

\*Pedro Luis Díaz Lanz flew weapons from Venezuela and Costa Rica to Castro's "eagle's nest" in the mountains. After victory, he was named Castro's personal pilot. But soon he complained to Castro that Raúl and Guevara were indoctrinating his air force men in Marxism.

Tipped that Castro had ordered his arrest, Díaz Lanz and his wife, Tania, and brother barely escaped to Miami in a sailboat in June 1959. Weeks later, Díaz Lanz became the first "26-er" to testify before a U.S. Senate committee, accusing Castro of selling out the revolution to the Soviet Union.

\*Maj. Húber Matos, a school teacher turned guerrilla fighter, was one of the genuine heroes in the fight against the Cuban army. In October 1959, 10 months after the revolution came to power, Matos sent a letter of resignation to Castro, complaining that communists, who had not lifted a finger to oust the Batista regime, were taking over the revolution.

Castro ordered a court martial in which Matos was accused of being a "counterrevolutionary." After serving a 20-year sentence, Matos came to Miami, where he has been one of the leaders of the Cuban Forum.

\*Jesús Yánes Pelletier was a sergeant in the Cuban Army assigned to Boniato Prison, where Castro was sent after being sentenced for attacking the Moncada barracks. Yánes Pelletier was ordered to poison Castro's food. He refused, was given a dishonorable discharge and then joined the 26th of July movement.

When the revolution arrived, Castro made Yánes Pelletier a captain in charge of his personal guard. Soon Yánes Pelletier became disenchanted with the communists and began conspiring. He was caught and in 1977 was sentenced to 15 years. He refused to leave Cuba and was the vice president of the Cuban Committee for Human Rights before his death last year.

\*Among the saddest cases—and there are hundreds in every city, town and village in Cuba—is that of Mario Chanes de Armas. He had impeccable credentials as a founder of the revolutionary movement with Castro before the attack on the Moncada barracks.

Chanes de Armas survived the Moncada attack, trained in Mexico, came over on the yacht Gramma and lived to greet Castro in Havana when the conquering heroes arrived on Jan. 9, 1959, on top of a U.S. Sherman tank. The movement disappeared after Castro sold out to the Soviet Union and the Communist Party.

Chanes de Armas could have had any position he wanted in the revolutionary government, but he opted to return to his work in a brewery. For two years he watched his former leader betray their movement. Finally, he spoke against the communists. He was tried as a "counterrevolutionary," and on July 17, 1961, was sentenced to 30 years.

After spending six years in solitary, he was released exactly 30 years to the date of his imprisonment. In 1993 he was united with his four sisters in Miami.

Although he doesn't belong to any exile political group, he forms part of a group of former prisoners who travel throughout Latin America talking to heads of states about the reality of Castro's Cuba.

HONORING SEN. PAUL COVERDELL  
OF GEORGIA

**HON. BOB BARR**

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, July 27, 2001*

Mr. BARR of Georgia. Mr. Speaker, on August 10, 2001 a building will be dedicated hon-

oring the late Senator Paul Coverdell at the Federal Law Enforcement Training Center (FLETC), near Brunswick, Georgia. I would like to recognize Mr. Coverdell's commitment to our nation's education and America's criminal justice system.

Senator Coverdell was always an ardent supporter of the law enforcement community, not just in Georgia but nationwide. It is a honor to the Coverdell family and Georgia to have a part of the nation's premier interagency law enforcement training center named for Senator Coverdell.

As recent as June, 2000 Senator Coverdell was opposing attempts of other politicians to move part of the FLETC's training program elsewhere. Senator Coverdell and Representative JACK KINGSTON, in whose district the facility is located, were successful in maintaining FLETC's premier training role. It is evident Senator Coverdell had a personal interest in this absolutely essential federal facility.

Unfortunately I will not be able to attend the dedication ceremony. I would like to pass on to the Coverdell family and to former President George H.W. Bush and Mrs. Bush that this dedication makes me, Georgia, and the nation proud. We are forever indebted to Senator Coverdell for his untiring work for Georgia and the United States of America.

A PROCLAMATION RECOGNIZING  
THE OUTSTANDING WORK OF  
THE NEWARK FIRE DEPARTMENT

**HON. ROBERT W. NEY**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Friday, July 27, 2001*

Mr. NEY. Mr. Speaker, I commend the following article to my colleagues:

Whereas, the exemplary work of the Newark Fire Department has earned them the recognition of the Congressional Fire Service Institute for outstanding work in providing protection to their community; and,

Whereas, the partnership between the Fire Department and the city is a strong and essential component for serving the community effectively; and

Whereas, the relationship that has been cultivated between the Newark Fire Department and the city that it serves has proven to be an effective element for fire prevention;

Therefore, I ask that my colleagues join me in recognizing the impressive accomplishments of the Newark Fire Department that has brought honor, pride, and security to their community.

DEPARTMENT OF DEFENSE—DEPARTMENT OF VETERANS AFFAIRS HEALTH RESOURCES ACCESS IMPROVEMENT ACT OF 2001

**HON. CHRISTOPHER H. SMITH**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Friday, July 27, 2001*

Mr. SMITH of New Jersey. Mr. Speaker, as Chairman of the Veterans' Affairs Committee, I am introducing the "Department of Defense—Department of Veterans Affairs Health Re-

sources Access Improvement Act of 2001" on behalf of myself and Mr. BROWN of South Carolina, Mr. EVERETT of Alabama, Mr. SIMMONS of Connecticut, Mr. GIBBONS of Nevada, Mr. WAMP of Tennessee, Mr. KIRK of Illinois, Mr. BUYER of Indiana, and Mr. BILIRAKIS of Florida.

America's servicemen and women, their families, and our veterans who have served in uniform deserve the best health care we can offer them as a Nation. My bill addresses the urgent need for the Departments of Defense and Veterans Affairs to improve their programs of health resource sharing as originally authorized by Public Law 97-174, the "Veterans' Administration and Department of Defense Health Resources Sharing and Emergency Operations Act of 1982." This authority was originally intended to provide opportunities to make it easier for the two Departments—whose combined health care budgets this year total over \$35 billion—to increase the variety and amount of their health resource sharing for the benefit of their veteran and military beneficiaries, while helping hold down costs in Federal health care for the benefit of taxpayers.

Currently, the Secretaries of each Department have at their discretion the option not to share. With this bill, we take a new approach: it would make sharing the order of the day. Sharing must be an important priority of both Departments, and we should create strong incentives for the Secretaries to work together to achieve common ends. The bill's proposed findings are indicative of our disappointment with the current state of VA-DoD sharing. We believe that neither department has taken full advantage of sharing opportunities and that the intended results of the 1982 sharing authority have not been achieved. We know VA-DoD sharing could be greatly increased, and with this bill we want to get sharing moving again.

Mr. Speaker, this bill seeks to establish a health care facilities sharing demonstration project in keeping with the intent of the original legislation for VA-DoD sharing. Under the bill, five qualifying sites across the country would be selected for participation in a demonstration project. The purpose of the demonstration project is to identify and measure the advantages of sharing, and work through the challenges of the two systems becoming true partners in health care delivery. Two of the major advantages of sharing are enhancement of access to quality care and conservation of resources through sharing of common goods and services.

This legislation would require a unified management system to be adopted in the five demonstration sites to the extent feasible. A unified system would incorporate budget and financial management, health care provider assignments, and medical information systems compatibility. At the present time, the two Departments' information systems are incompatible, but this legislation would also create a framework for greater software compatibility. By making such systems communicate better, we can better ensure continuity of care, equality of access, uniform quality of service and seamless transmission of data. This is a third important goal of our bill.

In addition, the demonstration project would provide for enhancement of graduate medical educational programs at the five sites for physicians in training and other health care providers. This will create a unique opportunity for

health professions students by giving them a combined exposure that has not been available to them before. It would also bring a greater awareness and understanding of differences in the two beneficiary populations for new and experienced health care professionals alike.

Congress has made efforts in the past to promote specific sharing. At best, the results have been modest. For example, we authorized the Mike O'Callaghan Federal Hospital at Nellis Air Force Base outside Las Vegas. It is a 96-bed Air Force managed hospital with 52 VA-dedicated beds. This facility still has significant potential to serve as a model for sharing, but the VA and the Air Force made the decision to maintain separate budgets, financial, human resources, patient care records and data management systems. This facility, spending combined appropriations of over \$46 million, is really operating as two independent federal facilities within the same walls, with needless duplications of systems and services and inefficient use of resources.

Another example is the VA Medical center and Kirkland AFB Hospital in Albuquerque, New Mexico. Albuquerque is a VA-Air Force partnership that provides admitting privileges to Air Force physicians. The relationship between the VA and Air Force at these facilities is an example of a good beginning to sharing. What was once a 40-bed Air Force hospital occupying VA space has evolved to a contractual relationship today. Now the Air Force purchases inpatient care services from the VA, rather than operating less efficiently as a separate hospital within the confines of the Albuquerque facility.

While many of the lost opportunities to share observed in Las Vegas do not pertain to the situation in Albuquerque, some do. For example, the Air Force and VA needlessly maintain separate dental clinics, central dental laboratory functions and separate supply chains. Also, the Air Force continues to maintain a management presence as though it were still operating as an independent facility, even though most of its activities duplicate those of VA.

The Committee has also examined sharing in VA and DoD health care facilities in San Diego, CA; Fayetteville, NC; Charleston, SC; and San Antonio and El Paso, TX. It appears that substantial benefits could be achieved on both sides of the sharing equation if sharing became more of a standard operating policy between VA and DoD. Obviously, sharing is more likely to occur if one potential partner has something perceived to be valuable or useful to offer the other and if the right incentives are in place to encourage follow-through on sharing arrangements. VA Medical Centers have been successful in fields such as rehabilitation, prosthetics, treatment of spinal cord injuries and geriatrics, but DoD medical facilities treat a broader base of patients, which provides opportunities for the medical staff to broaden its experience.

Some of these facilities that could share or share more are close neighbors, and close proximity clearly makes sharing much easier to achieve. For some of these essentially collocated facilities, a joint facility would almost certainly reduce administrative costs as well as staffing needs. With such savings, additional resources would be made available for patient treatment and technological improvements. For instance, at the San Diego VA

Medical Center, the fiscal year 2001 budget is \$202 million, and at the Balboa Naval Medical Center, the fiscal year 2001 budget is over \$338 million. Although these facilities are only a few miles apart, no sharing occurs between them. The most recent clinical sharing between VA and the Navy in the San Diego area appears to have ended in 1989. It appears that Congress must be more vigorous or this deplorable situation will continue.

For too many neighboring VA and DoD health facilities, separate management and operations have become the only way they can conceive of doing business, even when another federal medical facility, also supported by tax dollars, may be little more than a stone's throw away. This separateness is mostly about ingrained habits, organizational cultures and protecting turf, and is not about promoting the best quality medical treatment for veterans and military patients, extending specialty care to more federal beneficiaries, or conserving scarce resources and funding.

Our bill would require, among other things, no later than two years after its enactment, the Secretaries of both Departments must submit to Congress a prospectus for the construction of a new joint federal medical facility. The two Secretaries would jointly select the location with two options to consider. They could select a location where both a current VA medical center and DoD military treatment facility are in need of replacement, such as in Charleston, SC, or they could provide improved access to eligible veterans and military beneficiaries in a location where only one VA medical center or DoD military treatment facility is currently serving one of the two beneficiary populations, such as in Los Angeles, CA. We intend that this new facility, once constructed, could develop, refine and demonstrate the practical health resources of sharing that we are confident is possible.

Importantly, Mr. Speaker, this bill would make VA-DoD health sharing mandatory. This change in the law would require jointly located facilities, beginning with those participating in the demonstration project, to actively engage in developing and implementing meaningful and sustainable plans for sharing. We understand that DoD and VA health facilities do not always operate in the same fashion, and that even a small change in policy or procedure can have large consequences. That is why in order to fully test the principles of this sharing legislation, the Secretaries of DoD and VA would be granted the authority to waive certain administrative regulations and policies otherwise applicable within their respective Departments. This bill includes provisions for close monitoring of any administrative regulations and policies that the Secretaries would deem appropriate for waiver, and would require them to report to the Committee on Veterans' Affairs and the Committee on Armed Services on their use of such waiver authority.

In summary, this bill reflects the Committee's belief that veterans and military beneficiaries deserve the best health care a grateful Nation can offer. Through the creation of this demonstration project and other provisions of this bill, we hope to improve health resource sharing by providing stronger incentives for both departments to join forces and make VA-DoD sharing a reality.

When I assumed the Chairmanship of this Committee I promised to do what is right for veterans. I am convinced that the Department

of Defense—Department of Veterans Affairs Health Resources Improvement Act of 2001 would be good for veterans and the military community alike. I urge my colleagues to come on board and support this bill.

HONORING JAMES GLOVER

**HON. BARBARA LEE**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, July 27, 2001*

Ms. LEE. Mr. Speaker, I rise today to honor James Henry Glover for his role as an inspirational African-American family-man, friend and colleague.

James Glover was born in Kansas City, Missouri. In 1942, he enlisted in the United States Army and was stationed in New York, where he met his wife, Carrie Hunley.

Mr. & Mrs. Glover moved to San Francisco and began a family. As a husband, Mr. Glover worked hard to provide his wife a secure and stable home. As a father, he ensured that his children received the best education possible. He instilled in them and all that knew him the importance of an education.

Mr. Glover believed that people can continue to learn beyond the academics of the classroom. He believed that life itself taught lessons. From his experiences, he educated his family, friends and colleagues to the importance of tolerance, compassion for human beings and the power of love.

Mr. Glover was active in the NAACP and in the National Kidney Foundation. He contributed his services to these organizations, because he believed in the empowerment of people and service to his community.

I will always remember Mr. Glover as a proud father, always at the side of his son, Danny, with a smile on his face. Mr. Glover touched us with his love, his warmth, his compassion, his wisdom and his insight. He was an incredible human being who served as a wonderful role model and an inspiration for young African-American men.

Mr. Glover was an extraordinary and honorable man, who will be dearly missed. His memory will be cherished by his three sons, Danny Glover, Rodney Glover and Martin Glover, and to his daughter Connie Grier. I Join his family and friends to salute James Henry Glover.

THE LITTLE SANDY WATERSHED  
PROTECTION ACT

**HON. PETER A. DeFAZIO**

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

*Friday, July 27, 2001*

Mr. DEFAZIO. Mr. Speaker, I'm proud to be an original cosponsor of H.R. 427, the Little Sandy Watershed Protection Act. This bill extends the boundaries of the Bull Run Watershed to include the Little Sandy Watershed, ensuring quality drinking water for the Portland Metropolitan area for many years to come. It will also protect water quality and vital habitat for wildlife, including endangered species of steelhead and chinook salmon.

The Bull Run Reserve was established in 1892 to provide clean and safe drinking water