

BUDGET SCOREKEEPING REPORT

Mr. CONRAD. Mr. President, I hereby submit to the Senate the budget scorekeeping report prepared by the Congressional Budget Office under Section 308(b) and in aid of Section 311 of the Congressional Budget Act of 1974, as amended.

This report shows the effects of congressional action on the 2002 budget through September 11, 2002. The estimates, which are consistent with the technical and economic assumptions of H. Con. Res. 83, the Concurrent Resolution on the Budget for fiscal year 2002, show that current level spending in 2002 is below the budget resolution by \$12.1 billion in budget authority and by \$18.8 billion in outlays. Current level revenues are below the revenue floor by \$0.4 billion in 2002.

I ask unanimous consent to print the following in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 13, 2002.

Hon. KENT CONRAD,
Chairman, Committee on the Budget,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The attached tables show the effects of Congressional action on the 2002 budget and are current through September 11, 2002. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of H. Con. Res. 83, the Concurrent Resolution on the Budget for Fiscal Year 2002.

Since my last report dated May 22, 2002, the Congress has cleared and the President has signed the following acts that changed budget authority, outlays, or revenues for 2002: the Mychal Judge Police and Fire Chaplains Public Safety Officer Benefits Act of 2002 (P.L. 107-196), the 2002 Supplemental Appropriations Act for Further Recovery From and Response to Terrorist Attacks on the United States (P.L. 107-206), and the Trade Act of 2002 (P.L. 107-210). The effects of these actions are identified in Table 2. At the re-

quest of the Budget Committee, the funds designated as contingent emergencies in P.L. 107-206 have been removed from current level. The President announced that these funds will not be released.

Sincerely,
BARRY B. ANDERSON
(For Dan L. Cippen, Director.)

Attachments.

TABLE 1.—SENATE CURRENT-LEVEL REPORT FOR SPENDING AND REVENUES FOR FISCAL YEAR 2002, AS OF SEPTEMBER 11, 2002

(in billions of dollars)

	Budget resolution	Current level ¹	Current level over/under (—) resolution
On-budget:			
Budget authority	1,705.3	1,693.2	— 12.1
Outlays	1,652.8	1,634.0	— 18.8
Revenues	1,629.2	1,628.8	— 0.4
Off-budget:			
Social Security outlays	356.6	356.6	0.0
Social Security revenues	532.3	532.3	0.0

¹ Current level is the estimated effect on revenue and spending of all legislation that the Congress has enacted or sent to the President for his approval. In addition, full-year funding estimates under current law are included for entitlement and mandatory programs requiring annual appropriations even if the appropriations have not been made.

Source: Congressional Budget Office.

TABLE 2.—SUPPORTING DETAIL FOR THE SENATE CURRENT-LEVEL REPORT FOR ON-BUDGET SPENDING AND REVENUES FOR FISCAL YEAR 2002, AS OF SEPTEMBER 11, 2002

(in millions of dollars)

	Budget authority	Outlays	Revenues
Enacted in previous sessions:			
Revenues	n.a.	n.a.	1,671,726
Permanents and other spending legislation	991,545	943,568	n.a.
Appropriation legislation ¹	1,008,487	996,258	n.a.
Offsetting receipts	— 322,403	— 322,403	n.a.
Total, enacted in previous sessions	1,677,629	1,617,423	1,671,726
Enacted this session:			
An act to amend the Higher Education Act of 1965 to establish fixed interests rates (P.L. 107-139)	— 195	— 180	0
Job Creation and Worker Assistance Act of 2002 (P.L. 107-147)	6,049	5,820	— 42,526
Farm Security and Rural Investment Act of 2002 (P.L. 107-171)	2,464	1,610	0
Clergy Housing Clarification Act of 2002 (P.L. 107-181)	0	0	*
Mychal Judge Police and Fire Chaplains Public Safety Officer Benefits Act of 2002 (P.L. 107-196)	2	2	0
2002 Supplemental Appropriations Act for Further Recovery From and Response to Terrorist Attacks on the United States (P.L. 107-206)	25,317	7,938	0
Trade Act of 2002 (P.L. 107-210)	84	24	— 416
Total, enacted this session	33,721	15,214	— 42,942
Entitlements and mandatories: Difference between enacted levels and budget resolution estimates for appropriated entitlements and other mandatory programs	— 18,119	1,389	n.a.
Total current level	1,693,231	1,634,026	1,628,784
Total budget resolution	1,705,311	1,652,820	1,629,200
Current level over budget resolution	n.a.	n.a.	n.a.
Current level under budget resolution	12,080	18,794	416
Memorandum: Emergency designations for bills in this report	54,963	37,825	39,465

¹ Excludes administrative expenses of the Social Security Administration, which are off-budget.
Note.—n.a. = not applicable; P.L. = Public Law; * = less than \$500,000.
Source: Congressional Budget Office.

LOCAL LAW ENFORCEMENT ACT
OF 2001

Mr. SMITH of Oregon. Mr. President, I rise today to speak about hate crimes legislation I introduced with Senator KENNEDY in March of last year. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred April 13, 2002 in Temecula, CA. Two black women were assaulted in a restaurant parking lot. The assailants, described as a group of drunken white men, surrounded the victims' car, pounded dents into it, taunted the women with racial slurs, and attacked one of them physically, ripping her clothing.

I believe that government's first duty is to defend its citizens, to defend them against the harms that come out of

hate. The Local Law Enforcement Enhancement Act of 2001 is now a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

NEW ADMINISTRATION REGULA-
TIONS TO CUT SERVICES TO
VETERANS

Mr. ROCKEFELLER. Mr. President, I rise today to speak about the latest action by the Administration to cut services to veterans.

For years when we looked at the health care budget, we focused on the declining veteran population and declining demand. We are in a totally different predicament today. More veterans are turning to the VA health care system, and that is a success story. In recent months, however, unacceptably long waiting times for care have mate-

rialized. Cutting services to veterans who now depend more upon VA, is a perverse reaction to the problem.

In 1996, Congress enacted eligibility reform which allowed all veterans to come to the VA health care system. At the time, I spoke about the dilemma that we would face in opening up the doors and providing a rich benefit package and how, down the road, we would have to face the consequences.

In my view, the administration has a choice: Either own up to the demand for health care services and provide funding—my preference—or manage enrollment. The administration has chosen a completely different course.

In its budget request, the administration proposed charging a \$1,500 deductible to higher-income veterans as a means to "reduce demand." In July, VA issued a mandate prohibiting all enrollment-generating activities, such as health fairs. Yesterday, regulations

were issued to require VA to give priority for health care services to veterans with service-connected conditions. No veteran who is enrolled with VA for health care should have to endure long waiting times for care.

The administration's latest action changes the way veterans access health care services, and in doing so, not only circumvents current law regarding eligibility for care, but will also create serious hardship for hundreds of thousands of veterans who depend upon VA. These regulations should be rescinded. Today, several other Senators and I wrote to the President and asked that he do so.

These regulations will almost certainly increase—rather than decrease—the waiting times facing hundreds of thousands of veterans. Let me repeat that: The recent regulations will do nothing for the more than 300,000 veterans waiting to be seen by VA clinicians, and in fact, the new priority system could more than double the time they are forced to wait for care. I ask unanimous consent that VA's list of waiting times be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Survey conducted July 1, 2002.

Data was gathered from multiple clinics at all VA facilities. The data sources included Excel spreadsheets and manual lists as well as the scheduling package for those waiting 6 months or greater for an appointment. Because the survey was derived primarily from manual data collection, patients waiting at more than one site may be counted more than once; the data could also reflect the same patient waiting for multiple clinics at one specific site. Therefore, the data should be viewed as an indicator of an overall problem. We are working on automating the wait list to ensure more accurate reporting.

Veterans integrated service network		A	B
		Number of new enrollees waiting for first clinic appointment to be scheduled	Number of established patients waiting to be scheduled for follow-up primary care or specialty care clinic appointments and new and established patients with appointments scheduled electronically, although the wait is 6 months or greater
1		9,891	12,130
2		460	1,844
3		82	2,448
4		18,535	8,061
5		0	217
6		0	29,124
7		4,662	3,299
8		31,469	22,474
9		11,093	7,887
10		13	1,239
11		1,172	2,562
12		8,922	9,424
13		1,283	6,616
14		5,490	8,126
15		1,874	17,444
16		0	4,471
17		8,230	9,342
18		8,891	15,702
19		1,013	5,015
20		0	3,810
21		19,198	6,471
22			
23			
Totals		132,278	177,976

Col A: Number of new enrollees waiting for first appointment where an appointment has not been scheduled. Represents a manual count of Veterans who have enrolled and requested an appointment but the Veteran's preferred site of care cannot schedule the appointment within six months. Therefore, the veteran is placed on a wait list. An electronic wait list is being developed that will allow for more accurate data collection.

Col B: Number of established patients on a wait list or new and established patients scheduled for appointments requiring a wait of 6 months or more. Includes: (1) a manual count of established patients (patients have been seen at least once) who are on a wait list (cannot be scheduled within 6 months) for follow-up care for a Primary Care Clinic or Specialty Care Clinic visit. (Examples would include veterans waiting for reassignment to a new Primary Care Provider, or patients waiting for consults in Specialty Care Clinics.) Also includes (2) a count of Veterans scheduled electronically for appointments, however the wait time meets or exceeds six months. (This also includes those patients who have either voluntarily canceled their appointments or had their appointment canceled by the VA.)

Note: This data includes approximately 80 percent of VHA's workload. All Primary Care Clinics are included and 5 major Specialty Care Clinics (eye, urology, cardiology, orthopedics, audiology). The electronic wait list capability will allow for additional clinics to be included.

Mr. ROCKEFELLER. The Paralyzed Veterans of America, too, is very concerned about these new regulations, as the new system "completely ignore[s]

the other key missions of the VA health care system to care for the poor and medically indigent and those veterans with special disabilities such as spinal cord dysfunction, blindness, and mental illness." I ask unanimous consent that the full text of PVA's letter be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

PARALYZED VETERANS OF AMERICA,
Washington, DC, September 13, 2002.
Hon. JOHN D. ROCKEFELLER, IV,
Chairman, Committee on Veterans' Affairs, U.S. Senate, Washington, DC.

DEAR CHAIRMAN ROCKEFELLER: On behalf of the Paralyzed Veterans of America (PVA), I am writing to express our grave concerns over the attempts by the Department of Veterans Affairs (VA) to move forward with an interim final rule that has insufficient statutory grounding.

VA Secretary Anthony Principi has proposed an interim final rule dispensing with notice-and-comment requirements under the Administrative Procedures Act. These fast track regulations dramatically alter existing eligibility for VA health care services. Faced with woefully inadequate funding requests from the Bush Administration and the Congress for the veterans' health care system, the new regulations would give hospital administrators the authority to ration care by establishing a priority for treatment for certain veterans with service connected disabilities. Veterans with service connected disabilities rated 50 percent and above and veterans seeking care for their service con-

nected disabilities would get access to treatment before any other veteran is served. No one can argue that service-connected disabled veterans do not deserve the highest priority for veterans benefits and services. However, by allowing admitting clerks to give them front-of-the-line access, the regulations inherently give these same clerks the authority to deny care to veterans in other categories when budgets remain tight. This is the real intent of the proposed regulations, and we believe, contrary to VA opinions, that the VA lacks the statutory authority to deny care to higher-priority veterans in lieu of the Secretary's granted authority to disenroll lower-priority veterans.

PVA, along with every other major veterans service organization worked for nearly a decade to enact legislation that would standardize veterans' eligibility for health care services. Prior to enactment of eligibility reform legislation in 1996, access to health care services was governed by a fragmented bureaucratic tangle of regulations governed primarily by fiscal considerations. Some veterans could get some services; some veterans could get others but only under certain circumstances and under certain conditions governed in part by veteran status, not health care need. The veterans organizations argued that such a system was unfair, did not provide the optimal health care services needed by veterans, was a bureaucratic nightmare and, more importantly, was medically unethical.

Eligibility reform legislation brought simplicity to the process. Veterans would be enrolled in the system based on veterans status and economic need in seven categories. Once enrolled, each veteran was entitled to the complete VA health benefits package on an

equal basis. This was not only good policy; it was good medicine. Veterans with service-connected disabilities were included in the highest enrollment categories to ensure complete and speedy access to the system. In fact, because of their service-connected disabilities they were even exempted from enrollment requirements. If these high-priority veterans are having difficulty accessing VA health care now, as the Secretary has stated, then the problem lies in the inability of the Administration to fund the VA properly and the incompetence of VA admitting clerks who ignore current eligibility law and the high priority these veterans already have. Both of these problems should be rectified without the institution of new regulations. The \$275 million in emergency supplemental funding that the White House refused to allocate to the VA last month could have gone a long way to ease the burden on the system. The re-characterization of health care access in the proposed regulations is a major step backward toward the chaos that existed in the pre-eligibility reform days.

There is no question that the VA is grossly overburdened. A product of its own success, the system, because of the quality and accessibility of the health care services it provides, has attracted unprecedented numbers of new veteran users. While eligibility reform has been blamed for opening the gates to the system, the real cause of this influx of patients are the new health care markets VA has established by opening 800 outpatient clinics across the country. Among other factors are a private health insurance system that is pricing itself out of reach of most Americans and a Medicare plan that ignores the need for a quality prescription drug benefit for seniors and people with disabilities.

VA is pulling in the reins, attempting to ration care and dissuade veterans from coming into the system. These new regulations are only one attempt. We are certain to see other proposals in the months ahead. But if we go down the road of pitting one group of veterans in the health care queue against other groups of veterans where does it stop? These regulations completely ignore the other key missions of the VA health care system to care for the poor and medically indigent and those veterans with special disabilities such as spinal cord dysfunction, blindness and mental illness. With these regulations in place a hospital administrator could logically ignore these responsibilities as well in contravention of direct statutory requirements.

Finally, we seriously question the VA's opinion that it has sufficient authority under existing statutes to move forward with these interim final rules. The VA's sophisticated argument ignores the plain language of the statute providing the VA limited flexibility in managing the enrollment system established by Congress in 1996.

All in all, we do not see why veterans should be denied an accessible, quality health care product just because it is unattainable or unaffordable elsewhere, and the Administration and the Congress do not want to come up with the dollars to fund it adequately.

Sincerely,

DELATORRO L. MCNEIL,
Executive Director.

Mr. ROCKEFELLER. Finally, Mr. President, we have seen a rush by the Administration to implement these new regulations, without the normal comment period for Congress, veterans, or veterans advocates to make their views known. I believe VA's finding, that it has "good cause" to dispense with a normal notice-and-comment pe-

riod, is without factual merit. If an emergency situation exists, the Administration could have surely provided the \$270 million in additional funds which Congress already appropriated to deal with the unacceptably long waiting times.

We must work together to find a better solution for veterans and these regulations must be rescinded to protect access to care for all veterans.

RESCUE OF MINEWORKERS BY FMC

Mr. THOMAS. Mr. President, I know all of us in this Chamber shared in the profound sense of relief and elation which accompanied the heroic rescue of nine mineworkers from the Quecreek Mine near Somerset Pennsylvania earlier this summer. It was truly a remarkable story which combined the very best of the human spirit with the most modern mine safety and rescue technologies and produced nothing short of a miracle.

Somewhat lost in the press accounts after the rescue was the role played by the Mine Safety and Health Administration which sent 70 of its own employees to Somerset to assist in the rescue. One of MSHA's important missions is to prepare mineworkers and local health and safety officials for responding to the sort of near disaster that we witnessed last month. The rescue in Pennsylvania was no accident. It was the result of thousands of man-hours dedicated to salvaging the best from the worst. We all saw firsthand how it works.

I am very proud to be able today to recognize that a group of individuals from my own state has won this year's National and International Mine Rescue Contest. The Mine rescue competitions are designed to test the knowledge of miners who might be called upon to respond to a real mine emergency. The contest requires six-member teams to solve a hypothetical mine emergency problem—such as a fire, explosion or cave in—while judges rate them on their adherence to mine rescue procedures and how quickly they complete specific tasks.

This year a team from Green River Wyoming, representing FMC Corporation, which operates a mine in my state, won this prestigious competition. I would like to recognize the individuals who are part of this number 1 team: Bob Knott, Alan Jones, Rick Owens, Leroy Hutchinson, Glen Weinmaster, Dave Thomas, Melvin Lovato, Robert Pope, Bill Oleson, Bob Robison, Tony Herrera, John Key, Rod Knight, Mike Padilla and David Hutchinson.

We pray that this outstanding team will never have to put into practice what it has trained to do over countless hours. However, it is also encouraging to know that such teams are deployed throughout mining country and stand ready to perform the sorts of heroic feats that we all witnessed a few

weeks ago in Pennsylvania and coal country.

All of us in Wyoming are very proud of the accomplishments of the FMC Mine Rescue Team and salute all of those involved in the mining industry for their dedication to safety.

ADDITIONAL STATEMENTS

TRIBUTE TO BRADY HOWELL

• Mr. CRAIG. Mr. President, the terrorism of September 11 changed America forever, and it profoundly changed Americans, as well. The people we lost left behind legacies, the compilation of the meaningful things they accomplished throughout their lives, actions and words that still touch their friends and families after their deaths. Those legacies inspire all of us with the bravery and courage of the human spirit, and also remind us of the precious frailty of life.

Brady Howell lost his life in the attack on the Pentagon. This letter, written by Brady's brother Carson Howell to commemorate the one year anniversary of that terrible event, articulates the legacy Brady left behind. I would like to enter this letter into the CONGRESSIONAL RECORD so all my colleagues can remember the great example these Americans are to us. In the words of Carson Howell, "The men and women who perished that day are not heroes because of how they died; they are heroes because of how they lived."

Let me read the letter in its entirety:

Today is a sad day for our family. Not just our family, but also families just like the Vauk family, the Conaty family, the Andrews family, and thousands of others. It's a sad day for our American family as we all remember and pay tribute to the thousands of friends, family, and fellow Americans that lost their lives one year ago today. It's a day that many will remember as the day we learned that heroes aren't found only in comic books. No, there are heroes greater than Superman and my brother is one of them.

Brady Kay Howell loved this country. He was an Eagle Scout. He loved children and taught the youth in Sunday School classes while living in New York and later Virginia. He loved his family and actually had plans to return to Idaho that following weekend for a welcome home party for my parents and for my wedding reception. He loved his wife, Liz, to whom he'd been married for only five short years.

Brady was working in naval intelligence as an intern. Shortly before his death, he and I had a telephone conversation. In it he told me that one of his goals in his life was to have top-secret clearance. I'm proud to say that he accomplished that goal.

I could go on and on about how great my brother was. But, if it were he speaking here today, he wouldn't use this opportunity to speak of his accomplishments. I believe that he would talk about service. He would talk about what a great country this is that we live in and how proud he was to serve and protect all of us.

The work that Brady and many others did that died that day was for all of us. Brady prepared briefings for the Chief of Naval Intelligence and other high-ranking officials so