

year in order to defeat the amendment. They are the sole obstacle to delivering a balanced budget to the American people.

We call on the President to show leadership and do the right thing for our children and grandchildren. If the President really believes that big Government and wasteful Washington spending are a thing of the past, he shouldn't be afraid to legally require a balanced Washington budget.

CHILDREN DID NOT RUN UP THE DEBT

(Mrs. SCHROEDER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. SCHROEDER. Mr. Speaker, I rally thank the wonderful citizens around America who came this weekend to stand for children. We have heard some speeches this morning about how the best thing we can do for children is not run up a debt. That is absolutely right. We should not run up a debt. But let us also remind people that children did not run up the debt that is already there.

Mr. Speaker, we should not try to balance the debt on the backs of children, because children are going to be the ones that inherit this debt and are going to have to pay it off. The things that we desperately need for children are to make sure that they have the educational skills that they can get out and compete globally in the 21st century and make enough money so they can pay this off and get this country going the right way.

So to cut student loans, to cut aid to education, to cut after-school programs and summer programs, to cut math and science programs are all terribly short-sighted. Those who cause the debt should pay for the debt, not the children.

FEDERAL DEPOSIT INSURANCE FUNDS AND REGULATORY RELIEF ACT OF 1996

(Mr. BEREUTER asked and was given permission to address the House for 1 minute.)

Mr. BEREUTER. Mr. Speaker, earlier today, this Member introduced the Federal Deposit Insurance Funds and Regulatory Relief Act of 1996, which constitutes a comprehensive plan to: First, fully capitalize the Savings Association insurance fund; second, guarantee payment of interest on Financing Corporation bonds; third, merge the bank and thrift charters; fourth, merge the bank insurance fund and the Savings Association insurance fund into a new deposit insurance fund; and fifth, provide solid regulatory relief to all financial institutions.

Mr. Speaker, this Member will be circulating a "Dear Colleague" letter explaining the provisions in the bill and he invites his colleagues to join in co-sponsoring this comprehensive legislation.

FIGHT THE ATTACK ON AGRICULTURE

(Mr. BARRETT of Nebraska asked and was given permission to address the House for 1 minute.)

Mr. BARRETT of Nebraska. Mr. Speaker, the House Agriculture Appropriations Subcommittee's bill is a slap in the face to rural America. Last week the subcommittee approved a bill that would provide \$581 million less in budget authority for agriculture programs for fiscal year 1997.

The subcommittee's bill demonstrates the blatant lack of understanding many in Congress have for the 1996 farm bill and for America's farmers.

The Agriculture Committee worked for more than a year on a farm bill that would meet the needs of farmers, and our obligations in balancing the budget. We created a program of fixed, but declining payments to transition farmers from dependence on the government, to market-based production. The subcommittee's bill invalidates the farm bill and these contracts.

Today, I'm speaking especially to all of my colleagues from rural districts. Let's drop this partisanship. As aggies we must work together to fight, once again, this attack on agriculture.

THE WARNING BY DR. BILLY GRAHAM

(Mr. DUNCAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DUNCAN. Mr. Speaker, a few weeks ago, Dr. Billy Graham received a well-deserved Congressional Medal of Honor here in the Capitol.

In his acceptance speech, he said that our Nation had "confused liberty with license" and that we are now "a society poised on the brink of self-destruction."

I am a little more optimistic than Dr. Graham, but unfortunately, almost no one would say that he had no reason or justification for his statements.

Let me quickly note three recent incidents which would cause Dr. Graham further concern.

First, a Federal judge ruled yesterday that a rural Mississippi school had violated the Constitution by allowing prayers over the intercom and classes about the Bible.

Second, the top legal adviser for the Governor of Florida said a school prayer bill was illegal because "we are officially now mandated to be a country with no formal recognition of God."

Third, a Maryland school superintendent revoked an invitation to U.S. Supreme Court Justice Clarence Thomas because he happens to be both black and conservative.

Another high official in Prince George's County, where this occurred, called it "the epitome of intolerance and bigotry."

These things would not have happened in this country just a few years ago.

We should think very seriously about the warning by Dr. Billy Graham.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to the provisions of clause 5 of rule I, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 4 of rule XV.

Such rollcall votes, if postponed, will be taken on Wednesday, June 5, 1996.

AUTHORIZATION OF MAJOR FACILITY PROJECTS AND MAJOR MEDICAL FACILITY LEASES FOR DEPARTMENT OF VETERANS AFFAIRS, FISCAL YEAR 1997

Mr. STUMP. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3376) to authorize major medical facility projects and major medical facility leases for the Department of Veterans Affairs for fiscal year 1997, and for other purposes, as amended.

The Clerk read as follows:

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

TITLE I—CONSTRUCTION AUTHORIZATION

SEC. 101. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

(a) AMBULATORY CARE ADDITION PROJECTS.—The Secretary of Veterans Affairs may carry out the following ambulatory care addition major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Addition of ambulatory care facilities for mental health enhancements at the Department of Veterans Affairs medical center in Dallas, Texas, \$19,900,000.

(2) Addition of ambulatory care facilities at the Department of Veterans Affairs medical center in Brockton, Massachusetts, \$13,500,000.

(3) Addition of ambulatory care facilities for outpatient improvements at the Department of Veterans Affairs medical center in Shreveport, Louisiana, \$25,000,000.

(4) Addition of ambulatory care facilities at the Department of Veterans Affairs medical center in Lyons, New Jersey, \$21,100,000.

(5) Addition of ambulatory care facilities at the Department of Veterans Affairs medical center in Tomah, Wisconsin, \$12,700,000.

(6) Addition of ambulatory care facilities at the Department of Veterans Affairs medical center in Asheville, North Carolina, in the amount of \$28,800,000.

(7) Addition of ambulatory care facilities at the Department of Veterans Affairs medical center in Temple, Texas, in the amount of \$9,800,000.

(8) Addition of ambulatory care facilities at the Department of Veterans Affairs medical center in Tucson, Arizona, in the amount of \$35,500,000.

(b) ENVIRONMENTAL IMPROVEMENT PROJECTS.—The Secretary of Veterans Affairs may carry out the following environmental improvement major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Environmental improvements for the renovation of nursing home facilities at the

Department of Veterans Affairs medical center in Lebanon, Pennsylvania, in the amount of \$9,500,000.

(2) Environmental improvements at the Department of Veterans Affairs medical center in Marion, Illinois, in the amount of \$11,500,000.

(3) Environmental improvements to modernize patient wards at the Department of Veterans Affairs medical center in Atlanta, Georgia, \$28,200,000.

(4) Environmental improvements for the replacement of a psychiatric bed building at the Department of Veterans Affairs medical center in Battle Creek, Michigan, \$22,900,000.

(5) Environmental improvements for ward renovation for patient privacy at the Department of Veterans Affairs medical center in Omaha, Nebraska, \$7,700,000.

(6) Environmental improvements at the Department of Veterans Affairs medical center in Pittsburgh, Pennsylvania, \$17,400,000.

(7) Environmental improvements for the renovation of various buildings at the Department of Veterans Affairs medical center in Waco, Texas, \$26,000,000.

(8) Environmental improvements for the replacement of psychiatric beds at the Department of Veterans Affairs medical center in Marion, Indiana, in the amount of \$17,300,000.

(9) Environmental improvements for the renovation of psychiatric wards at the Department of Veterans Affairs medical center in Perry Point, Maryland, in the amount of \$15,100,000.

(10) Environmental enhancement at the Department of Veterans Affairs medical center in Salisbury, North Carolina, in the amount of \$18,200,000.

(c) **SEISMIC CORRECTION PROJECTS.**—The Secretary of Veterans Affairs may carry out the following seismic correction major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Seismic corrections at the Department of Veterans Affairs medical center in Palo Alto, California, in the amount of \$36,000,000.

(2) Seismic corrections at the Department of Veterans Affairs medical center in Long Beach, California, in the amount of \$20,200,000.

(3) Seismic corrections at the Department of Veterans Affairs medical center in San Francisco, California, \$26,000,000.

SEC. 102. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may enter into leases for medical facilities as follows:

(1) Lease of a satellite outpatient clinic in Allentown, Pennsylvania, in an amount not to exceed \$2,159,000.

(2) Lease of a satellite outpatient clinic in Beaumont, Texas, in an amount not to exceed \$1,940,000.

(3) Lease of a satellite outpatient clinic in Boston, Massachusetts, in an amount not to exceed \$2,358,000.

(4) Lease of a parking facility in Cleveland, Ohio, in an amount not to exceed \$1,300,000.

(5) Lease of a satellite outpatient clinic and Veterans Benefits Administration field office in San Antonio, Texas, in an amount not to exceed \$2,256,000.

(6) Lease of a satellite outpatient clinic in Toledo, Ohio, in an amount not to exceed \$2,223,000.

SEC. 103. AUTHORIZATION OF APPROPRIATIONS.

(a) **IN GENERAL.**—There are authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 1997—

(1) for the Construction, Major Projects, account, \$422,300,000 for the projects authorized in section 101; and

(2) for the Medical Care account, \$12,236,000 for the leases authorized in section 102.

(b) **LIMITATION.**—The projects authorized in section 101 may only be carried out using—

(1) funds appropriated for fiscal year 1997 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects for a fiscal year before fiscal year 1997 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects for fiscal year 1997 for a category of activity not specific to a project.

SEC. 104. REPORT ON HEALTH CARE NEEDS OF VETERANS IN EAST CENTRAL FLORIDA.

(a) **REPORT REQUIRED.**—Not later than 60 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the health care needs of veterans in east central Florida. In preparing the report, the Secretary shall consider the needs of such veterans for psychiatric and long-term care. The Secretary shall include in the report the Secretary's views, based on the Secretary's determination of such needs, as to the best means of meeting such needs using the amounts appropriated pursuant to the authorization of appropriations in this Act and Public Law 103-452 for projects to meet the health care needs of such veterans. The Secretary may, subject to the availability of appropriations for such purpose, use an independent contractor to assist in the determination of such health care needs.

(b) **LIMITATION.**—The Secretary may not obligate any funds, other than for design work, for the conversion of the former Orlando Naval Training Center Hospital in Orlando, Florida (now under the jurisdiction of the Secretary of Veterans Affairs), to a nursing home care unit until 45 days after the date on which the report required by subsection (a) is submitted.

TITLE II—STRATEGIC PLANNING FOR HEALTH CARE RESOURCES

SEC. 201. STRATEGIC PLANNING.

Section 8107 of title 38, United States Code, is amended—

(1) by redesignating subsection (b) as subsection (c);

(2) by striking out subsection (a) and inserting in lieu thereof the following new subsections:

“(a) In order to promote effective planning for the efficient provision of care to eligible veterans, the Secretary, based on the analysis and recommendations of the Under Secretary for Health, shall submit to each committee, not later than January 31 of each year, a report regarding long-range health planning of the Department.

“(b) Each report under subsection (a) shall include the following:

“(1) A five-year strategic plan for the provision of care under chapter 17 of this title to eligible veterans through coordinated networks of medical facilities operating within prescribed geographic service-delivery areas, such plan to include provision of services for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, blindness, amputations, and mental illness) through distinct programs or facilities of the Department dedicated to the specialized needs of those veterans.

“(2) A description of how planning for the networks will be coordinated.

“(3) A profile regarding each such network of medical facilities which identifies—

“(A) the mission of each existing or proposed medical facility in the network;

“(B) any planned change in the mission for any such facility and the rationale for such planned change;

“(C) the population of veterans to be served by the network and anticipated changes over a five-year period and a ten-year period, respectively, in that population and in the health-care needs of that population;

“(D) information relevant to assessing progress toward the goal of achieving relative equivalency in the level of resources per patient distributed to each network, such information to include the plans for and progress toward lowering the cost of care-delivery in the network (by means such as changes in the mix in the network of physicians, nurses, physician assistants, and advance practice nurses);

“(E) the capacity of non-Federal facilities in the network to provide acute, long-term, and specialized treatment and rehabilitative services (described in section 7305 of this title), and determinations regarding the extent to which services to be provided in each service-delivery area and each facility in such area should be provided directly through facilities of the Department or through contract or other arrangements, including arrangements authorized under sections 8111 and 8153 of this title; and

“(F) a five-year plan for construction, replacement, or alteration projects in support of the approved mission of each facility in the network and a description of how those projects will improve access to care, or quality of care, for patients served in the network.

“(4) A status report for each facility on progress toward—

“(A) instituting planned mission changes identified under paragraph (3)(B);

“(B) implementing principles of managed care of eligible veterans; and

“(C) developing and instituting cost-effective alternatives to provision of institutional care.”; and

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

“(d)(1) The Secretary shall submit to each committee, not later than January 31 of each year, a report showing the current priorities of the Department for proposed major medical construction projects. Each such report shall identify the 20 projects, from within all the projects in the Department's inventory of proposed projects, that have the highest priority and, for those 20 projects, the relative priority and rank scoring of each such project. The 20 projects shall be compiled, and their relative rankings shall be shown, by category of project (including the categories of ambulatory care projects, nursing home care projects, and such other categories as the Secretary determines).

“(2) The Secretary shall include in each report, for each project listed, a description of the specific factors that account for the relative ranking of that project in relation to other projects within the same category.

“(3) In a case in which the relative ranking of a proposed project has changed since the last report under this subsection was submitted, the Secretary shall also include in the report a description of the reasons for the change in the ranking, including an explanation of any change in the scoring of the project under the Department's scoring system for proposed major medical construction projects.”.

SEC. 202. REVISION TO PROSPECTUS REQUIREMENTS.

(a) **ADDITIONAL INFORMATION.**—Section 8104(b) of title 38, United States Code, is amended—

(1) by striking out “shall include—” and inserting in lieu thereof “shall include the following:”;

(2) in paragraph (1)—

(A) by striking out “a detailed” and inserting in lieu thereof “A detailed”; and

(B) by striking out the semicolon at the end and inserting in lieu thereof a period;

(3) in paragraph (2)—

(A) by striking out “an estimate” and inserting in lieu thereof “An estimate”; and

(B) by striking out “; and” and inserting in lieu thereof a period;

(4) in paragraph (3), by striking out “an estimate” and inserting in lieu thereof “An estimate”; and

(5) by adding at the end the following new paragraphs:

“(4) Demographic data applicable to the project, including information on projected changes in the population of veterans to be served by the project over a five-year period and a ten-year period.

“(5) Current and projected workload and utilization data.

“(6) Current and projected operating costs of the facility, to include both recurring and non-recurring costs.

“(7) The priority score assigned to the project under the Department’s prioritization methodology and, if the project is being proposed for funding ahead of a project with a higher score, a specific explanation of the factors other than the priority that were considered and the basis on which the project is proposed for funding ahead of projects with higher priority scores.

“(8) A listing of each alternative to construction of the facility that has been considered.”.

(b) APPLICABILITY.—The amendments made by subsection (a) shall apply with respect to any prospectus submitted by the Secretary of Veterans Affairs after the date of the enactment of this Act.

SEC. 203. CONSTRUCTION AUTHORIZATION REQUIREMENTS.

(a) DEFINITION OF MAJOR MEDICAL FACILITY PROJECT.—Paragraph (3)(A) of section 8104(a) of title 38, United States Code, is amended by striking out “\$3,000,000” and inserting “\$5,000,000”.

(b) APPLICABILITY OF CONSTRUCTION AUTHORIZATION REQUIREMENT.—(1) Subsection (b) of section 301 of the Veterans’ Medical Programs Amendments of 1992 (Public Law 102–405; 106 Stat. 1984) is repealed.

(2) The amendments made by subsection (a) of such section shall apply with respect to any major medical facility project or any major medical facility lease of the Department of Veterans Affairs, regardless of when funds are first appropriated for that project or lease, except that in the case of a project for which funds were first appropriated before October 9, 1992, such amendments shall not apply with respect to amounts appropriated for that project for a fiscal year before fiscal year 1998.

(c) LIMITATION ON OBLIGATIONS FOR ADVANCE PLANNING.—Section 8104 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(f) The Secretary may not obligate funds in an amount in excess of \$500,000 from the Advance Planning Fund of the Department toward design or development of a major medical facility project until—

“(1) the Secretary submits to the committees a report on the proposed obligation; and

“(2) a period of 30 days has passed after the date on which the report is received by the committees.”.

SEC. 204. TERMINOLOGY CHANGES.

(a) DEFINITION OF “CONSTRUCT”.—Section 8101(2) of title 38, United States Code, is amended—

(1) by striking out “working drawings” and inserting in lieu thereof “construction documents”; and

(2) by striking out “preliminary plans” and inserting in lieu thereof “design development”.

(b) PARKING FACILITIES.—Section 8109(h)(3)(B) of such title is amended by striking out “working drawings” and inserting in lieu thereof “construction documents”.

SEC. 205. VETERANS HEALTH ADMINISTRATION HEADQUARTERS.

(a) REPEAL OF STATUTORY SPECIFICATION OF ORGANIZATIONAL SERVICES.—The text of section 7305 of title 38, United States Code, is amended to read as follows:

“(a) The Veterans Health Administration shall include the Office of the Under Secretary for Health and such professional and auxiliary services as the Secretary may find to be necessary to carry out the functions of the Administration.

“(b) In organizing, and appointing persons to positions in, the Office, the Under Secretary shall ensure that the Office is staffed so as to provide the Under Secretary with appropriate expertise, including expertise in—

“(1) unique programs operated by the Administration to provide for the specialized treatment and rehabilitation of disabled veterans (including blind rehabilitation, spinal cord dysfunction, mental illness, and geriatrics and long-term care); and

“(2) appropriate clinical care disciplines.”.

(b) OFFICE OF THE UNDER SECRETARY.—Section 7306 of such title is amended—

(1) in subsection (a)—

(A) by striking out “and who shall be a qualified doctor of medicine” in paragraph (2);

(B) by striking out paragraphs (5), (6), and (7); and

(C) by redesignating the succeeding two paragraphs as paragraphs (5) and (6), respectively; and

(2) in subsection (b)—

(A) by striking out “subsection (a)(3)” and all that follows through “two may be” and inserting in lieu thereof “subsection (a)(3), not more than two may be”; and

(B) by striking out the semicolon after “dental medicines” and inserting in lieu thereof a period; and

(C) by striking out paragraphs (2) and (3).

TITLE III—OTHER MATTERS

SEC. 301. NAME OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, JACKSON, MISSISSIPPI.

(a) NAME.—The Department of Veterans Affairs medical center in Jackson, Mississippi, shall be known and designated as the “G. V. Sonny Montgomery Department of Veterans Affairs Medical Center”. Any reference to such medical center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the G. V. Sonny Montgomery Department of Veterans Affairs Medical Center.

(b) EFFECTIVE DATE.—Subsection (a) shall take effect at noon on January 3, 1997, or the first day on which G. V. Sonny Montgomery otherwise ceases to be a Member of the House of Representatives.

SEC. 302. NAME OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, JOHNSON CITY, TENNESSEE.

(a) NAME.—The Mountain Home Department of Veterans Affairs medical center in Johnson City, Tennessee, shall after the date of the enactment of this Act be known and designated as the “James H. Quillen Department of Veterans Affairs Medical Center”. Any reference to such medical center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the James H. Quillen Department of Veterans Affairs Medical Center.

(b) EFFECTIVE DATE.—Subsection (a) shall take effect at noon on January 3, 1997, or the

first day on which James H. Quillen otherwise ceases to be a Member of the House of Representatives.

SEC. 303. NAME OF DEPARTMENT OF VETERANS AFFAIRS NURSING CARE CENTER, ASPINWALL, PENNSYLVANIA.

The Department of Veterans Affairs nursing care center at the Department of Veterans Affairs medical center in Aspinwall, Pennsylvania, shall after the date of the enactment of this Act be known and designated as the “H. John Heinz, III Department of Veterans Affairs Nursing Care Center”. Any reference to such nursing care center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the H. John Heinz, III Department of Veterans Affairs Nursing Care Center.

SEC. 304. RESTORATION OF AUTHORITY FOR ESTABLISHMENT OF DEPARTMENT OF VETERANS AFFAIRS RESEARCH CORPORATIONS.

Section 7368 of title 38, United States Code, is amended by striking out “December 31, 1992” and inserting in lieu thereof “December 31, 2000”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona [Mr. STUMP] and the gentleman from Mississippi [Mr. MONTGOMERY] will each be recognized for 20 minutes.

The Chair recognizes the gentleman from Arizona [Mr. STUMP].

GENERAL LEAVE

Mr. STUMP. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 3376, as amended.

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

There was no objection.

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

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

Mr. STUMP. Mr. Speaker, this bill authorizes \$422 million in VA major medical facility construction for fiscal year 1997.

I want to thank the ranking member of the committee, my good friend, SONNY MONTGOMERY, for his work on this measure. I also want to thank TIM HUTCHINSON, chairman of the Hospitals and Health Care Subcommittee, and CHET EDWARDS, the subcommittee’s ranking member, for their bipartisan approach to this bill.

Last year, a separate VA construction authorization bill was not acted on by the House. The final omnibus appropriations bill for fiscal year 1996 only partially funded the projects approved by the Committee on Veterans’ Affairs. Approximately, \$200 million remained unauthorized and unappropriated after final action on the fiscal year 1996 legislation. H.R. 3376 includes that \$200 million project list and adds further projects to combine the remaining portion of last year’s bill into a fiscal year 1997 construction bill.

I want to point out to Members that this bill does not construct new hospitals, or additional new inpatient bed capacity.

The projects in this bill fall into three main categories, ambulatory

care additions, patient environment improvements, and seismic corrections. These 21 projects come from the top of VA's priority list in each category. Over 200 projects were scored and evaluated by the VA for the 1997 budget cycle.

The ambulatory care additions will help the VA shift more rapidly to outpatient care as the private sector has. The patient environment improvement projects renovate and replace existing, but substandard, inpatient capacity. And, the seismic correction projects will help VA facilities better withstand earthquakes in areas most prone to experience them.

The bill also makes important improvements in the VA's strategic planning process for future evaluation of construction priorities. TIM HUTCHINSON will say more about the bill in his explanation; however, I want to point out another very important part of the bill. Title 3 of H.R. 3376 renames three VA facilities after very deserving individuals, the Honorable G.V. SONNY MONTGOMERY, the Honorable JAMES H. QUILLEN, and the Honorable H. John Heinz III.

I would like to take the time to lead off the comments about naming the VA medical center in Jackson, MS after my closest friend in the House, SONNY MONTGOMERY. To say that taking this action enjoys unanimous support would actually be quite an understatement. Not taking this action would be one of the gravest omissions the 104th Congress could possibly make.

Naming this VA facility after SONNY is fitting recognition to his commitment and devotion to our Nation's veterans during 30 years of service in the House of Representatives. His record of leadership and accomplishment as chairman of the House Committee on Veterans' Affairs, and as a senior member of the Armed Services, now National Security Committee, are unparalleled. He has rightfully been called Mr. Veteran, and I doubt his standing among our Nation's veterans will ever be eclipsed. I am proud to cosponsor this naming bill and to have the privilege, as chairman of the Committee on Veterans' Affairs, to bring this measure to the floor in honor of this great American.

Mr. Speaker, H.R. 3376 also renames the VA medical center in Johnson City, TN after another true friend of our Nation's veterans, JIMMY QUILLEN. The distinguished gentleman from Tennessee is retiring after 34 years as a member of this body, during which he has dedicated himself to improving access to health care for the citizens of his district and State. Those efforts have included the veterans of Tennessee and all veterans throughout the country. His support for improving care and expanding the facilities at the Johnson City, VA medical center are well known.

I strongly believe JIMMY QUILLEN's service to veterans warrants this action honoring his efforts on their be-

half, and was proud to introduce H.R. 3320, which is incorporated in the bill before us today. H.R. 3320 was cosponsored on a bipartisan basis by the entire Tennessee delegation and by every Member of the House Veterans' Affairs Committee. I want to express my personal thanks to another Member of the Tennessee delegation, JOHN DUNCAN, for his assistance and hard work on this bill.

Mr. Speaker, the third naming provision in the bill honors the late Senator from Pennsylvania, the Honorable John Heinz. Senator Heinz served the people of his State for 20 years in outstanding fashion. His tragic death in a plane crash in 1991, prematurely ended the congressional service of this Air Force veteran.

His long time support for our Nation's veterans warrants the action we take today, which will change the name of the Aspinwall VA Nursing Care Center, to the H. John Heinz, III Department of Veterans Affairs Nursing Care Center. I want to thank Representative MIKE DOYLE, a Member of the Veterans' Affairs Committee for introducing the original bill, H.R. 2760, which was sponsored by the entire Pennsylvania delegation.

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Mr. Speaker, I yield such time as he may consume to the gentleman from Arkansas [Mr. HUTCHINSON] for an explanation of his bill.

Mr. HUTCHINSON. Mr. Speaker, I thank the chairman for yielding me this time.

Mr. Speaker, I urge my colleagues to support H.R. 3376, bipartisan legislation which authorizes major facility projects and major medical facility leases for the Department of Veterans Affairs health care system, as well as a number of other important provisions which ensure effective strategic planning and management of the Veterans Health Administration.

I would like to thank Chairman STUMP, along with the ranking member, SONNY MONTGOMERY, and my subcommittee colleague, CHET EDWARDS, for their efforts to meld this bill into an effective piece of legislation which addresses the highest priority facility construction needs within the VA system.

H.R. 3376 authorizes the appropriation of \$422.3 million for 21 projects which includes the construction of 8 outpatient clinics, renovation of 10 priority patient environment projects, and the correction of major seismic problems at 3 California medical centers. The legislation also authorizes \$12.2 million for six major medical facility leases. I would like to strongly reiterate that this legislation does not add one hospital bed to the system but instead puts the focus on needed improvements for patient privacy, safety, and renovation of the valuable infrastructure of aging and often historic mental health facilities. Since 1969, the VA health care system has closed over

54,000 beds to adjust to the changes in health care and this legislation seeks to assist the VA in its continued transition from a hospital-based system into a health care system.

I would like to highlight a very significant provision in this bill which requires the VA to develop a 5-year strategic plan for its health care system. Within the development of the plan, the VA is required to address such factors as veteran population trends, resource distribution, cost of patient care, the capacity of non-Federal providers within their geographic planning networks, the missions of each facility within the network, and specifically, the distribution of the important specialized services on both the network and national levels. Effective planning will make the VA a more effective and efficient provider of quality health services able to better serve veterans by placing services where veterans need them.

Over the years, many of my colleagues and their veteran constituents have voiced concerns about the unequal distribution of VA resources. This bill represents a significant step in creating parity for veterans by requiring VA to compare expenditures of veterans by geographic networks and then shifting resources to follow the veteran.

In strengthening strategic planning the bill also requires that as part of the annual authorization process the VA provide a report on the top 20 major medical construction projects, the relative of each project by category, and a description of the factors that account for the rank of each project. In this era of public accountability, it is critical that each major expenditure speak to the highest priority needs of veterans.

The bill also raises the threshold for major construction projects from the current level of \$3 to \$5 million. It would also limit the scope of the so-called grandfather clause and require that major projects be authorized annually to ensure facility need and accountability in the major construction program.

The bill removes the requirement that the Veterans Health Administration be organized along certain clinical specialties and allows the Under Secretary greater flexibility in the organization of the headquarters staff.

Last and most importantly, this bill honors three great Americans by naming VA facilities after them. They are G.V. Sonny Montgomery Veterans Affairs Medical Center, Jackson, MS; the James H. Quillen Veterans Affairs Medical Center, in Johnson City, TN and the H. John Heinz III Veterans Affairs Nursing Care Center, Aspinwall, PA.

The rapidly changing health care environment, coupled with our joint responsibility to the veteran and the taxpayer, are satisfied by the provisions of this legislation. I strongly urge its passage.

Mr. Speaker, I want to especially give my personal tribute to the gentleman from Mississippi, G.V. SONNY

MONTGOMERY, a true friend of veterans and no one more deserving of this recognition and this honor. My predecessor, a long-time member of the Committee on Veterans' Affairs, John Paul Hammerschmidt, regarded SONNY as his dearest and closest friend in all of Congress, if not all the world. I share that same affection and am glad to pay that honor to him today and to support this legislation.

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

I certainly want to begin by thanking the chairman of the committee, the gentleman from Arizona, the Honorable BOB STUMP, for bringing this bill to the floor and for the very, very kind words that the chairman has given me and the gentleman from Tennessee, JIMMY QUILLEN, and former Senator John Heinz.

I want to point out, Mr. Speaker, that under the leadership of BOB STUMP, our committee is bipartisan. We work together, we have no problems, and, naturally, I would say this is a good bill being brought to the floor today.

I also want to thank the chairman of the Subcommittee on Hospitals and Health Care, the gentleman from Arkansas, the Honorable TIM HUTCHINSON, and I am certainly glad that he has considered running for the House again and leaving the Senate alone. I think that was the right decision.

Also thanks to the gentleman from Texas, the Honorable CHET EDWARDS, for working together, as I mentioned, in a bipartisan manner for this legislation.

The construction authorization bill, H.R. 3376, is very important in that many VA hospitals were built more than 50 years ago, Mr. Speaker, and they were not designed for the way health care is provided today. Too many of these old patient care buildings have never been upgraded. As a result, it is difficult to care for some of the veterans with psychiatric problems, the problems with infection control, and situations really exist that interfere with good treatment.

As many of my colleagues are aware, the VA is making many changes in its health care system. And the gentleman from Arizona, Chairman STUMP, and I think it is for the best in making these changes.

Last week the Washington Post ran a very long article written by Bill McAllister about the VA's increased emphasis on primary care and its struggle to update its facilities. Millions of veterans continue to rely on the VA care. So we need to authorize construction projects to fix these old buildings up and make our patient care more convenient.

The projects included in this bill are at the very top of the VA priority list. Rather than adding more hospital beds or, as has been said earlier, building more hospitals, these projects expand outpatient capacity and renovation of

existing hospital space so that the VA can provide care in a humane and safe environment and increase the number of veterans that they can see on a daily basis.

Now, Mr. Speaker, the Congress has a record of being very responsive to veterans needs. From 1988 to 1995 the Congress appropriated an average of \$436 million per year for VA major construction, with most of this money going for medical construction. With these funds, the VA was able to replace, to modernize a number of our 171 hospitals that we have across the country, and to open the state-of-the-art outpatient centers.

However, last year, the VA only got \$136 million in medical construction funds. The amount recommended by the appropriation subcommittee for the coming fiscal year is more than that, but it is still \$200 million less than it should be.

Last week the house appropriated over \$300 million for construction for military medical treatment facilities. And, Mr. Speaker, they do not have half, even a third, of the medical facilities we have for the VA. We have just not provided enough money to keep these veterans' facilities in decent shape.

In addition, the veterans populations is shifting, and we need to try to meet that increased demand, especially through opening more outpatients clinics. What we are trying to do is maybe get away from the big hospitals and have outpatient clinics where we can take care of more of the veterans.

VA had a backlog of high-priority medical construction projects which total out at about \$3 billion. If we continue at the current pace of funding these projects, some of these hospitals will be a pile of rubble before we get around to finding the money to renovate them. I hope we can fund more funds for the outpatient clinics and other projects that our committee is recommending in this legislation. We need to fund all of the projects in this bill if we are going to keep our word to the veterans.

Mr. Speaker, I urge my colleagues to support this bill.

Mr. Speaker, I am pleased that a construction authorization bill is at last being brought to the floor. This bill represents a good-faith, truly bipartisan approach to identifying the most needed major medical construction work within the VA health care system. I commend BOB STUMP, the chairman of the Veterans' Affairs Committee for his leadership in developing and marking up this bill. I also want to thank the chairman of the Subcommittee on Hospitals and Health Care, the Honorable TIM HUTCHINSON, and the ranking member, the Honorable CHET EDWARDS, for their work on this bill.

In addition to authorizing major medical construction projects for fiscal year 1997, this bill would make statutory changes aimed at improving the construction planning process. Among these, the bill would require VA to develop a strategic planning process and to provide Congress annually a detailed report on its

planning, to include its construction plans. It would also require VA to provide the Committees on Veterans' Affairs with an annual report identifying by category the construction projects which represent its highest priorities for funding. Such reporting would assist the committees in developing construction authorization legislation. In that regard, one section of the bill, which would repeal a grandfather clause, exempting certain construction projects from the authorization requirement, has prompted a technical question.

My friend, VIC FAZIO, has asked me to clarify the impact that repeal would have on the proposed fiscal year 1997 funding of construction work on a replacement VA medical center at Travis Air Force Base. In adopting a construction authorization requirement, the Congress in Public Law 102-405 grandfathered construction projects for which funds had been appropriated before the law's enactment, in effect providing that the construction authorization requirement would not apply to those projects. It is my understanding that the VA's general counsel has concluded, based on Congress having provided specific funding for the advance planning and design phases of a Martinez replacement hospital prior to the enactment of Public Law 102-504, that VA may, under the grandfather clause, obligate moneys appropriated for constructing a replacement hospital at Travis Air Force Base. Under H.R. 3376, the repeal of the grandfather clause would first have application with respect to amounts appropriated for fiscal year 1998. Accordingly, should Congress appropriate fiscal year 1997 funds for the Travis project, nothing in H.R. 3376 would bar VA from obligating those fiscal year 1997 funds.

Mr. Speaker, H.R. 3376 does raise some important issues, beyond the specific projects it authorizes. VA is making needed reforms in its medical care system, but its physical plant needs work too. In many places around the country, VA must provide care in aging facilities that need major renovation. Veterans continue to rely on VA care, so we can't just let VA hospitals deteriorate. We need to bring old buildings up to acceptable patient-care and privacy standards, and strengthen inpatient facilities that are vulnerable to earthquakes. We also need to give VA the means to lower the cost of care by funding construction that would allow VA to replace hospital wards with new space in which to provide outpatient care. These are high priority needs, and the VA has a large backlog of such priority construction projects totaling \$3 billion. But veterans across the country wait, year after year, in hope that Congress will provide the funds needed to address such problems at their local VA hospital.

Members need to know, however, that the fiscal year 1997 VA-HUD appropriations bill marked up last week by the Subcommittee on VA, HUD, and Independent Agencies will provide funding for only a few of the projects which H.R. 3376 would authorize. With only \$189 million targeted to major medical construction projects under the marked up bill, the level of funding is simply inadequate, both with respect to the volume of needed construction and in relation to funding levels in prior Congresses. From 1988 to 1995, for example, the Congress appropriated an annual average of \$436 million for VA major construction, with most of this money going for medical construction. With the substantially reduced levels of VA construction funding in this Congress,

the upshot is that critically needed projects will face years of delay.

It is particularly important, therefore, that those limited funds dedicated to major medical construction for veterans are targeted to the most compelling of VA's needs. For that reason, it is very disappointing to find moneys earmarked under the proposed fiscal year 1997 appropriation for projects which VA itself does not support or for which there is no compelling priority.

With the very limited major medical construction funding proposed in the subcommittee's bill, and apparent differences over what constitute construction priorities, there is little prospect of making any significant dent in VA's huge construction backlog. It is illuminating, however, to examine the kinds of projects which the Veterans' Affairs Committee determined to have the most compelling need for funding and which will go unfunded for another year. They include situations in which:

Patients referred to a specialty VA psychiatric treatment center are hospitalized in buildings constructed in the 1920's which lack adequate ventilation, air conditioning, handicapped facilities, and elevators, and which do not provide a suitable environment for patients with acute psychiatric behavior. To be replaced with construction of a new psychiatric care building at a cost of \$24.3 million—Battle Creek, MI.

Structural problems in the design of 50-year-old patient care buildings, which also do not meet fire, life-safety, and disabled-access requirements, at a major medical facility render them especially vulnerable to an earthquake. Requiring correction at cost of \$20.2 million—Long, Beach, CA.

VA treats veterans in a 1940-vintage building with such inadequate space that outpatient care areas are congested, chaotic, lack a designated emergency room, and provide inadequate patient privacy. Requiring construction of an ambulatory care addition at a cost of \$12.7 million—Tomah, WI.

Veterans are hospitalized for psychiatric problems under cramped conditions in a 1930's-vintage building constructed for tuberculosis patients at a major VA center. Requiring construction of a mental health addition at a cost of \$19.7 million—Dallas, TX.

The space within which a 40-year-old major urban medical facility can provide ambulatory care is 62 percent deficient of its real needs resulting in inadequate number of treatment rooms, undue delays in scheduling appointments, treatment rooms scattered over three floors, insufficient waiting areas, and critical shortage of storage space, in addition to non-compliance with standards governing ventilation and handicapped access. Requiring construction of an ambulatory care addition and hospital renovations at a cost of \$13.5 million—Brockton, MA.

Patient wards in a more than 30-year-old major metropolitan hospital suffer from severe space, functional and technical deficiencies including lack of sufficient fire sprinklers, infection-control problems associated with lack of private toilet and shower facilities, inadequate facilities for female patients, and lack of handicapped accessibility. Requiring ward modernization at a cost of \$29.5 million—Atlanta, GA.

In my view, Mr. Speaker, these are compelling needs, and it is distressing that sufficient funds are not being allocated to meet them.

Veterans will find this difficult to understand in light of the subcommittee's reversal on a project it rejected last year. The subcommittee reported last year that it could not fund the proposed replacement hospital at Travis Air Force Base "because of the budgetary situation"—both present and anticipated in the future", and instead fiscal year 1996 funds were appropriated for an outpatient clinic at Travis. The subcommittee has now reversed course and has proposed partial funding of the Travis hospital construction project.

If the gloomy budget situation which appeared to have doomed the Travis project last year has in fact brightened sufficiently to permit an about-face, then it surely must mean there is sufficient flexibility to fund some of the compelling projects I have cited above.

Given the state of the infrastructure at many of VA's medical centers, veterans will be troubled by appropriations' subcommittee's decisions to fund major construction for a second year at levels more than \$200 million below prior-year funding. If the appropriations' subcommittee's recommendations were to be adopted, major medical construction funding for the two sessions of the 104th Congress would total only \$336 million, in contrast with a total of \$869 million appropriated for VA major medical construction during the 103d Congress.

Veterans will rightly question the depths of these cuts. It is not enough to increase VA medical care funding; veterans should not be asked to receive care in substandard half-century old VA facilities or to wait patiently as needed renovations are deferred year after year. There is clearly no Federal-wide plan to slash construction spending. The fiscal year 1997 military construction appropriations bill, for example, provides more than \$300 million for military hospital and medical projects; yet the number of DOD tertiary care treatment facilities is far smaller than the number of VA tertiary care facilities. Our commitment to America's veterans requires that we treat them with dignity. We fail in that duty when we tolerate their receiving care in facilities which no longer meet safety codes, are overcrowded, or deny them the degree of privacy we would want for ourselves.

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

Mr. STUMP. Mr. Speaker, I yield 3 minutes to the gentleman from Tennessee [Mr. DUNCAN].

Mr. DUNCAN. Mr. Speaker, I thank the gentleman for yielding to me.

Mr. Speaker, I am pleased to be the original sponsor of the request to name the Veterans' Hospital in Johnson City, TN, after our colleague, the gentleman from Tennessee [Mr. QUILLEN].

I am very grateful to the outstanding chairman of the Veterans' Affairs Committee for including this provision in his legislation which we are taking up today. It is primarily due to the gentleman from Arizona, Chairman STUMP, that this action has moved through the process so expeditiously.

Congressman JIMMY QUILLEN was first elected to the House in 1962. He served for 8 years prior to that in the Tennessee State house.

For 42 years, he has been elected, every 2 years, to a legislative office by the people of upper east Tennessee. He

has never lost an election, primarily because he served his people well, and he never got too big for his britches or let his position go to his head.

He has now achieved the record for the longest continuous service of any Tennessean ever to serve in Congress. Congressman QUILLEN is certainly a living legend. He came up the hard way, 1 of 10 children, in what was considered poverty even many years ago. As he has said, he was poor, but did not know it, because he came from a good and loving family.

He has achieved great success, both in business and in politics. At one time he was the youngest newspaper publisher in the State of Tennessee, and he started one of the most successful insurance agencies in our State. JIMMY QUILLEN served this Nation with honor in the U.S. Navy. He has always had a special place in his heart for our country's veterans, and he has fought hard to protect and support the Veterans' Hospital in Johnson City.

On a personal note, for almost 32 of the 34 years, JIMMY QUILLEN has been in Congress, he has served alongside someone named Duncan, first my father, and now me. He was one of my father's closest friends, and they worked together for almost 24 years.

I am now in my 8th year in the House, and during that time, as several people have noticed, JIMMY QUILLEN has treated me almost like a son. He has been so kind and helpful to me, as he has been to countless thousands in his district and throughout this Nation.

I can think of no honor more well-deserved, no honor more fitting and appropriate, than to name the Veterans' Hospital at Johnson City after a truly great American, Congressman JAMES H. QUILLEN.

Mr. Speaker, while I am up, I would like to also commend the gentleman from Arizona, Chairman STUMP, as the chairman of the Committee on Veterans' Affairs, for naming the medical facility in Jackson, MS, after another great American Congressman, the gentleman from Mississippi, SONNY MONTGOMERY, one of the finest and one of the most popular Members in this Congress.

He has achieved a record that not many people could match in his 30 years of service in this Congress. Another close friend of our family, Congressman SONNY MONTGOMERY, is one of the finest men that any of us could ever meet, and I am pleased that that facility will be named after Congressman MONTGOMERY.

□ 1430

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from California [Mr. HORN].

Mr. HORN. Mr. Speaker, I commend particularly the gentleman from Arizona, Chairman STUMP, and the gentleman from Mississippi, former Chairman MONTGOMERY, for this excellent bill that they have encouraged their colleagues to report to the floor.

Along with many other worthy projects in this legislation, over \$20 million is authorized for seismic corrections in the Long Beach Veterans Administration Medical Center. The Long Beach VA Medical Center has earned a well-deserved reputation for providing a top-notch and first class diverse range of services not only to veterans in Long Beach, but also to veterans throughout southern California.

One of the VA's largest single division tertiary care medical centers, the Long Beach VA Medical Center has achieved national prominence in the field of spinal cord injury and the rehabilitation of paraplegics and quadriplegics. Long Beach's VA Medical Center has also been a leader in health care innovation and in cost containment. The entire VA medical system has benefited from a cost accounting package developed at the Long Beach center.

The Center's efforts to improve efficiency serve as an example to hospitals throughout the United States. The seismic corrections funding authorized in H.R. 3376 will allow the Center to continue its state-of-the-art research and the excellent care it provides to its patients.

I urge all my colleagues to vote in favor of the VA construction authorization bill not because the Long Beach VA Medical Center is in it, but for the many other very worthy centers which are being upgraded.

Mr. STUMP. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania [Mr. GEKAS].

Mr. GEKAS. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, the tribute paid today by the speakers thus far to our colleagues JIMMY QUILLEN and SONNY MONTGOMERY are well deserved and ones in which I join because they, too, have been personal friends and long-standing servants of this House as well as their own constituencies.

I want to rise now to add to their names one other hero who has been mentioned here today, John Heinz, after whom one of the facilities contained in this bill will be named. John Heinz at the very moment of his death was literally killed in the line of duty, was concerning himself on a trip to further the interests of his investigation into Medicare fraud and other health care abuses, all in the genre of the issues in which he was involved from the very first day he began to serve in this very House before he went to the U.S. Senate. He was a hero to many Pennsylvanians, to all Pennsylvanians and to all those who remember him who are now Members of this Congress.

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

Mr. Speaker, last week the appropriations Subcommittee on VA, HUD and Independent Agencies marked up its bill for the coming fiscal year. There are substantial differences between the spending priorities they arrived at and what is in this bill. Hope-

fully we can reach a consensus on construction as well as other areas of the appropriation bills that do not match up with the priorities on the Committee on Veterans' Affairs.

Mr. Speaker, I urge passage of H.R. 3376.

Mr. MONTGOMERY. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I rise to thank the gentleman from Tennessee and the gentleman from Pennsylvania for their very, very kind remarks about JIMMY QUILLEN and John Heinz and myself. We think we did the best we could on this legislation, and I encourage my colleagues to support it.

The gentleman from Arkansas mentioned his predecessor John Paul Hammerschmidt, who is a good friend of mine. Mr. Hammerschmidt and I served for a number of years together on the Veterans' Committee, including three Congresses during which he served as the ranking minority member while I served as chairman. Mr. Hammerschmidt was an outstanding member of this committee and the House of Representatives. All of the veterans' organizations admired him and praised his service on behalf of veterans, and he gave me wise counsel on numerous occasions during our service together on the Veterans' Committee.

I also want to thank the gentleman from Tennessee [Mr. DUNCAN] for his remarks. As he said, his family and mine are very close friends.

Mr. SMITH of New Jersey. Mr. Speaker, I rise today in support of this bill. The Veterans Health Administration is a model of our national commitment to honor our debts. It must be preserved. For that to happen, it must be allowed to change with the rest of the health care industry. One of the most significant changes in our Nation's health care delivery in recent years has been the movement to increased reliance on ambulatory care. For the VHA to keep pace with this welcome change, requires capital improvement. This bill today addresses some of those needs.

Specifically the Veterans' Affairs Committee approved a \$21.1 million grant for Lyons Medical Center in Lyons, NJ. The grant provides funding for an ambulatory care unit.

This is great news for New Jersey vets. The Lyons' ambulatory care unit will take us into the next century as a state-of-the-art health care facility. It's an improvement that is long overdue.

In the past, the veterans' hospital would require overnight stays for minor surgery that would have been outpatient surgery elsewhere. The ambulatory care unit will allow veterans to go in and out of the hospital in one day, eliminating the added burden of overnight stays.

With the recent merger of Lyons and East Orange VA Medical Centers, this is truly a sign that Lyons is a well-respected and much-needed facility. This grant ensures that Lyons will continue to offer state-of-the-art health care and will keep its important place in the VA health care delivery system of New Jersey.

Finally Mr. Speaker, I also rise to congratulate Mr. MONTGOMERY, a true gentleman and leader when it comes to fighting for veterans. It has always been a pleasure to work for vet-

erans as a member of the House Veterans' Affairs Committee. Over the years it has always been clear that a unique bipartisan spirit has prevailed there. That spirit has arisen from the shared commitment of the vast majority of the members of the committee to honor our obligations to our veterans first. Mr. MONTGOMERY, by his tireless service to the committee has nurtured that bipartisan spirit. Our success has been largely attributable to his fine service and leadership here and we will miss him.

Mr. HOYER. Mr. Speaker, I rise today in support of H.R. 3376. In particular, I am pleased that the bill authorizes \$15.1 million for major renovations at the Perry Point Medical Center in Maryland.

The project will focus on renovating and reconfiguring the patient rooms in the psychiatric nursing units in order to improve patient privacy. Two of the buildings involved in the project were built in 1935 and this project will meet disability accessibility requirements and upgrade and modernize the facility's utilities. Additionally, this legislation will instruct the Veterans' Administration to meet space planning criteria and standards set by the Joint Commission on Accreditation of Health Care Organizations.

The Perry Point VA Medical Center provides excellent extended and psychiatric care to veterans throughout the State of Maryland as well as the mid-Atlantic region who have served our Nation so ably in the name of freedom and democracy. Perry Point, along with the VA medical center at Baltimore and the other facilities included in the Chesapeake network, provide specialty services to tens of thousands of veterans each year.

Mr. Speaker, it gives me great pleasure to rise with my colleagues in support of this measure which embodies a bipartisan commitment to providing the best services for our Nation's veterans.

Veterans from throughout the Fifth Congressional District and the State of Maryland will be better served as a result of this legislation and the ensuing improvements at the Perry Point VA Medical Center and I am pleased to rise with my colleagues today in support of H.R. 3376.

Mr. GILMAN. Mr. Speaker, I rise today in strong support of H.R. 3376 VA Major Construction Authorization and Major Medical Leases Act.

In recent years the health care industry has been de-emphasizing hospitals in favor of outpatient care facilities. Modern medicine has successfully demonstrated that many medical services are more efficiently performed on an outpatient basis.

This legislation will help the VA adjust to these new dynamics as it encourages a trend toward more ambulatory care construction projects.

With the recent opening of a clinic in Rockland County, my district has firsthand experience in observing the benefits of outpatient care.

Mr. Speaker, this legislation will benefit veterans by providing care in a more efficient manner which is also flexible enough to meet their future needs.

Mr. EVERETT. Mr. Speaker, as a member of the House Committee on Veterans' Affairs and chairman of the Compensation, Pension, Insurance and Memorial Affairs subcommittee, I am happy to rise today in support of H.R. 3376 authorizing major medical facility projects

and major medical facility leases for the Department of Veterans Affairs for fiscal year 1997.

H.R. 3376 demonstrates strong bipartisan support for carrying out this country's unfailing commitment to our veterans. Recognizing the inevitable shift from expensive inpatient care to more cost effective primary and outpatient care, this legislation authorizes spending for the VA's medical facilities construction projects. The committee's action continues to stress the importance of providing services for veterans in an environment that is not only more convenient and more cost effective, but improves the quality of care through increased access to routine outpatient treatment and preventative health services.

I would especially like to recognize the foresight of the committee for the inclusion of directive report language authorizing the Secretary to establish an ambulatory care access point in Dothan, AL. The days of large vertically integrated hospitals as the primary mode of health care delivery are gone. Rather, in order to provide more effective and quality health care, the VA must be more flexible in bringing VA services to the veteran.

Such projects, like the much-needed community-based access point in Dothan, AL, are small in scale and do not require committee authorization or further appropriation of funds. However, the need for these small scaled projects is compelling given the lack of access to veteran's health care in many rural areas across the country. Currently, the more than 38,350 veterans reside within a 50-mile radius of Dothan are forced to travel 100 miles or more to the nearest VA medical center. The long and sometimes difficult trip back home after treatment is often impossible and warrants overnight lodging.

The establishment of a community-based access point in Dothan will provide routine, preventative and emergency outpatient medical services to the veterans in the southeast region of Alabama without requiring the construction of a large and costly inpatient facility. The quality of care for veterans in my district and in the surrounding areas of Alabama, Georgia, and Florida will improve significantly, while the cost for caring for these veterans will, most likely, prove more effective.

Mr. Speaker, in closing, because the other body failed to take up the fiscal year 1996 construction authorization, it is incumbent upon the upper Chamber that they consider this legislation so that our veterans are not deprived of the care they deserve.

I thank my friend, Mr. HUTCHINSON, chairman of the Hospitals and Health Care Subcommittee, and I thank my good friend, Chairman STUMP, for fostering greater opportunities for veterans in many regions of the country where it is prohibitive for veterans to travel to the nearest VA facility for care.

I stand in acknowledgment of their leadership on behalf of our nation's veterans and, I urge my colleagues to support this important legislation.

Mr. DOYLE. Mr. Speaker, I rise in favor of H.R. 3376, a bill of great importance to our Nation's veterans.

I want to begin by thanking Chairman STUMP for the leadership he has shown. In politics, there is never going to be an unanimity, but he has done a great job in addressing any issues that have arisen in our committee. He has gone out of his way to make sure that

every member of the committee, regardless of party affiliation, has had an opportunity to help shape our legislative product. As a freshman in the minority, I want to say that the House Veterans' Affairs Committee should serve as a model to other chairmen as how to run a committee.

Also, I want to express my most heartfelt appreciation for the opportunity to work alongside the man they call Mr. Veteran—SONNY MONTGOMERY. I just want to say to SONNY that it has been an honor to serve alongside you, and I consider it an awesome privilege to have been your colleague on the Veterans' Affairs Committee.

In this bill, we are naming the VA medical center in Jackson, MI, after the former chairman—and I just want to let the chairman know that while members might come and go from this Chamber, that a good name lasts forever. I think it is safe to say that the name of SONNY MONTGOMERY is a good name.

There are many reasons to support this bill. Of all our commitments to those who served in our Nation's armed forces, none is more important than the guarantee of health care. For those Members who do not think there is a difference between the medical needs of veterans and those of the general public, I invite you to take a tour of a VA hospital with me. I guarantee that you will come away with a much different view of veterans' medical care. We must realize that private hospitals would never provide the type of patient care that is provided by VA hospitals as they could never make it profitable.

The underpinning of the VA health care system is maintaining the physical facilities needed to provide adequate service. Even in this difficult budgetary climate, veterans medical facilities construction must remain a high priority. Thus, I urge members to support this bill, and to support appropriations in this area when the VA-HUD bill comes to the floor later this Spring.

There are two parts of H.R. 3376 I want to highlight.

First, this bill has incorporated H.R. 2760, my bill to name the nursing care facility at the VA hospital in Aspinwall, PA, after the late Senator John Heinz.

The Heinz family is one of the most notable in Pennsylvania, and Senator Heinz' commitment to public service was a tremendous example to many of us in western Pennsylvania. Unfortunately, he was taken from us too soon when his plane crashed outside Philadelphia 5½ years ago.

During his time in Congress, John Heinz had many accomplishments, too many to try to list. However, as far as the people in and around Pittsburgh are concerned, one of his greatest contributions to our community was his leadership in the making the Aspinwall Veterans Hospital a reality.

Some may think that it is hyperbole to say that the construction of a veterans hospital is a great event to a region as populous as Pittsburgh. Those people obviously do not know a lot about Pittsburgh.

Ever since I can remember, my life has focused on veterans' issues, and their role in the Pittsburgh community. As I have often mentioned in this committee, I would not be here today if it wasn't for the benefits my family received from the VA in return for my father's service. These benefits were not without a steep price, because of the wounds my fa-

ther received in combat, his life was made shorter than it should be.

My family and I are not unique. Throughout southwestern Pennsylvania, young men and women have served in our Nation's Armed Forces at a greater rate than almost anywhere. They and their families have counted on the VA to be there for them, and the VA has almost always been there. As those who served in World War II and Korea grew older, and their numbers were augmented by those who went to Vietnam, the needs for veterans services, especially health care, grew considerably in western Pennsylvania.

It was Senator Heinz, a native of Pittsburgh, who recognized that veterans in our area were being underserved, and that the situation would only get worse without decisive action. From his seat on the Senate Appropriations Subcommittee on Veterans Affairs, Housing, and Independent Agencies, he made the construction of the hospital in Aspinwall his No. 1 priority.

Today, throughout Pennsylvania, Ohio, Maryland, and West Virginia, countless veterans are having their health care needs met thanks to the efforts of John Heinz. I think it is only fitting that he receive this posthumous tribute to his good work. And I am not alone in this belief, as H.R. 2760 was cosponsored by all of my 20 colleagues in the Pennsylvania delegation, including Congressmen MASCARA and FOX who serve with us on this committee.

This legislation is supported by the Pennsylvania chapters of all the congressionally chartered Veterans Service Organizations. I have letters here from each of them, which I will include for the RECORD at the appropriate point.

I want to thank the American Legion of Pennsylvania and, in particular, Department Adjutant Stanley Reinhardt for bringing this idea to my attention.

I also want to express my support for the authorization for environmental improvements at the University Drive VA Hospital, located in the Oakland section of the city of Pittsburgh.

Mr. Speaker, I could describe in graphic detail the conditions that currently exist at these wards at University Drive, but I do not believe that it is appropriate subject matter for the floor of the House of Representatives. I hope it will suffice to say that this action is needed to allow each nursing unit at University Drive to meet current VA standards for life-safety, patient privacy, and handicapped accessibility. Also, there is a need to meet the needs resulting from the increasing number of female veterans requiring care.

The main building of University Drive was constructed in 1954, and has gone unchanged since. With the passage of time, this has produced numerous space, functional, and technical deficiencies in meeting the specifications of today's health care standards.

The importance of University Drive goes well beyond the boundaries of the City of Pittsburgh. It is the tertiary care, medical/surgical referral facility for the 65-county Western Pennsylvania Network, and is the National DVA Referral Center for Liver Transplantation. This project is essential to maintaining this hospital's capability to meet the needs of the 380,000 veterans in Allegheny County, as well as those throughout Pennsylvania, Ohio, Maryland, and West Virginia who rely on the services provided by University Drive.

As a supporter of the constitutional balanced budget amendment that passed the

House last year, I understand that we need to be extremely scrupulous in how we spend money. Even when there is a clear need that could be funded, we must determine whether or not something has to be funded. Keeping that admonition in mind, I hasten to point out that in the DVA internal rating for major construction projects, the University Drive project scored 19.8—out of a highest possible score of 19.8. For your consideration, I have attached a copy of this analysis. There is no way in which this project could have been rated any higher of a priority.

In conclusion, this bill is in the best interests of the people of Pennsylvania and the Nation as a whole, and I urge Members to support it.

Mr. MCCOLLUM. Mr. Speaker, I rise in strong support of H.R. 3376, and commend Chairmen STUMP and HUTCHINSON for their efforts to bring this bill to the floor.

This bill represents another step toward addressing the disparity that has impacted many of Florida's veterans. Although the overall veterans population is declining, Florida's increases daily as more and more veterans move into the Sunshine State. Florida has the highest concentration of elderly veterans of any State, the second highest number of veterans of all ages, and the third highest concentration of wartime veterans. Last fiscal year, despite the fact that Florida facilities received the highest number of applications for medical care by service-connected veterans in the Nation, we continued to receive fewer funds than California, New York, and Texas—each with less demands on their systems.

Despite our leading veterans population, Florida has continued to receive far less than its fair share of funding for VA medical services. As a result, veterans that can receive care in other parts of the country that do not have such high veteran-to-facility ratios can find themselves turned away from more crowded facilities in Florida. These disparities must end.

This House has taken steps to address shortfalls in veterans medical care, by proposing a 13 percent increase in funding for VA medical care in fiscal year 1996, and moving forward on our plan to spend \$339 million more on veterans health care over 7 years than the President has proposed. This construction bill represents the next step by the new Republican Congress to honor our Nation's commitment to its veterans.

Most important to veterans in my community, the bill directs the Secretary of Veterans Affairs to study the best means of meeting the health care needs of veterans in east central Florida. There has been considerable controversy about what needs exist, and how to best meet them. One option may be to operate the former Orlando Naval Training Center Hospital as a veterans medical facility. The first floor of this five-story facility is already serving the 200,000 veterans in its service area as an outpatient clinic, drawing veterans from across east central Florida. The additional floors contain some of the most advanced inpatient care facilities—including intensive care units, critical operating rooms, inpatient beds, and an efficient food delivery service—in any private, public, or veterans hospital in Florida. Incredibly, Secretary Brown has proposed to destroy these facilities, and spend money to fill the space with nursing home beds.

I do not dispute the need for additional long-term care in Florida, and will support various

efforts to make this option available to our veterans. As stated, our State has the highest number of elderly veterans in the country. But spending scarce health care dollars to effectively destroy a fully functional, state-of-the-art hospital—especially when such facilities are so needed in east central Florida—makes absolutely no sense, especially when a completely separate nursing home facility could be built without sacrificing the hospital for almost the same amount of money.

The committee has directed that this report must examine the need to include acute inpatient services, such as those provided by the Orlando facility, as well as psychiatric and long-term services. It is my hope that the report required by this legislation will illustrate other options to best meet the health care needs of veterans in east central Florida.

Last year, this Congress approved funding to construct another badly needed outpatient clinic in Brevard County. This means that after years of delay, Brevard County veterans will finally be able to receive needed ambulatory care close to home. I commend this Congress' action, and specifically praise the efforts of my colleague, Congressman DAVE WELDON, for finally succeeding in bringing additional veterans health care facilities to east central Florida.

Relief is on the way for veterans in Florida, and this legislation certainly moves us forward in that struggle. New facilities are being built, older ones are being re-engineered to meet new needs, and wide gaps in service-areas may finally be filled as a result of this committee's past efforts and future plans. I commend the committee and this House for working to repay the debt of our Nation owes its veterans, and helping to correct some of the imbalances that have left veterans in Florida in need of such greater attention.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I want to thank Mr. MONTGOMERY for the time to speak today and for your leadership, as well as that of Chairman STUMP, in seeing this bill through the legislative process.

Mr. Speaker, colleagues, this bill addresses some urgent needs among our Nation's veterans' medical facilities and I rise in strong support of the legislation and urge its swift approval.

The \$434 million authorized by this legislation is perhaps some of the most important money that we will be discussing on this floor, for it will be spent ensuring that the men and women who put their lives on the line for our Nation will be adequately taken care of once they have left service.

This money renovates, upgrades and, where needed, expands current Department of Veterans Affairs medical facilities to ensure that the needs of our former servicemen and women are met.

One project of particular importance to me and my constituents in the 37th Congressional District is the seismic upgrading of the VA medical center in Long Beach, CA.

This bill provides \$20.2 million to allow the Department of Veterans Affairs to bring three of the buildings at the Long Beach facility up to code in terms of earthquake safety, fire safety, mechanical and electrical safety, and compliance with the Americans with Disabilities Act.

The buildings receiving these improvements are all over 50 years old and in serious need of repair.

Specifically, the three buildings to be improved house important operational and various support services critical to monitoring the health and welfare of our veterans.

Without these repairs the buildings, all of which were built in 1943, are in grave danger. The facilities are very close to the Newport-Inglewood Fault Zone, which is considered active and capable of generating an earthquake of magnitude 7.0.

The VA has testified that there is no other medical facility in Long Beach large enough to meet the VA's needs, and it is expected that the major functions of this Medical Center will remain the same under the proposed Veterans Integrated Service Network.

In short, this is an important facility to the veterans residing in the Long Beach area and it is therefore incumbent upon us to ensure that it meets the basic safety codes of the area.

It is for this reason that these seismic repairs were included in the President's fiscal year 1997 budget request and that the Department of Veterans' Affairs Undersecretary for Health, Mr. Kenneth Kizer, testified in support of these repairs as recently as March.

Without these repairs, we are placing the lives of our Nation's veterans, as well as the lives of those who serve them, in grave danger.

I would submit to my colleagues that our veterans deserve better than this, and I am pleased to see that the committee agrees with this assessment.

I look forward to working with you, Congressman MONTGOMERY, and with Chairman STUMP, to see that the wisdom of the committee is followed and that the veterans who use the Long Beach facilities are not placed in harm's way.

In closing, I would like to commend the committee for deciding to name the medical center in Jackson, MS after our esteemed colleague from Meridian, Mr. MONTGOMERY. Although I have only had the honor of serving with him for a little over a month, I appreciate the work that he has done for our veterans and share the committee's view that it is befitting to bestow such an honor in naming a veteran's medical center in his honor in his home State.

So, once again, I rise in support of this important legislation and I urge my colleagues to do the same.

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

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

The SPEAKER pro tempore (Mr. UPTON). The question is on the motion offered by the gentleman from Arizona [Mr. STUMP] that the House suspend the rules and pass the bill, H.R. 3376, as amended.

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

A motion to reconsider was laid on the table.

MANDATORY FEDERAL PRISON DRUG TREATMENT ACT OF 1996

Mr. HEINEMAN. Mr. Speaker, I move to suspend the rules and pass the bill