

Fort Gordon, GA, involving public affairs and protocol she excelled and began polishing skills that would serve her exceptionally well in future assignments. Perhaps the highlight of her tour at Fort Gordon was a weekly television show titled "On the Move" that she produced, wrote, and appeared in, that covered stories of local interest. This well-received show was eventually picked up and broadcast as a public service on one of the local commercial television stations.

Our very best officers actively seek duty with soldiers and Mary Lou Smullen is no exception. In the early 1980's, the U.S. Army in Europe was one of the most challenging places to serve with soldiers. Tough, realistic training and competent, confident leaders maintained the warrior's edge as America's Army stood ready to defend Western Europe from the Warsaw Pact.

Effective personnel administration is one of the many important, yet unheralded tasks, that contribute to maintaining trained and ready forces in the field. We want to be sure that utmost care is taken of America's sons and daughters. We want to be sure our soldiers are properly assigned, promoted, schooled, rewarded, and disciplined. And that is exactly what then-Captain Smullen did as Chief of Officer Records for the Fifth U.S. Corps and later as Commander of the 64th Adjutant General Replacement Detachment, and Chief of the Enlisted Assignment Section for the Fifth Corps. Well over 21,000 soldiers in over 106 units directly benefited from LTC Smullen's exceptional efforts. She went on to serve with distinction as the Assistant Secretary for the General Staff for Protocol for the Fifth Corps and found the time somehow, to earn a master's degree in international relations from Troy State University at its overseas campus.

LTC Smullen's educational background, experience, and demonstrated performance resulted in her next assignment as Assistant Public Affairs Officer for the Armed Forces Inaugural Committee. Once again she set herself apart from her peers by exhibiting exceptional skill, intelligence, and innovation. The information briefings, historical, and art programs she deftly developed established a standard that is still looked to today.

Each service assigns Congressional liaison officers to offices on the Hill that perform a particularly important function keeping Congress adequately apprised of myriad programs so we can make informed decisions regarding defense authorizations and appropriations. Few positions within the services have such direct impact on the services' programs as these liaison positions. Accordingly, the services strive mightily to assign only their best officers to liaison positions on Capitol Hill. LTC Smullen was the Army's first female officer assigned to such a liaison position on Capitol Hill. This action testifies to the degree of trust and confidence senior Army leadership placed in this superb officer. She did such a fine job for the Army that the Office of the Secretary of Defense sought her transfer and she went on to provide liaison between the Secretary of Defense and Congress in matters relating to all weapons systems procurements, command control and communications issues, and chemical matters.

Few of our serving military officers ever get the opportunity to work on Capitol Hill as bona fide members of the Congressional staff. Perhaps the ultimate indicator of LTC Smullen's special talents was her selection and assign-

ment as a special assistant to the Staff Director on the Joint Committee on the Organization of Congress. This historic effort, pursued only twice before in the history of our Republic, was supported by an extremely small Staff. LTC Mary Lou Smullen played a key role in the joint committee's activities. She coordinated research and background of legislative-executive relations, chose the best witnesses, analyzed the correct solutions for the joint committee to recommend, oversaw preparation of all outgoing constituent correspondence signed by members, and prepared all correspondence for the National Archives. All these tasks were accomplished in an exemplary fashion, and many of the committee's recommendations are under consideration by the current Congress for implementation.

Since completing work with the joint committee, LTC Smullen has been serving as a special assistant to the Army's Chief of Legislative Liaison and has continued to excel in a position with many and varied challenges. Excellence continues as her hallmark.

The role of women in our Armed Forces has been a topic of much discussion over the past several years. Throughout our history women have served America's Army in many substantive and diverse roles: Mary Ludwig McCauley, alias Molly Pitcher, Dr. Mary Edwards Walker, Mary Hallaren, and Mary E. Clarke have inspired generations of women to seek an opportunity to serve our Nation. Like them, Mary Lou Smullen heard the call. In her own way, LTC Smullen has played an active part in effecting important changes within America's Army. These changes have not occurred quickly. However, they have rooted deeply within the institution itself. Often have I heard the Army claim that senior leaders cannot be hired off the street. They must be nurtured and grown within the institution. The very fact that we have senior Army officers like LTC Smullen actively engaged in sensitive, important, and demanding positions is ample testament that the Army has indeed kept pace with the cultural changes that have occurred in the rest of American society. The Women's Army Corps was eliminated shortly after LTC Smullen graduated from its basic course. She has been in the vanguard of change that has permeated America's Army, setting an example, breaking down long-established barriers, and disproving widely held stereotypes.

On a personal note, I would point out that LTC Smullen was one of the escort officers for a Veterans' Affairs Committee trip several years ago to Corregidor and talks with Filipino officials regarding the restoration of the memorial to U.S. troops on the island. She proved to be an excellent escort officer and contributed greatly to the success of the trip.

Mary Lou Smullen is a consummate professional. She has personified those traits of professionalism, integrity, and competence that our Nation has come to expect from its Army officers. When she was needed, she was there. She has served our country well and our heartfelt appreciation and best wishes go with LTC Smullen as she prepares for the future.

IN OPPOSITION TO VETERANS' ADMINISTRATION RESCISSIONS

The SPEAKER pro tempore. There being no designee of the majority lead-

er at this time, under the Speaker's announced policy of January 4, 1995, the gentlewoman from Florida [Ms. BROWN] is recognized for 60 minutes as the designee of the minority leader.

Ms. BROWN of Florida. Mr. Speaker, the topic of my discussion will be the rescission cuts. There have been many targeted, including children and the elderly, but worst of all have been the veterans, and I rise today in behalf of the veterans throughout this Nation.

There is a national disgrace in this country that must be addressed now. We all know that American men and women in the prime of their lives willingly go to remote parts of the world to defend their country. Sometimes they do not return. Sometimes they return with wounds that do not surface until years later. War is never without human cost, and for this reason we have a longstanding contract with our brave warriors that goes something like this: "If you will stand in harm's way for me, I will care for you later."

On February 24, a day of disgrace, the House Appropriations Committee with Republican leadership voted to rescind \$206 million in fiscal year 1995 from the VA appropriations. During the full committee markup on March 2, the Republicans voted to support those cuts.

This rescission money was intended to fund six VA ambulatory care projects totaling \$200 million. It is a national disgrace that veterans' programs are a part of this rescission list, a list that was quickly and thoughtlessly compiled. These canceled projects prevent us from expanding our outpatient service, a national trend in health care delivery and making our health care system more efficient and cost-effective. These canceled projects are aimed at one of the most deserving groups in our society, veterans after World War II and the Korean conflict. These veterans and all veterans should expect and receive good care. If we cannot protect them at this time in their time of need, how can we ask them to stand in harm's way to protect us?

GOP says veterans health is not a priority.—The Republicans' message is clear: the health of our Nation's veterans is not a priority. Clearly, they feel that reducing vital medical services to needy veterans is an appropriate way to pay for tax cuts for the wealthy.

All these funds have been carefully considered.—The Department of Veterans Affairs has ranked the six targeted ambulatory care projects as priorities. In fiscal year 1995, the Department proposed to fund these projects, all of which have been authorized, as part of the veterans health care investment fund.

Ambulatory care saves taxpayer dollars.—The ambulatory care projects are an integral part of the Department's plan to move away from costly inpatient care and provide more accessible, cost effective and efficient outpatient care. Ultimately, all of these projects will save the VA medical system more money.

These projects will provide better care.—The projects will allow VA to better meet the workload experienced by the transfer of expensive inpatient care to a less costly ambulatory setting.

These projects will allow VA to deliver managed outpatient care and will greatly improve VA's ability to deliver primary care.

These projects will correct serious safety and space deficiencies in ambulatory care areas of affiliated referral facilities or in undersized leased satellite clinics.

Presently, the clinic space available at these proposed facilities was designed for workloads of 50 to 60 percent of current workloads. The lack of space results in appointment delays and overcrowding.

Veterans take the hit to pay for taxcuts for the wealthy.—These cuts are not only "penny-wise and pound-foolish," but also wrong. These cuts are aimed at the most vulnerable groups in our society—aging World War II and Korean conflict veterans and others who have sacrificed so much for our Nation.

Members will have another chance to get their priorities straight.—Support restoring this vital funding when this ill-conceived rescission package is brought to the floor next week. Do not let our veterans down. They deserve better.

Orlando Satellite Outpatient Clinic and Nursing Home.—The fiscal year 1995 appropriation is \$14 million. This project will allow the VA to better provide primary and preventive care and address long-term care needs in the Orlando area. It renovates the Orlando Naval Training Center hospital for use as a VA satellite outpatient clinic and nursing home care unit. It will replace the existing leased undersized clinic which was sized to accommodate less than one-half of the visits currently experienced in Orlando. The project will allow the VA to provide excellent primary and preventive care and long-term care in the Orlando area. Since June 1994, there have been 15,000 veteran patient visits to the Orlando Satellite Outpatient Clinic—120,000 visits are expected by the end of 1995.

The existing clinic is in three separate buildings approximately one-half mile from each other and cannot be expanded further in present location. Unsuccessful efforts have been made for the past 6 years to obtain acceptable replacement lease space. Existing space lacks sufficient examining rooms, waiting areas, and bathrooms with no privacy for examining women veterans. This project will allow for 120 new beds without new construction by renovating an existing building.

Gainesville ambulatory care addition.—The ambulatory care addition will be added to the main hospital building. Ambulatory surgery facilities and an outpatient pharmacy will be included along with clinic space. The addition will allow the VA medical center to provide primary and preventive care in an ambulatory setting, as well as correct severe space and functional deficiencies and add much needed ambulatory care space.

The fiscal year 1995 appropriation is \$17,812,000. The current ambulatory care facility was constructed in 1966. Present ambulatory care is 35 percent space deficient and handles over 133,000 visits a year. Services are spread over several floors making it confusing and physically difficult for many handicapped patients.

The emergency room is a converted hallway with treatment and support spaces on either side of the hall. Administrative duties take place in the hallway along with movement of patient, supply, staff, and visitor traffic.

Mr. Speaker, I will now yield to my good friend, the gentleman from Georgia [Mr. SANFORD BISHOP].

Mr. BISHOP. Mr. Speaker, I thank the gentlewoman from Florida for yielding.

Mr. Speaker, thanks to the men and women who have served in the Armed Forces, we Americans live in the freest, the most bountiful, and the most secure country in the world. All of us will agree, I am sure, that we owe each and every one of our veterans a deep debt of gratitude. On patriotic holidays we express our thanks in speeches and parades, and well we should, because when our veterans signed up and answered the call with their faithful service to our Nation, our Government in essence issued a promissory note, a check assuring them certain basic benefits, including education and job training opportunities, housing assistance, and a health care system that specifically serves veterans, the veterans' population, when they need it, for life.

It will be a tragic day, Mr. Speaker, if that check is ever returned marked "Insufficient Funds." In essence, that is exactly what will be happening if Congress votes to support the more than \$206 million in VA rescissions the Appropriations Committee is recommending, rescissions that will eliminate critically needed high-priority improvements in the veterans' health care system that must sooner or later be implemented if the system is to meet its needs in the immediate years ahead.

These funds are earmarked for six ambulatory care projects totaling \$156 million and medical equipment purchases totaling \$50 million. The ambulatory care projects are needed to carry out the projected transfer of many inpatient-care patients to a more cost-effective outpatient care. In the long run it will cost much more money to continue to hospitalize many thousands of patients who could be treated on an outpatient basis. Rescinding this investment makes no sense from either a financial standpoint or a medical standpoint. It will prevent the Veterans' Administration from moving to more cost-effective and efficient operations. This means higher costs for current services and fewer resources for meeting future needs.

The VA health care system must either move forward or it will inevitably face decline, and that will be tantamount to breaking our promise.

Mr. Speaker, veterans are already shouldering their share of the burden of budget cuts in recent years, and then some. The Budget Reconciliation Acts of 1990 and 1993 alone have cut VA benefits and services by nearly \$7 billion. Additional cuts can be expected in the VA budget that Congress will con-

sider for the next fiscal year, and now on top of all this the House Appropriations Committee is proposing that Congress slash VA health care funds already appropriated and included in the current budget. Either we keep our promise to provide a quality health care system for our veterans or we renege on that promise. This is the fundamental issue that we will be debating when this ill-conceived rescissions package is brought to the floor next week.

In addition to the personal sacrifices that veterans have made in the defense of our country, we will be asking them to sacrifice benefits and services that have been promised and approved.

Mr. Speaker, let us keep our word. Let us restore these funds. Vote to build the VA health care system, not tear it down.

Ms. BROWN of Florida. Mr. Speaker, would the gentleman respond to a question?

Mr. BISHOP. Yes, I will, if the gentlewoman will yield further.

Ms. BROWN of Florida. Mr. Speaker, the gentleman serves on the authorizing committee, and can he tell me whether or not anyone on the authorizing committee was contacted by anyone from the administration or anyone from the Secretary's office pertaining to these cuts or whether it is politics the old-fashioned way, a group of good old boys getting together and making these decisions?

Mr. BISHOP. Mr. Speaker, as the gentlewoman is aware, we had hearings in the Committee on Veterans' Affairs, and I think the Secretary appeared and indicated that he had not been consulted, and I think that the committee records would reveal that probably there were no consultations from the authorizing committee. This was something that happened *sui sponte*. There was no consultation at all, and I think, as the gentlewoman alludes to it, this was the old-fashioned way of doing things, and apparently that is what we are faced with.

Ms. BROWN of Florida. Mr. Speaker, I have one followup question: What does the gentleman think about the reverse Robin Hood procedure, robbing from the poor to give to the rich?

Mr. BISHOP. I feel that it is a slap in the face to our Nation's veterans. I feel that it is certainly a disservice to our Nation's veterans, and it is tantamount, as I said earlier, to having the check come back marked "Insufficient Funds."

Ms. BROWN of Florida. Mr. Speaker, does the gentleman think there is a lot of waste as far as the dollars we spend on veterans?

Mr. BISHOP. No, no, they are cost-effective dollars, very cost-effective.

Ms. BROWN of Florida. Mr. Speaker, I thank the gentleman.

Mr. BISHOP. Mr. Speaker, I thank the gentlewoman for yielding.

Ms. BROWN of Florida. Mr. Speaker, I now yield to my friend, the distinguished leader of the Black Caucus and

the leader in the Appropriations Committee, the gentleman from Ohio, Mr. LOUIS STOKES.

Mr. STOKES. Mr. Speaker, I want to thank my colleague, the distinguished gentlewoman from Florida, Ms. CORRINE BROWN, for reserving this hour to discuss a very important issue, cuts in programs which serve our Nation's veterans. I feel very strongly about the issue and I am pleased to participate in this special order.

For a number of years, I have been privileged to serve on the House Appropriations Subcommittee which funds the Veterans' Administration and its programs. I am currently the ranking Democrat on that subcommittee. As it relates to veterans issues, this important panel oversees the \$37 billion budget to provide medical care, compensation and pension payments, educational training and vocational assistance, and housing assistance for our Nation's veterans.

As a member of this subcommittee and as a veteran, I have been proud of our legislative efforts to provide and care for those brave men and women who have risked their lives in service to this country. It is for this reason and in their defense that I rise today.

This Nation has been fortunate to have been defended by many men who gave the last full measure of devotion for this country; namely their lives. Others were wounded, crippled, and disabled, all in the name of service to their country. Many who served are now in the twilight of their lives. This is why the recent vote by the full Appropriations Committee to drastically cut \$206 million in funding for programs that serve our Nation's veterans is unacceptable and unconscionable. That these cuts come from funds earmarked for medical equipment and ambulatory care facilities is an even greater disservice to this Nation's veterans.

In hearings last week before the VA/ HUD and Independent Agencies Appropriations Subcommittee on the fiscal year 1996 budget, the Secretary of Veterans Affairs, Jesse Brown, gave moving testimony about the proposed rescissions and the impact on our veterans. He told us that these rescissions would prevent the Veterans' Administration from providing quality care for our veterans. He told us that he was shocked at this unprecedented departure from providing care for veterans.

I think it important that everyone understand and know that quality health care for our veterans has always been a top priority in previous Congresses. These rescissions supported by our Republican colleagues are an unprecedented departure from this long-standing tradition of supporting this Nation's veterans.

Furthermore, these actions come at a time when the Secretary himself acknowledges the unacceptable conditions of many of the Nation's VA hospitals. In fact, the Veterans' Administration currently has an unmet need of

necessary medical equipment exceeding three-quarters of a billion dollars. The rescissions bill passed by the Appropriations Committee would increase that unmet need by at least \$50 million.

I would ask my colleagues how we can even consider such reductions when information we hear daily tells us of new and emerging medical conditions being experienced by veterans? At a time when veterans medical centers and medical teams are recognizing and attempting to address these problems, these cuts come from previously appropriated funds which were to be used to purchase such types of equipment as CAT scanners, x rays, EKG machines, and other vital items. Private hospitals have access to this equipment, and can replace and improve their inventory; so should the medical centers caring for our veterans.

Mr. Speaker, even more shocking is the \$156 million reduction in construction projects. These funds are targeted for ambulatory care facilities. This represents a crucial aspect of the VA's medical care agenda at a time when our aging World War II veterans are requiring more medical assistance. Not only are they older, but these veterans require more long-term care. Clearly, this is not the time to cut back on ambulatory care facilities—especially in States such as Florida which has the fastest growing and aging veterans population.

Our Republican counterparts argue that these rescissions are necessary to offset the costs of the California earthquake and other natural disasters. I would respond that these cuts will create an even greater disaster for thousands of veterans. I would argue further that if these actions are intended to offset the cost of future tax cuts—including capital gains for middle-class families and affluent investors—it is unconscionable. I cannot support legislation which views tax cuts for the wealthy to be a higher priority than needed veterans medical equipment and facilities.

We must stand up for our Nation's veterans. These brave men and women have dutifully served this country. We owe them the same full measure of devotion they gave in protecting this Nation with their lives. I want to thank my distinguished colleague from Florida for the opportunity to address this important issue, and commend her for the fight she is waging to restore funds to these veterans projects.

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I want to thank my distinguished colleague for Florida for the opportunity to address this important issue and I commend her for the fight she is waging to restore funds for these veterans' projects.

Ms. BROWN of Florida. You served on the Committee on Appropriations. Can you give us a little insight as to the process, whether or not—how this decision to attack the veterans came about? I know I serve on the authorizing committee and we were not notified. I spoke with the administration. They were not contacted, nor was the Secretary.

Is this politics the old-time way, back room, pizza, discovery and decisions made in closed doors?

Mr. STOKES. I would be pleased to try to respond to the gentlewoman's question. I could say to the gentlewoman that this particular subcommittee took a greater hit than any other subcommittee on the Appropriations Committee. The total in rescissions was about \$17.3 billion. Of that amount, the VA, HUD, and Independent Agencies Subcommittee contributed about \$9.3 billion. That is about 54 percent of the total amount of those cuts. And of course veterans took a hit of about \$206 million, which was substantial in terms of this.

There was no scientific way of arriving at these figures. These were the figures brought in in terms of the Chairman's mark, and of course the subcommittee approved that mark. There is nothing logical, nothing by way of formula. These were just figures that were reached up and arrived at.

Ms. BROWN of Florida. Not based on any need factor or—

Mr. STOKES. None that I am aware of and I participated fully in that markup and at which time I opposed these cuts to our veterans programs.

Ms. BROWN of Florida. Can you briefly just tell us about some of the other cuts? One in particular, in the area of housing, I have a series of town meetings, probably more than anyone else in Congress, and the two areas that always come up, one is crime and two, housing, affordable housing. There is a lot of concern as far as senior citizens. Can you discuss housing and some of the other cuts briefly?

Mr. STOKES. I would be pleased to respond to the gentlewoman that the Department of HUD, Housing and Urban Development, took about 42 percent of the total rescission cuts out of that \$17.3 billion cut. The actual cuts

from HUD alone were about \$7.3 billion. Programs were hit, such as operating subsidies, the preservation funds, modernization funds, the assisted housing account. Then the lead-based paint program, which enables us to be able to try and repair some of the damage done to the Nation's youth, particularly in our inner cities where these young children are subjected to paint and, as a result of it, suffer and are impaired with brain damage, which is often irreversible. Along with it, the Community Development Block Grant Program also sustained a large hit in terms of the cuts, and of course that affects almost every local and urban community around the Nation.

So these are some of the major cuts that came out, and of course also tomorrow I am hoping to have an amendment on the floor when the bill comes up that would restore about \$2 billion of the cuts from VA and also from these housing programs.

Ms. BROWN of Florida. What about weatherization? That program, who benefits from that program and was that program also targeted for cuts?

Mr. STOKES. I do not believe that the weatherization program was part of that program.

Ms. BROWN of Florida. What about jobs, the summer jobs program?

Mr. STOKES. Summer jobs program is in the rescission cuts, comes out of the Labor, Health, Human Services, and Education Subcommittee on Appropriations. All the summer jobs were cut. This is going to put an enormous amount of young people on our streets, particularly at a time when we are already encountering a great deal of unemployment in our inner cities and where, within the next 2 months, the mayors of these cities must get ready to provide these jobs for these young people during the summer months, and that is one of the programs that is just totally unconscionable to see that the youth of this Nation who depended upon summer jobs will not be provided them this summer if these rescissions prevail here in the House.

Ms. BROWN of Florida. Can you explain for us—some of us, who are not familiar with the process, tell us a little about the rescission? Because it is my understanding we are talking about projects that have gone through the House of Representatives hearings, gone through the Senate, passed, the President has signed it into law, so we are talking about breaking out of a contract that we have already signed in many cases?

Mr. STOKES. These are from appropriated funds. They were in the fiscal year 1995 bill and they were funds that were already appropriated and signed into law, and of course this is a Congress coming back again rescinding action that it had previously taken in the last Congress where both the House and the Senate had passed on this legislation, had sent it to the President for his signature.

Ms. BROWN of Florida. Does this include the school lunch program?

Mr. STOKES. The school lunch program is not in our rescissions. That is in some other legislation that will be coming to the floor and it will not be in the \$17.3 billion rescission bill.

Ms. BROWN of Florida. Can you explain to us the difference between a block grant and a program—you know, we have had block grants before. In fact, I think when we had it, President Ronald Reagan stopped it because the money was not going where it was intended.

Can you tell us a little bit about it? Because I am very supportive of the present school lunch program that started in 1946 under President Truman, and the reason why this program was started was because it was in the national interest of this country to take care of our young people and they couldn't pass the physical. So that is why we invested in our young people.

Mr. STOKES. The gentlelady is certainly correct. One of the problems in terms of block granting many of these types of programs is the fact that each State has different regulations and standards with reference to these programs.

Many of them adopt a different type of program and in the absence of Federal standards, Federal guidelines, and Federal guidance to those programs, you will find a diminution of many of the programs in many of the States and you will find varied and different types of programs and not those which have been directed under the Federal aegis.

Ms. BROWN of Florida. I have been in this House for 2 years, which is not a lot of time, but I spent 10 years in the Florida House of Representatives. We passed a lot of bills out of this House, but I have never seen the process so broken down. As a Member that has served in the House, I have always been proud of the work, the deliberation of the House. Now I thank God for the Senate.

Can you tell us or share your experience with us about the process and how it has been working over these past how many days? It is not 100. We passed one bill to my knowledge.

Mr. STOKES. I think certainly for those of us who consider ourselves as legislators and those of us who take pride in sponsoring legislation and being able to create programs that help people, not only our own constituency, but people throughout the Nation, and many of us have taken great pride in the fact that over the years we were able to not only craft those programs but able to put the proper amount of funding into those kinds of programs and we have seen people benefit from it.

We have seen those who fall in the category of being low-income people, the poor, the disadvantaged, minorities, those who are dependent upon government, be able to survive in our society at a time when they needed

help in order to be able to move on to the next stage of their lives, and to now see what is happening in terms of the kind of cuts that are coming.

You earlier mentioned cuts in the food stamps, nutrition programs, the WIC, which is the Women, Infants, and Children Program, to see cuts now coming in programs such as summer jobs and Healthy Start, which is for mothers and little children, and when you see the type of rescissions that are in this bill that is coming out to the floor tomorrow, as one who is interested in people and trying to provide for the people in this country, you could just deem it totally unconscionable that we are doing this to people at a time in this country when all Americans are entitled to be represented by those who serve in this body in a way where they show some degree of compassion and understanding of our people's lives.

Ms. BROWN of Florida. The last question I must ask you, can you tell me who was left out of these cuts?

Mr. STOKES. Well, I can tell you this, that the defense bill was totally off the board. No cuts came in the defense program. Not a single item was cut from defense. That was just untouchable. And so I can tell you that, and the other thing I think everybody needs to understand is that the President's request in terms of disaster relief was in the amount of \$6.7 billion.

□ 1545

The subcommittee on which I serve actually cut it down to \$5.3 billion. The difference between \$5.3 and the \$17.3 billion, which is substantial, somewhere in the neighborhood of \$11 billion, we have to ask ourselves, what are these cuts for, since the total amount of the rescission package is \$5.3 billion. So the difference between \$5.3 and \$17.3 then is what the Republicans call a savings. Of course, the savings we all know obviously is going to go for the tax cut for the rich, so the Republicans, as usual, are robbing from the poor to give to the rich.

Mr. Speaker, I thank the gentleman so much for his insight, his information, and for coming and taking the time to share with the American people what has been going on in the 104th Congress.

Mr. STOKES. I thank the gentleman.

Ms. BROWN of Florida. Mr. Speaker, I yield to the gentleman from Puerto Rico [Mr. ROMERO-BARCELÓ].

As he is coming up, I would like to share with the House this picture. It says "Uncle Sam wants you." It is a commitment that we made to our veterans: If you will support us, if you will go and fight for us, we will be there for you.

I yield to the gentleman from Puerto Rico.

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

Ms. BROWN of Florida. I yield to the gentleman from Missouri.

Mr. VOLKMER. Mr. Speaker, that was a contract that the Congress, back when these veterans were coming home, had with our veterans that preserved the freedoms that we have. To me, that contract is just as important, if not more important, than the Contract With America.

Mr. Speaker, I think it is really important. I just returned from Haiti. I talked to the commander down there. He talked about the fact that we need to take care of our men and the missions will take care of themselves. We are talking about people who have committed themselves, have served this country, and now we are just tossing them out. They are not important.

I thank the gentlewoman for yielding to me.

Mr. ROMERO-BARCELÓ. Mr. Speaker, last week the House Committee on Appropriations voted to cut six Veterans' Administration ambulatory projects totaling \$156 million, and \$50 million in medical equipment purchases, which already face an \$800 million backlog.

One of these projects happens to be the San Juan Veterans' Administration Medical Center outpatient clinic addition, a project designed to address a 15-year problem of severe overcrowding of the facility. The area currently used for ambulatory care in the San Juan VA Medical Center provides only 40 percent of the space required, according to VA standards, and that is cutting it short.

Therefore, temporary measures, such as converting storage space and corridors into clinical and office space, have been the mode of addressing these chronic space deficiencies for many years. Currently, some outpatient clinics and medical examinations are being performed in the hallways and nursing stations of the facility, and exit corridors have been converted into additional waiting areas, potentially compromising the health and safety of both patients and visitors.

The Secretary of Veterans' Affairs came down to Puerto Rico. We insisted he come down and see it for himself. He did not believe the conditions that he saw there in the outpatient clinics.

The ambulatory care addition would allow the medical center to relocate all outpatient functions into a one-story addition adjacent to the existing main hospital. This will correct all our patient safety, accreditation, functional and space deficiencies, and adapt space for handicapped accessibility and for women veterans.

A parking garage is also scheduled to be constructed to replace the parking lot, due to the siting of the ambulatory care addition. Land at home is very scarce and very expensive. This is why a new parking building is being built instead of buying additional land.

Further, San Juan is the only VA Medical Center for the entire veteran population within Puerto Rico and the U.S. Virgin Islands. Demand for care has consistently been much higher

than on the mainland. Mr. Speaker, approximately 35 percent of veterans in Puerto Rico and the U.S. Virgin Islands use the VA facilities, compared to the 12 percent national average. Let me explain why.

Because Puerto Rico and the Virgin Islands are Territories, they do not share or do not participate in the Medicaid Program. What does that mean? That means that the poor veterans, the veterans that do not have health insurance, the veterans that cannot afford to pay a doctor or pay the hospital, when they go to a private hospital they cannot afford it, so they have to go to the public hospital or the Veterans' Administration facilities.

The public hospitals in Puerto Rico and the Virgin Islands are not up to par with the private hospitals and the private facilities, so the veterans would be getting a second class type of health treatment, so they insist on going to the Veterans' Administration. That is logical and that is to be expected. That is where they can get the best treatment.

This is why here in the Nation, in the 50 States where they have a Medicaid Program, the poor veterans do not need to go necessarily to the VA hospitals. They can go to private hospitals, to a private clinic, to a private doctor, and Medicaid will pay for it, but in Puerto Rico there is no Medicaid Program, so their only choice is the Veterans' Administration facilities. This is why it is even more imperative that these facilities be expanded.

After a 15-year struggle by the Puerto Rican veterans and the Virgin Islands veterans, Congress has finally appropriated the necessary funding, \$34.8 million, to finalize construction of the vitally needed outpatient clinics of the San Juan VA Medical Center last year. The project had been authorized and \$4 million had been appropriated for its design a year earlier.

Puerto Rico's 145,000 veterans, particularly the sick and the disabled, celebrated this long-awaited achievement. Only now, when they were celebrating the achievement, waiting for the contract to be signed, for the construction to start, all of a sudden the House Committee on Appropriations decided to take away all of the funds a few months later.

However, the fact that strikes me the most is that these proposed cuts will be particularly devastating to the VA Medical system, because the targeted facilities are all ambulatory care facilities. The rescissions come at a time when the VA is involved in the effort of shifting from hospital inpatient care to outpatient and noninstitutional care settings, which is in keeping with the new general trend in providing medical care throughout the Nation.

The Veterans' Administration has been called by Congress over and over again to stop investing so much money in hospitals and to invest more money in outpatient clinics. Now, the Veterans' Administration has responded to

the Congress, it is beginning to invest in outpatient clinics, and all of a sudden Congress takes the money away. The money spent on outpatient facilities to prevent a veteran from going into the hospital is a savings for the Federal Government. It is a savings for the Nation.

If you do not take care of the patient while he can still walk, is still ambulatory, can live at home, then what happens is eventually then he has to go into the hospital, and the medical and hospital care is much, much more expensive, so instead of saving money we are actually spending more money.

In the words of the chairman of the Committee on Veterans' Affairs, the gentleman from Arizona, BOB STUMP, I will quote from his February 28 letter to the chairman of the Committee on Appropriations, the gentleman from Louisiana, BOB LIVINGSTON:

The particular projects selected for rescission by the subcommittee are, unfortunately, the type of projects that the Veterans Affairs Committee has been encouraging the VA to pursue. It is my strong belief, shared by veterans and their service organizations, that giving greater priority to ambulatory care projects is clearly the right approach to improve service to veterans.

Mr. STUMP went on to conclude: "In striking contrast to the needs the VA faces, these cuts move the VA in the wrong direction."

The Department of Veterans' Affairs has consistently ranked the six targeted ambulatory projects as one of its highest priorities. They are an integral part of the department's effort to move away from costly inpatient care and provide more accessible, cost-effective and efficient outpatient care.

However, by proposing the rescission of these six projects, the Republicans are sending a very clear message: The health of our Nation's veterans is not a priority to this Congress.

However, we owe a great debt to our veterans. A reduction in hard-earned medical services to deserving veterans is not the way to pay for a tax cut for the wealthy. Cutting high-priority veterans' projects is plain wrong.

I urge my colleagues from both sides of the aisle, but particularly the Republicans, to set their priorities straight and support the restoring of the vital funding when this ill-conceived rescissions package is brought to the floor next week.

Mr. VOLKMER. Will the gentleman yield, Mr. Speaker?

Ms. BROWN of Florida. I yield to the gentleman from Missouri.

Mr. VOLKMER. Would the gentleman also, as the gentlewoman from Florida, consider this a breach of the contract that Congress has with our veterans, especially our World War II veterans?

Mr. ROMERO-BARCELÓ. I definitely do, Mr. Speaker. I don't know if we can really call this a Contract With America. It looks more like a contract for the wealthy of America, and it is being performed on the backs of the poor, the children and the elderly and the veterans.

Mr. VOLKMER. This money that they are taking from these outpatient clinics, yours, mine, those of the gentlewoman from Florida [Ms. BROWN] and others, is going to go for tax cuts, and 75 percent of that money goes to the wealthy?

Mr. ROMERO-BARCELÓ. The gentleman is right. They quote the theory that the less taxes the wealthy pay, the more money there will be, but yet, they have to make cuts to meet those tax cuts. They have to cut another project.

Mr. VOLKMER. I want to give another problem with what I call the generational gap, Mr. Speaker. If you review and look at the age of the Members of the majority party, many of them are too young to have served, basically, in the armed services in time of war with Uncle Sam's Army, our Army, our Marines, our Air Force.

As a result, I think this generational gap has led to the point where they, perhaps, do not realize the importance of what those people that fought in those wars did for us in preserving our freedoms.

I am afraid that you may see another part of what I call the generational gap that is going to occur. I understand there may be an amendment to restore these funds when we get into the bill by someone from the majority side, but I have been told that the money is going to come from further rescissions in the Americorps Program.

In other words, it will do away completely with Americorps, which is a program for our youth, in order to help the veterans. Mr. Speaker, I do not think that is necessary.

I have an amendment that I will be offering, if I am given the opportunity, that does not perform that generational function and pit one generation against another, but it does restore the money by taking it out of funds under NAFTA for Mexico to do wastewater treatment, and also from NASA, from some of their operational programs, so it does not perform that generational problem that I see that the majority of amendments are going to do.

Mr. ROMERO-BARCELÓ. There are some of the programs in NASA, some of the projects, that have not even been authorized. I think those are very reasonable projects to take it away from.

Ms. BROWN of Florida. Could the gentleman tell me how long this project has been on the list, how long it has been authorized and been going through the process? I know for 2 years we have discussed it.

Mr. ROMERO-BARCELÓ. Our project was authorized in 1993. We got the funding for the planning and got the plans to get the construction project going. Then the authorization came last year.

Ms. BROWN of Florida. I remember in the testimony before our committee, you discussed the fact that there were no facilities for women, no waiting

rooms. People were in the hall. It is just one mess.

Mr. ROMERO-BARCELÓ. That is correct. Not only that, but when the veterans ask for an appointment, because of the crowding of the facilities, instead of getting the appointment within a week, they will get the appointment sometimes 3 months, 4 months, 5 months later. Maybe before they get to the appointment their condition gets so much worse that they have to be hospitalized, even before they got to the appointment.

Ms. BROWN of Florida. That costs more money, Mr. Speaker.

I would ask the gentleman from Puerto Rico, what does he think about this reverse Robin Hood, robbing from the poor to give to the rich?

Mr. ROMERO-BARCELÓ. That is what I call it. I have used that phrase quite a bit, because Puerto Rico is like an Apartheid society. We are U.S. citizens, 3,700,000 U.S. citizens, and we are not treated the same, either economically or politically. We are still struggling for our equality, at the end of the 20th century.

Definitely, this is also part of that Apartheid mentality, treating people differently, and also taking away from the poor to keep the rich.

In Puerto Rico we have a program where they have a tax-exemption for the large corporations. Because those large corporations are tax-exempt, the Federal Government tells us there is no money to give to the U.S. citizens in Puerto Rico, the same way U.S. citizens are treated in the 50 States of the Union.

Ms. BROWN of Florida. Mr. Speaker, I yield to the gentleman from Missouri [Mr. VOLKMER].

Mr. VOLKMER. Mr. Speaker, I thank the gentlewoman from Florida for yielding to me.

Mr. Speaker, I, too, would like to bring the attention of the House to what I call the mean-spirited, hard-hearted manner in which the Committee on Appropriations and the subcommittee has refused to restore the funds that were authorized and appropriated to start outpatient clinics at six outpatient facilities, at six veterans' hospitals throughout this United States.

One of those is in my district. That hospital is named on behalf of the greatest President, in my opinion, that has ever served this country. It is the Harry S. Truman Veterans' Hospital in Columbia, MO.

□ 1600

That hospital was built in 1972 in order to take care of veterans' medical problems for not only the central and rural part of Missouri, since we also have hospitals in St. Louis and elsewhere, but also for acute care for heart transplants, et cetera, throughout the Midwest.

It may be of interest to the Members to know that the number of veterans,

especially World War II veterans, have gotten along in years. They have aged like the rest of us. They are no longer the 18-, the 19-, the 20-year-old that fought in the beaches of Omaha and in the plains of North Africa and in the islands of the Pacific to preserve the freedoms of this country.

At the time that they were fighting, when they came home, there was this commitment that we are going to take care of your medical needs, because many of them continued at that time and to the present time to need that medical care.

When the Harry S. Truman Hospital—and, by the way, we have to remember it was through the work of Harry Truman, then President, that terminated the Second World War, through his actions and what he did, not only of our fighting men but he as President. So I think it is very appropriate that the hospital be in his name, and he of course is a veteran of World War I and a recognized outstanding veteran of that war.

When that hospital was constructed in 1972, it was anticipated at that time that there would be a need for 12,000 patients a year. It may be of interest to Members to know that in the year 1992, there were 82,000 patients that went through that hospital, most of them outpatients. But they do not have the facilities, do not have the room to handle that many outpatients, and it has continued at that rate since that time.

It was suggested, and the Veterans Administration agreed, that we really should have an outpatient clinic to take care of outpatients and use the hospital for the inpatients. Working with Senator KIP BOND of Missouri, our senior Senator, we were able to persuade the Veterans Administration and this Congress, along with others, that this is the way to handle these patients, these veterans, through an outpatient clinic, so they did not have to wait.

How long do some of my veterans from my district have to wait? First let's say you are from Bowling Green and you served in the Second World War and whether it was in the Pacific or European theater makes no difference, or let's say it was in Korea, whether it was at Seoul or wherever in Korea, or whether it was in Vietnam, and let's say you live in Bowling Green, MO. Well, Bowling Green is about a 75-mile trip and so you get in your car and if you are not capable of driving, you get a neighbor and they drive you over to Columbia, and it takes you about an hour and 20 minutes, maybe an hour-and-a-half to get there.

So you start out, because you want to be there early because you know there is going to be a whole line of people there. So you start out about 6:30 or 7 o'clock in the morning and you drive to the hospital, and you get to the outpatient clinic. Lo and behold, you already have maybe 100 or 150 people al-

ready there, veterans, waiting, because we have a lot of veterans within that distance a lot closer. So you sit and wait, and sometimes, folks, they sit and wait almost all day just to see a doctor or a nurse to maybe find out exactly what they need to have, and then to maybe get a prescription.

Is that right, to tell your veterans—then they have to get in the car and drive back home—all day just to go through an outpatient clinic? That is what we are presently requiring of veterans that served in a world war.

I wonder how many people would like to serve this country in the future? I wonder how many of our young people would be willing to go serve when they told them, "We are not going to take care of you if you get shot up or if you lose an arm, or if you get a little disability or a large disability, we are not going to take care of you; you take care of yourself." I don't think we will have too many that would like to serve, anyway, and I think that would not help us any at all.

I know that we have an obligation, not only a moral obligation but an obligation as a country. If we are to have the respect of the rest of the world, we should take care of our veterans, and we are not doing it with this rescission bill. In fact, you are giving a slap in the face. You are actually telling your veterans, "You just go do your own thing, we are not going to do anything more for you."

As a result of that, I have an amendment that if I am permitted by the Committee on Rules, by the chairman of the committee when we get in the Committee of the Whole, I am going to offer to restore those funds, and I am sure that when that amendment is offered that the majority of the Members here will recognize the responsibility.

When it comes down to the question, the question really is, should this money—we are not saving any money by doing this. There is no savings, folks. I think everybody should recognize, we are not putting this money on the deficit. We are not telling our veterans, "Make a little sacrifice so it can reduce the deficit and help this country out."

No, we are saying, "Veterans, we want to take this 100 and some million dollars and we want to give it away to people for tax cuts, especially for those who have over \$125,000-a-year income. We want to help those people, because they, I guess, according to the majority, they are the ones that really need the help." The way I read this, the majority is saying the veterans don't need any help.

I am just anxiously waiting for the debate on this bill, because back when I was talking to the chairman of the Committee on Appropriations about this, the gentleman from Louisiana, about this problem, he also made a statement to me that makes me really concerned about where this majority is going as far as our veterans are concerned. I do not remember the exact

words, but the gist of it basically was, "HAROLD, we have got a bigger problem. We need to do something about our veterans hospitals. We need to do away with the veterans hospitals. We need to put the veterans on a voucher plan."

Those are the words that I got, and the understanding I got from the gentleman from Louisiana, the chairman of the Committee on Appropriations, from my conversation with him.

I wonder how many veterans groups out there know that that is the way that the majority feels? That the majority feels that we should close all of our veterans hospitals, we should not provide care for our veterans. All we do is give them a voucher and tell them, You go find the medical care wherever you can. That is the way that this is going with our majority.

I think they have lost sight of what again this Congress said to our veterans when they were preserving the freedoms that we all cherish and that we all now enjoy.

I feel that everybody in this House should recognize, and you among the general public should recognize, that we are having an onslaught against our veterans here in this Congress right now. And as one of those who feels that it is a wrong thing to do, I want the Members of this House to know that I am going to do everything I can to make sure, along with the gentleman that is here in the well and the gentlewoman from Florida, to make sure this money is replaced, and I know from my own knowledge that when it gets to the Senate, they are going to keep it in there. I know my senior Senator, KIP BOND, is going to keep it in there because he is one of those who believes strongly that we should provide for our veterans.

I know that all we have to do is win this battle here and we have won the battle. In the first place, though, it should have never been necessary. They should not even have thought of doing this.

For that reason, I say this was one of the most mean-spirited, hard-hearted things that the Members of Congress do, to actually give a slap in the face to a person who was willing to give his life for this country, in battle, and yet to slap him in the face and say, You go about your way, we don't care whether you get medical care or not.

Ms. BROWN of Florida. If the gentleman will yield, before we close, can the gentleman repeat his exact words?

Mr. VOLKMER. I don't know if I can say the exact words, but to me it is strictly a slap in the face to veterans. And these are the people, as depicted in these pictures and elsewhere, that with bullets flying around them were willing to give their life, and some of them gave their limbs, some of them gave their ability to even function so that we could stand here and speak today.

Yet the majority is saying, "Too bad. We don't care about you. We are going to give you a good slap in the face and

tell you, you go take care of yourself." They are telling my veterans that were willing to sacrifice their life for the good of this country, willing to do that, they are telling them it is all right for them to have to spend 8, 10, 12 hours a day just to see a doctor, and that the majority says they do not deserve good medical care.

I say the opposite. I say that our veterans, that is a priority. They need to have the medical care that not only we should give them but that we promised them.

Ms. BROWN of Florida. I thank the gentleman from Missouri.

I yield to the gentleman from South Carolina [Mr. CLYBURN].

Mr. CLYBURN. I thank the gentlewoman from Florida for allowing me to participate in this special order. I am pleased to serve with the gentlewoman on the Committee on Veterans' Affairs, and I know of the gentlewoman's great commitment to the veterans of our Nation. And also to join with our friend from Missouri who too has displayed time and time again his concern for our veterans.

Mr. Speaker, I join the gentlewoman from Florida in her opposition to our Republican colleagues' plans to rescind funding for veterans programs. Our Republican colleagues have already displayed their callousness by proposing legislation that would harm our Nation's youth. Now they are going after our Nation's veterans, the men and women who have committed their lives to the defense of our country.

This so-called Contract With America has quickly revealed itself as a contract on Americans. The people who seem to be in the line of fire are the young and the helpless.

Is this how we want to honor our veterans, by rescinding \$206.1 million in fiscal year 1995 VA appropriations? Is this how we are going to care for our aging veterans, by rescinding money intended to fund 6 ambulatory health care projects totaling \$156 million, and \$50 million in medical equipment purchases?

Mr. Speaker, these facilities are not Government frills. This medical equipment, these are not Government frills. They all represent an alternative to costly inpatient care by providing more accessible, cost-effective and efficient outpatient care.

Mr. Speaker, when this rescission bill comes to the floor, I am going to join the gentleman from Missouri and the gentlewoman from Florida in opposing the bill and I will urge all my colleagues to vote against what has got to be one of the most ill-conceived pieces of legislation to be proposed by the Republican-controlled Congress thus far.

Ms. BROWN of Florida. If the gentleman will yield, I just want to ask the gentleman one quick question.

In my opinion, this is old politics, because the committee did not discuss at all with the authorizers, did not talk with the Secretary, did not talk to the

administration. It was just a group of good old boys from the bad old days getting together against the veterans. Would the gentleman agree?

Mr. CLYBURN. Absolutely. I think that most of our friends who have been looking at the Congress operate thus far have been surprised to wake up in the morning and all of a sudden see headlines indicating that such and such is about to happen.

□ 1615

We have always tended to take these kinds of decisions through a process of hearings; people would come before the committee to talk about the pros and the cons of all of these kinds of actions. But that is not what is happening here, not in this instance and in other instances as well. There are just two or three people, or whatever number, who have gotten together and decided what they need to do in order to make it work.

As our friend from Missouri said earlier, if this were being done in order to do something about the deficit, I am convinced that the veterans in my congressional district and the veterans all across America would be lining up to do their fair share, because they too want to see us take this deficit down even further. But that is not what is being done here. We are going through a process of deciding how much money can be moved to put over in a big pot that the friends and supporters of our Republican colleagues can dip into in order to see a tax break for themselves.

So that is what is happening here as a result of that. I hope that the American people will wake up and get in touch with their Congress people before we do our veterans what I consider to be irreparable harm.

Ms. BROWN of Florida. So we have here today coming up this afternoon and tomorrow reverse Robin Hood, robbing from the poor to give to the rich.

Mr. CLYBURN. That is exactly what we have got and I think it is being kind to call it that.

Ms. BROWN of Florida. I would also add that the Contract With America has turned out to be a contract on America.

Mr. CLYBURN. I think it is on Americans.

Ms. BROWN of Florida. On Americans. And this poster is a real example. If you look at it this is a baby, and of course it does not vote. This is one of the targets of the Republican group. And who is the target now that they have added the veterans and elderly?

Everybody needs to take a close look because I think their pink slip is in the mail, too. If they are not careful they are next on the Republicans' hit list.

Mr. CLYBURN. I agree with the gentlewoman, and I think it is time for me to yield back so she may close this special order. I thank the gentlewoman so much for allowing me to be a part of this special order.

The CHAIRMAN. The time of the gentlewoman from Florida has expired.

Ms. BROWN of Florida. I want to thank my colleagues very much for coming and sharing with the American people the plight we are in here fighting for our veterans and for other groups that are not here in the House, represented here and given an opportunity to vote.

Mr. MONTGOMERY. Mr. Speaker, as the ranking member of the Committee on Veterans Affairs, I rise to urge all my colleagues to support an amendment to the rescission bill reported last Thursday by the Appropriations Committee. The amendment is modest in scope but vital to VA health care. It would restore the \$206 million for veterans programs which the Committee on Appropriations proposes to rescind.

These rescissions don't make good sense. These funds were appropriated by Congress only a few months ago, primarily to help meet a critical need to improve veterans' access to outpatient care. The six VA projects which the committee now proposes to cancel would serve areas where more than 1.2 million veterans reside.

The budget for construction of veterans medical facilities has been pretty lean for the past 5 or 6 years. As a result, the VA says it now has almost 60 projects to improve outpatient services waiting to be funded. The VA could award construction contracts on these six projects in the next several months. We shouldn't put these projects off 1 day.

These are projects that can make VA health care delivery more cost-effective. This rescission bill would slam the door on veterans across this country. In some parts of the country, the VA doesn't have health facilities that meet veterans needs. In other places, the clinics are just too small. At one clinic, space is so tight that doctors are forced to perform eye examinations in the hallways. Veterans deserve better than this.

An increasing number of veterans are women; over 1.2 million. Many VA outpatient clinics still lack privacy for women veterans. In the face of such conditions, the rescission bill is a giant step backward.

Likewise, cutting funds for replacement equipment—as proposed by the rescission measure—forces VA to choose between obtaining a needed service at increased cost through contracting or continuing to use inefficient or even obsolete equipment. The VA's medical equipment backlog is more than \$800 million. We must assure that VA care is care of high quality. Cutting back on VA funds to replace old equipment is putting out veterans at risk.

I want to commend all of the Members who are working hard to restore these funds—the gentlewomen from Florida, Ms. BROWN and Mrs. THURMAN, the gentlewoman from Connecticut, Ms. DELAURO, Mr. VOLKMER, Mr. SCOTT, Mr. ROMERO-BARCELÓ and the other Members who are gathered here tonight. They are all doing a good job looking out for our Nation's veterans.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 5 p.m. today.