

consent to attach the letter I referred to in my remarks.

WAGING PEACE.ORG,  
March 26, 2004.

President GEORGE W. BUSH,  
*The White House, Pennsylvania Avenue, Washington, DC.*

49 GENERALS AND ADMIRALS CALL FOR  
MISSILE DEFENSE POSTPONEMENT

DEAR MR. PRESIDENT: In December 2002, you ordered the deployment of a ground-based strategic mid-course ballistic missile defense (GMD) capability, now scheduled to become operational before the end of September 2004. You explained that its purpose is to defend our nation against rogue states that may attack us with a single or a limited number of ballistic missiles armed with weapons of mass destruction.

To meet this deployment deadline, the Pentagon has waived the operational testing requirements that are essential to determining whether or not this highly complex system of systems is effective and suitable. The Defense Department's Director of Operational Test and Evaluation stated on March 11, 2004, that operational testing is not in the plan "for the foreseeable future." Moreover, the General Accounting Office pointed out in a recent report that only two of 10 critical technologies of the GMD system components have been verified as workable by adequate developmental testing.

Another important consideration is balancing the high costs of missile defense with funding allocated to other national security programs. Since President Reagan's strategic defense initiative speech in March 1983, a conservative estimate of about \$130 billion, not adjusted upward for inflation, has been spent on missile defense, much of it on GMD. Your Fiscal Year 2005 budget for missile defense is \$10.2 billion, with \$3.7 billion allocated to GMD. Some \$53 billion is programmed for missile defense over the next five years, with much more to follow. Deploying a highly complex weapons system prior to testing it adequately can increase costs significantly.

U.S. technology, already deployed, can pinpoint the source of a ballistic missile launch. It is, therefore, highly unlikely that any state would dare to attack the U.S. or allow a terrorist to do so from its territory with a missile armed with a weapon of mass destruction, thereby risking annihilation from a devastating U.S. retaliatory strike.

As you have said, Mr. President, our high-priority is to prevent terrorists from acquiring and employing weapons of mass destruction. We agree. We therefore recommend, as the militarily responsible course of action, that you postpone operational deployment of the expensive and untested GMD system and transfer the associated funding to accelerated programs to secure the multitude of facilities containing nuclear weapons and materials and to protect our ports and borders against terrorists who may attempt to smuggle weapons of mass destruction into the United States.

Signed:

Admiral William J. Crowe (USN, ret.), General Alfred G. Hansen (USAF, ret.), General Joseph P. Hoar (USMC, ret.).

Lt. General Henry E. Emerson (USA, ret.), Lt. General Robert G. Gard, Jr. (USA, ret.), Vice Admiral Carl T. Hanson (USN, ret.), Lt. General James F. Hollingsworth (USA, ret.), Lt. General Arlen D. Jameson (USAF, ret.), Lt. General Robert E. Kelley (USAF, ret.), Lt. General John A. Kjellstrom (USA, ret.), Lt. General Dennis P. McAuliffe (USA, ret.), Lt. General Charles P. Otstott (USA, ret.), Lt. General Thomas M. Rienzi (USA, ret.), Vice Admiral John J. Shanahan (USN, ret.), Lt. General Dewitt C. Smith, Jr. (USA, ret.),

Lt. General Horace G. Taylor (USA, ret.), Lt. General James M. Thompson (USA, ret.), Lt. General Alexander M. Weyand (USA, ret.).

Major General Robert H. Appleby (AUS, ret.), Major General James G. Boatner (USA, ret.), Major General Jack O. Bradshaw (USA, ret.), Major General Morris J. Brady (USA, ret.), Major General Williams F. Burns (USA, ret.), Rear Admiral William D. Center (USN, ret.), Major General Albert B. Crawford (USA, ret.), Major General Maurice O. Edmonds (USA, ret.), Rear Admiral Robert C. Elliott, (USN, ret.), Major General John C. Faith (USA, ret.), Rear Admiral Robert H. Gormley (USN, ret.), Major General Richard B. Griffiths (USA, ret.), Rear Admiral Charles D. Grojean (USN, ret.), Major General Raymond E. Haddock (USA, ret.), Major General Jack R. Holbein, Jr. (USAF, ret.), Major General Stanley H. Hyman (USA, ret.), Major General Wayne P. Jackson (USA, ret.), Major General Frederick H. Lawson (AUS, ret.), Major General Vincent P. Luchsinger, Jr. (USAF, ret.), Major General James J. LeCleir (AUS, ret.), Major General William F. Willoughby (USAF, ret.).

Brig. General George C. Cannon, Jr. (USAF, ret.), Brig. General John J. Costa (USA, ret.), Brig. General Alvin E. Cowan (USA, ret.), Brig. General Lee Denson (USAF, ret.), Brig. General Evelyn P. Foote (USA, ret.), Brig. General Leslie R. Forney, Jr. (USA, ret.), Brig. General John H. Grubbs (USA, ret.), Brig. General James E. Hastings (USA, ret.), Brig. General John H. Johns (USA, ret.), Brig. General Maurice D. Roush (USA, ret.).

VA HOSPITAL CLOSINGS

HON. NICK J. RAHALL II

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 18, 2004*

Mr. RAHALL. Mr. Speaker, without our veterans, there would be no America. As we remember those who sacrificed their lives for our Nation, let us remember that daily we reap the benefits of the bravery of America's veterans.

However, despite these sacrifices, our veterans continue to fight against this Administration for the benefits that they were initially promised every day. At the same time, we have continuously seen the VA budget slashed, giving fewer and fewer veterans the ability to receive the much needed assistance they were once guaranteed.

At the very least, our veterans, the brave men and women who put the life of their country before their own, should have access to health care facilities that meet their needs. However, we are now seeing critical hospitals closed, and often times they are the only option that our veterans have, especially in rural areas such as my district in Southern West Virginia. The Beckley VAMC in my district was fortunately spared from closing, however, others were not so lucky, and if current trends continue, it will only be time until the real possibility of closing looms near again.

Instead of closing these much needed facilities and cutting benefits once promised to our veterans, we should be modernizing hospitals, expanding benefits currently offered to our service men and women, and continuing to ensure that we show these brave Americans our gratitude for their service every single day. Our Nation needs to move further in a direction that allows us to reward our veterans for

their sacrifices they have made, wherever and whenever they made it.

Our veterans and soldiers today remain foremost in the thoughts and minds of Americans, and along with our devoted attention given to those who wear America's uniform. If we continue to create more and more veterans everyday, especially through recent conflicts in Iraq and Afghanistan, then this government needs to be prepared to follow through on the promise that their government will be there to take care of them. Each life is invaluable; let's ensure that we demonstrate our support and appreciation for what our veterans have done for America.

HONORING COMMAND SERGEANT  
MAJOR DEBRA L. STRICKLAND  
FROM THE U.S. ARMY

HON. LOUISE MCINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 18, 2004*

Ms. SLAUGHTER. Mr. Speaker, I rise today on behalf of myself, Congresswoman Capito and the entire Congressional Caucus for Women's Issues to recognize the 7th Annual Women in the Military Wreath Laying Ceremony hosted by the Caucus at Arlington National Cemetery. The purpose of this event is to honor our nation's servicewomen and female veterans for their courage and achievements, and to remember women who have died in service to the United States.

Today, we have the opportunity to recognize five outstanding female servicewomen, one elected from each branch of the military. These women serve their respective branches with honor, dignity, and courage. These highly decorated leaders chose to defend our freedom and embody the spirit of those that served before them.

From the U.S. Army, we will honor Command Sergeant Major Debra L. Strickland, who first entered the Army in 1973 from Coral Gables, Florida. Command Sergeant Major Strickland has served the Army at a variety of duty stations and capacities. Among other accomplishments, she distinguished herself early in her career by becoming the first female reserve advisor for the Readiness Group in the Fort Sill, Oklahoma, readiness region and assumed responsibilities over a three state area. She also utilized her experience working at the USAREUR Headquarters in Heidelberg, Germany, and in the office of Leadership to effectively manage the USAREUR Sergeant Morales Program. CSM Strickland has also been a strong MACOM proponent for uniform regulation. One of her many achievements includes an assignment at the Pentagon from 1988-1989, where she was one of few enlisted proponent action officers for an army publication, AR 670-1, the Army Uniform Regulation.

CSM Strickland has successfully completed Sergeants Major Academy and the Command Sergeants Major course. She is Drill Sergeant qualified, a member of the USAREUR Sergeant Morales Club, and is completing a degree in management. She is also the recipient of The Legion of Merit, Defense Meritorious Service Medal (First Oak Leaf), Meritorious Service Medal (6th Oak Leaf) and Humanitarian Service Medal.

Command Sergeant Major Debra L. Strickland continues to distinguish herself as an invaluable leader in the U.S. Army, and it is an honor for each member of the Congressional Caucus for Women's Issues to recognize the courage and commitment of CSM Strickland and all women in the military.

**DISAPPOINTED BY DECISION TO  
CLOSE INPATIENT CARE AT VA  
HOSPITAL IN SAGINAW**

**HON. DALE E. KILDEE**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 18, 2004*

Mr. KILDEE. Mr. Speaker, I rise today to express my disappointment in the Secretary of Veteran Affairs decision to eliminate the inpatient care services at the Aleda E. Lutz Veterans Medical Center in Saginaw, Michigan. This decision will have a devastating impact on the quality and accessibility of medical care for over 60,000 veterans in Mid-Michigan.

In Michigan, 130,000 veterans rely on the services and benefits of the Veteran Affairs' health care system. Every one of those veterans, regardless of location, deserves immediate and convenient access to the best medical care services available. Removing the inpatient beds at the Lutz Medical Center will hinder the delivery and accessibility of medical care to veterans in our area.

We can not allow the Bush Administration to turn its back on our veterans and disrupt access to health services that they are entitled to receive. None of our nation's 26 million veterans should ever be denied or stripped of essential medical services. It is unconscionable and unacceptable that our local veterans will be forced to travel more than two hours to the nearest Veteran Medical Center for inpatient care.

I urge my colleagues to fight against the Secretary of Veteran Affairs' decision to realign or eliminate medical care services from VA hospitals across this country. We owe it to our veterans to fight this decision to show our gratitude for their service and sacrifice to our country. We must continue to work together to make sure that America's heroes receive the best medical care available.

**HONORING THE AMERICAN LUNG  
ASSOCIATION CELEBRATING ITS  
100TH ANNIVERSARY**

**HON. ROSA L. DeLAURO**

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 18, 2004*

Ms. DeLAURO. Mr. Speaker, it is with great pleasure that I rise today to extend my sincere congratulations to the American Lung Association on its 100th anniversary. The American people have no better ally in the fight against lung disease, and I am proud to join with the American Lung Association as it commemorates this special occasion.

In 1904, a dedicated group of physicians, nurses and volunteers came together and founded the American Lung Association in order to fight for the eradication of tuberculosis. Over the years, the Lung Association

has expanded its research, education and advocacy program to address chronic lung disease.

Programs like Open Airways For Schools, which is an elementary-school education program that teaches children with asthma how to manage their disease, is just one example of the many ways the American Lung Association has improved the lives of individuals afflicted with lung disease.

The Lung Association has also been a strong advocate for pollution control and environmental health. Air pollution can be particularly harmful to individuals who suffer from lung disease, and the Lung Association's annual State of the Air report is nationally recognized for providing an indepth study of air quality across the country.

The people of the American Lung Association deserve to be recognized for their invaluable public service. I wish them all the best as they celebrate their first 100 years.

**MILLER MOTION TO INSTRUCT  
CONFEREES ON FY04 LABOR-HHS  
BILL, H.R. 2660**

**HON. LYNN C. WOOLSEY**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 18, 2004*

Ms. WOOLSEY. Mr. Speaker, I support the Miller motion to instruct conferees because it ensures that those making as little as \$23,660 a year are able to retain the overtime privileges they currently receive.

Mr. Speaker, I was a human resources professional for ten years in a manufacturing company, and then for ten more years, I had my own company, advising high tech companies on their personnel policies and practices . . . including wage and salary structures. I know a thing or two about work structures.

Under the new overtime rules a "team leader" would be ineligible for overtime. I'm going to tell you what a team leader is: first of all, a team leader is not a professional that has a whole group of professional people working as a team negotiating for some grand project in some community. That team leader is a professional period, not a person paid on an hourly rate or a salaried nonexempt person.

In reality a team leader is a senior employee who has the background and the experience to earn the top of their pay rate. And because they've been around, because they know something, they've been asked to show more junior workers how to do the work, and to give them confidence and to give them guidance.

But they're doing the work right alongside of the worker they are mentoring. Today this person earns the top of their pay grade plus overtime. Under the new rules, without that overtime, that "Team Leader" is probably going to earn less than the person that they're working and guiding. The person the "Team Leader" guides will still qualify for overtime for the same hours worked.

So what are we talking about here? We're talking about people at the top of their pay grade getting less because they happen to have institutional knowledge, even though they are doing the same job. And I just don't see how anybody here in this chamber believes that any new rules that impact workers like these are good for most Americans.

These rules help big business plain and simple, such as the newspaper publishers who were standing up and cheering Secretary Chao when she announced how these rules would allow them to stop paying overtime to journalists. They knew they were going to save money, lots of money.

Well, a rule that works for a handful of business owners and against most of the workers can't be the rule that works for the people of this country.

That's why I urge my colleagues to support the Miller motion to instruct conferees and prevent our hard working Americans from losing the overtime they have come to depend on.

**HONORING THE VISITING NURSE  
ASSOCIATION OF SOMERSET  
HILLS, NEW JERSEY**

**HON. RODNEY P. FRELINGHUYSEN**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 18, 2004*

Mr. FRELINGHUYSEN. Mr. Speaker, I rise today to honor the Visiting Nurse Association of Somerset Hills, Somerset County, New Jersey in my Congressional District. The Visiting Nurse Association of Somerset Hills is celebrating one hundred years of providing excellence in community health care.

Despite its humble beginnings, the Association's history is a proud one. The Visiting Nurse Association began as the vision of Miss Lillian Nichols, a parish nurse connected to St. Bernard's Episcopal Church who attended to the ailing and meager in 1903. In 1904, a group was fashioned and be accountable for her assistance to the people of Somerset Hills consisting of the towns of Basking Ridge, Bernardsville, Chester Borough, Gladstone, and Mendham Borough, to name a few. And so began the Visiting Nurse Association, one of the original 100 groups in the United States. Soon, as more and more of her thankful patients availed themselves of its services, it became clear that the Association was desperately needed in this fast-growing area in Northern New Jersey.

The founding committee was incorporated in 1906 as the Visiting Nurse Association and transferred into a habitat built by the friends of the Association on Olcott Avenue in Bernardsville. In 1910 the VNA started educational programs on sanitation and preventative health procedures that carry on in the present day. In 1933 the Great Depression forced the VNA to increase its efforts at social work. They provided milk, cod liver oil and coal to reduce poverty and malnutrition, and 708 patients visited that year, an increase of six-fold in one year!

By 1937 the new VNA Constitution and bylaws increased the number of Board of Trustees members to 40. In 1970 the 'Year of Vaccination for the VNA' nurses attempted to eliminate Rubella, or German measles, through the vaccination of 4,435 children. Soon after, diabetes screening by the VNA started. And in 1984, the treatment of the incurably sick at home, was started by the VNA and their Hospice Program flourished. Five years later, the Somerset Hills Adult Day Care Center opened, a VNA affiliate that offers a social day care program to the elderly and disabled.