care system. Female veterans commit suicide at nearly six times the rate of other women and that women veterans are five times more likely to commit suicide than male veterans. Yet the VA's research focuses primarily on men and little is known about the complex causes and factors that are driving the suicide rate among females who have served.

The bill we are voting on today offers a modest but important step to enhance our understanding of, and hopefully help remedy, these staggering numbers. Specifically, H.R. 2915 directs the VA to identify mental health care and suicide prevention programs that are most effective and have the highest satisfaction rates among women veterans.

We as a nation have a duty and obligation to repay the debt we owe to those who have fought in defense of our nation and our ideals. This bill helps ensure we better address the physical and emotional wounds of all veterans and I urge all members to support it.

Ms. JACKSON LEE. Mr. Speaker, as a proud cosponsor I rise in strong support of H.R. 2915, the "Female Veteran Suicide Prevention Act," which directs the Secretary of Veterans Affairs to implement mental health care and suicide prevention programs and identify metrics that are effective in reducing the incidence of suicide among female veterans.

Over the last decade suicide has become a major issue for the military, but the research has been predominantly focused on men and too much remains unknown about the cause and frequency of suicide among female veterans.

Mr. Speaker, several recent studies show that, unfortunately, female military veterans commit suicide at nearly 6 times the rate of other women.

The suicide rate among female veterans is so high that it approaches that of their male counterparts, a finding that surprises researchers because men generally are far more likely than women to commit suicide.

The highest rates of suicide are found among young female veterans, ages 18–29, who are 12 times more likely to commit suicide as their civilian counterparts.

This is heart breaking, but perhaps not unexpected, since reports indicate that 10% of women serving on active duty are victims of rape and another 13% were subjected to other unwanted sexual contact.

Mr. Speaker, in every other age group, including women who served as far back as the 1950s, suicide rates for female veterans are between 4 and 8 times higher than that of their civilian counterparts.

These trends are so disturbing that it has earned the sobriquet from the Houston Chronicle as "The Silent National Epidemic."

The Texas Department of State Health Services lists a decedent's military experience in his or her death record, regardless of whether the deceased was serving in the armed forces at time of death.

While it is not clear what is driving the rates of female veteran suicides, the consistency across age groups suggests that a statistically significant correlation exists between gender and military service but the sad truth is that we lack sufficient data to generate externally valid inferences about causation.

In the general population, women attempt suicide more often than men but succeed less because women usually use pills or other methods that are less lethal than firearms.

Female veterans, however, are more likely than other women to possess firearms, and more likely to use a firearm to commit suicide (40% compared to 34% of civilian women).

H.R. 2915 is intended to make progress in identifying the causes and reducing the incidences of suicide by female veterans.

The bravery and devotion of female veterans, who have provided heroic service to our nation, often at great personal costs, is unquestioned.

We owe it to them to be there when they need our help just as they were there to answer the call when their country needed them.

I urge all Members to join me in voting to pass H.R. 2915, the "Female Veteran Suicide Prevention Act."

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. ABRAHAM) that the House suspend the rules and pass the bill, H.R. 2915, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans as part of the evaluation of such programs by the Secretary, and for other purposes."

A motion to reconsider was laid on the table.

#### DEPARTMENT OF VETERANS AFFAIRS ILLIANA HEALTH CARE SYSTEM PROPERTY CONVEYANCE

Mr. ABRAHAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3262) to provide for the conveyance of land of the Illiana Health Care System of the Department of Veterans Affairs in Danville, Illinois, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3262

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

#### SECTION 1. LAND CONVEYANCE, DANVILLE, ILLINOIS.

(a) CONVEYANCE AUTHORIZED.—The Secretary of Veterans Affairs may convey to the Danville Area Community College of Danville, Illinois, all right, title, and interest of the United States in and to certain real property, including any improvements thereon, consisting of approximately .6 acres known as "Building Number 48", which is part of the Illiana Health Care System of the Department of Veterans Affairs.

(b) CONSIDERATION.—As consideration for the conveyance under subsection (a), the Danville Area Community College shall convey to the United States all right, title, and interest of Danville Area Community College in and to certain real property, including

any improvements thereon, consisting of approximately 1.06 acres with a gazebo located approximately 293 feet south of the Danville Area Community College Library Building, which is part of the Danville Area Community College.

(c) CONDITION OF CONVEYANCE.—The conveyance under subsection (a) shall be subject to the condition that the recipient accept the conveyed real property in its condition at the time of the conveyance.

(d) DESCRIPTION OF PROPERTY.—The exact acreage and legal description of the parcels of real property conveyed under subsections (a) and (b) shall be determined by surveys satisfactory to the Secretary.

(e) ADDITIONAL TERMS AND CONDITIONS.—The Secretary may require such additional terms and conditions in connection with the conveyances under subsections (a) and (b) as the Secretary considers appropriate to protect the interests of the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Louisiana (Mr. ABRAHAM) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana.

□ 1645

#### GENERAL LEAVE

Mr. ABRAHAM. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to add extraneous material on H.R. 3262.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 3262.

This bill authorizes the Department of Veterans Affairs to convey property on the VA Illiana Health Care System campus in Danville, Illinois, to the Danville Area Community College.

Authorizing this conveyance would allow the VA to dispose of a vacant building for which it has no intended future use and is costly to maintain.

It would also allow the Department to straighten their property line, subsequently shortening the amount of fencing that is required to secure the safety of the medical center campus.

H.R. 3262 is sponsored by my friend and colleague from Illinois, Congressman JOHN SHIMKUS, and I thank him for his leadership in sponsoring and advancing this legislation.

I urge all of my colleagues to support H.R. 3262.

I reserve the balance of my time.

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

Mr. Speaker, H.R. 3262 authorizes the VA to convey to the Danville Area Community College of Danville, Illinois, what is known as Building Number 48, which is part of the VA Illiana Health Care System.

In return, the college will convey back to the VA certain lands near the college library building.

We do not have any issues with the legislation, and I urge its passage.

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

Mr. ABRAHAM. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. SHIMKUS).

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

Mr. SHIMKUS. Mr. Speaker, it does take an act of Congress to transfer lands and buildings, and that is kind of what we are doing here today, so I rise in support of this bill.

It is a very simple bill that is going to benefit the VA there in Danville, but also the local community with the Danville Area Community College.

Danville, Illinois, is a small town that has been home to some big names. Dick Van Dyke called Danville home in his childhood. Speaker Joe Cannon, a name we all know in Congress, was from Danville. Today, Danville is home to the VA Illiana Health Care System and the Danville Area Community College, commonly known as DACC.

DACC's president, Dr. Alice Jacobs, is an exceptional leader who has dedicated 45 years to higher education, including the last 16 years leading DACC. She has recently announced her retirement in the coming year, and I thank her for her dedicated service to the students and the community of Danville and wish her the best in the future.

The VA and DACC are an excellent example of how two institutions can work in cooperation to serve our veterans. The location of the VA hospital adjacent to the community college campus allows our veterans returning home to seek their medical care and help with benefits, while the college provides the opportunity for educational and training experiences that can help them transition into civilian life.

However, when the property lines were drawn between these two fine institutions, it wasn't in a straight line. Today, that has created a challenge as the VA explores the option of building a security fence along its boundary. Building that fence along the existing property lines will be more expensive. My bill, H.R. 3262, solves this problem by swapping two small parcels of land that both the VA and DACC have agreed to, creating a straight fence line.

Swapping these parcels is beneficial for the local community as well. In exchange for the land it gives up, DACC will receive a parcel of land with a historic, century-old Carnegie Library. This building has become so deteriorated and expensive to maintain that the VA has stopped using it. Now the building sits vacant while the VA still pays for basic maintenance and utilities. In its testimony to the House Veterans' Affairs Committee's Health Subcommittee, the VA stated that disposing of this building would save an estimated \$98,000 over the next 10 years.

Danville and DACC see great potential for the building. Through the generosity of a private donor, DACC plans