

There are some VA medical clinics on many of the islands that I represent. Of the seven inhabited islands, four have VA clinics; three do not. The islands of Molokai, Lanai and Niihau do not, and these are the particular problems that this bill seeks to address.

But it is not limited only to those islands. For the islands that do have VA clinics do not have the large specialized hospitals. There is only one of them on the island of Oahu. So for six out of the seven islands, the veterans that live on those islands have a particular difficulty in getting to treatment when they need it, and with airfares rising rapidly, with a round trip now well over \$200 in some cases, we can see that the problem is quite evident.

Let me give my colleagues just a real life example, one proud veteran who I have gotten to know over the last couple of years, a gentleman by the name of Patrick Esclito, of the island of Lanai. Pat asked for my office's help last year. He had rheumatoid arthritis and had also suffered a massive heart attack in 2002. His condition required him to drive from Lanai, one of the smallest, most isolated areas, to Oahu where he was able to be cared for. Every time he went there he had to pay almost \$300 in airfare and his wife as well because they did not want him to travel alone.

As my colleagues can understand, he needed assistance in getting the basic health care that was promised to him by our country, and we were successful, in part, by accommodating the possibility that he would be treated instead on the island of Maui, which still requires a boat ride at least, not quite as expensive, but he still has to get there, and I doubt that Pat's case is unique. It is certainly not unique in the remainder of the 2nd District of Hawaii.

I surveyed all of the veterans in my district currently retaining or receiving benefits in the last couple of months and asked them what is on your mind the most. Every single one of them said health care, access to health care. That is what it is all about, and I am sure that this is the case in most of the rural and more isolated areas of our country.

We are going to have a great debate this Congress, as we did last Congress, over the overall adequacy of our treatment of our veterans, over the overall adequacy, both this year and in the next 5 years at least, in terms of the budget, in terms of the projections on many aspects of veterans' care, primarily health care.

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And that debate is a debate that we should have. Because, again, it is one thing to express a principle and it is another thing to practice that principle. But as we go through this debate, I am happy to say that on the floor of the House tonight at least we have bipartisan agreement that one area that we have to focus on, and that we are fo-

cusing on in this bill, is our rural veterans, recognizing the unique problems that they have in access to basic health care.

Mr. Speaker, I rise today to join 52 of my colleagues in support of this vital bill, a bill that will help keep our Nation's promise to its veterans who live in our more isolated, rural areas.

We are all well aware of the commitment we all, as a great country, have made to our veterans. However, the truth is that our ability to deliver on this commitment varies throughout the United States. Most particularly, in rural areas of the country, our veterans simply do not have reasonable access to veterans' clinics.

The veterans of Hawaii's Second District have this very challenge, but with a unique complication. This is because my district is not contiguous, but composed of seven inhabited islands in the middle of the Pacific Ocean.

There are VA medical facilities on only four of those islands, and it is not possible for those veterans who live on the remaining islands of Molokai, Lanai, or Niihau to drive to a clinic. The same is true of those living on the remaining islands with clinics; they must travel to Honolulu for more advanced treatment.

Currently, the VA will reimburse all veterans for travel to service-related injuries, but it will not reimburse travel for those veterans with less than 30 percent disability rating for non-service-related injuries. This would be the case, for example, of a veteran who has a bad back, a service-related injury, who then has to have dental work.

Let me give you a real-life example of one proud veteran, Patrick Esclito, who lives on the Island of Lanai. Pat requested my help last year; he was afflicted with rheumatoid arthritis and had also suffered a massive heart attack in 2002. His condition required him to travel to the Island of Oahu for treatment at a cost close to \$300 per roundtrip. His wife traveled with him—another almost \$300—because they were both concerned with his traveling alone. My office assisted him in receiving approval for treatment instead on the Island of Maui. However, he still must pay for travel by boat from Lanai to Maui because his ailments are not service-related.

Pat's case is not unique. There are 120,000 veterans living in the State of Hawaii, and many live in areas with no easy or even adequate access to the VA health clinics to which they are entitled. Throughout my Second District, with the cost of air travel skyrocketing, it costs \$200 or more for a round trip plane ticket between Hawaii's islands.

This is why, when, last year, I surveyed all veterans in my district who are currently receiving VA benefits, and asked them what was and was not working, their number one issue by far was access to health care. I am sure that this is the case in most rural areas of our country.

This bill will allow all veterans to receive adequate access to health care, regardless of where they live in this great country. Nonetheless, the President's 2005 Veterans' Affairs budget provides \$29.8 billion for appropriated veterans programs, \$257 million below the amount that the Congressional Budget Office estimates is needed to maintain purchasing power at the 2004 level. The picture is even worse after 2005. Taking into account inflation,

but not caseload increases, the administration's figures reveal that over the next 5 years, the budget for appropriated programs for veterans is \$13.5 billion below the amount needed to maintain programs and services at the 2004 level. Even the Secretary of Veterans' Affairs has admitted that the funding levels for 2006 through 2009 in the President's budget may not be realistic. I have no doubt that it will be the rural veterans who will be affected the most.

Contrary to what some critics claim, H.R. 2379 will not harm the Veterans' Affairs (VA) healthcare system. Instead, this bill will enhance access to healthcare for veterans who have earned it, but are having to pay to travel to that care. Furthermore, by contracting locally for health care for enrolled veterans, the rural communities that provide these services will benefit economically. H.R. 2379 is a necessary bill to truly fulfill this country's obligation to all veterans.

Mr. Speaker, as the President has repeatedly declared: "We are currently a country at war." Hundreds upon thousands of this Nation's finest men and women are abroad in support of the Global War on Terrorism. Some 4,500 soldiers from the 25th Light Infantry Division from Schofield Barracks in Hawaii have deployed to Iraq; another 5,400 soldiers from the 25th will soon be deployed to Afghanistan. Reservists and Guard members from my State, many from my Second District, are also serving on Active Duty.

What kind of message does our country's failure to provide access to healthcare for rural veterans send to the thousands of American men and women in uniform currently risking their lives overseas? Our veterans and our future veterans serving overseas deserve better. If we value all our veterans, we need to give them the respect they deserve by properly funding full and adequate access to healthcare for each and every one.

RURAL VETERANS HEALTH CARE

The SPEAKER pro tempore (Mr. BURGESS). Under a previous order of the House, the gentleman from Nebraska (Mr. BEREUTER) is recognized for 5 minutes.

Mr. BEREUTER. Mr. Speaker, this Member rises today to join the distinguished gentleman from Nebraska (Mr. OSBORNE) in his Special Order to highlight the health care challenges that rural veterans face when attempting to access care through the Department of Veterans Affairs.

For many years, this Member has been far from satisfied with various actions of the U.S. Department of Veterans Affairs, such as, one, the use of the health care allocation formula instituted by the Clinton administration and continuing to this day, which in effect penalizes veterans in sparsely settled States like Nebraska; number two, the reorganization of the Nebraska-Iowa region into a larger region headquartered in the Twin Cities of Minnesota; three, the end of inpatient hospitalization in the Lincoln and Grand Island, VA hospitals; and, four, the current procedural difficulties for veterans to have prescriptions filled.

In total, these faulty decisions have amounted to discrimination against

veterans in rural areas. First, due to the closure and consolidation of veterans health care facilities in Nebraska, veterans in rural areas frequently travel several hours simply to receive the basic services for which they are entitled and are eligible. As a result of this travel, they must incur transportation costs such as overnight accommodations which other veterans are not expected to incur for the same services. Furthermore, requiring elderly and frequently sick or incapacitated veterans to travel on Interstate 80 or other very busy roads and highways is not only unfair to them, but also places them and other citizens at risk.

The severity of this problem was brought to this Member's attention by a January 2002 Lincoln Journal Star article featuring one Nebraska veteran who served in the Navy during World War II. Three years after he was diagnosed with several diseases, his wife of 49 years could no longer care for her husband. She said that putting her husband in a nursing home was the hardest thing she had ever had to do in her entire life. Medicare and a private insurance supplement cover doctors' expenses, and the couple uses their retirement savings to pay for the \$4,000 monthly nursing home cost.

However, additional expenses include \$1,000 a month to cover the cost of seven prescription drugs that this veteran must take to stay alive. Although he qualifies for a prescription drug benefit through the VA, in order to obtain this benefit, the drugs must be prescribed by a VA doctor at VA-approved facilities. As a result, this veteran must travel 50 miles every 6 months in order to have prescriptions reauthorized.

Now, because that veteran is 74 years old, confined to a wheelchair, suffers serious blood clots which prohibit him from traveling, this 50-mile trip often proves to be impossible.

With the struggles of this veteran and many others in mind, this Member expresses his strongest support for H.R. 2379, the Rural Veterans Access to Health Care Act for 2003. Indeed, this Member is a proud cosponsor of this measure, which was introduced by my colleague, the distinguished gentleman from Nebraska (Mr. OSBORNE). He is to be commended for crafting this legislation, which addresses a critical problem about which our constituents in Nebraska are increasingly expressing their concerns.

Through H.R. 2379, no less than 5 percent of the total appropriated funds for health care would be dedicated to address veterans health care access problems in highly rural or geographically remote areas. As amended by this bill, highly rural or geographically remote would apply to areas in which the veterans have to drive at least 60 minutes or more to a VA health care facility. Each Veterans Integrated Service Network, that is called VISN, director would receive an equal level of funding from this account and then have the

discretion to address rural access issues as best fit each VISN. If a VISN would be unable to use all of these funds from this account, the VISN would not be allowed to retain unused funds. Instead, the Secretary of Veterans Affairs would then have the opportunity to reallocate those funds to other VISNs closely nearby or anywhere that is rural and geographically remote.

All Members of Congress should agree that the VA must provide adequate services and facilities for veterans all across the country regardless of where they live, in sparsely settled areas with resultant low-usage numbers for VA hospitals. There must be at least a basic level of acceptable national infrastructure of facilities, medical personnel and services for meeting the very real medical needs faced by our veterans wherever they live. There must be a threshold funding level for VA medical services in each State and region before any per capital funding level is applied.

Furthermore, I support H.R. 3777, the Healthy Vets Act of 2004. This Member is also a cosponsor of this legislation, introduced by our colleague, the distinguished gentleman from Colorado (Mr. MCINNIS).

This measure would allow those veterans in rural areas which are geographically inaccessible to the nearest VA medical facility to enter into contracts with community health care providers on a fee basis to receive primary health care in their own communities. This authority would allow rural veterans to receive preventive regular medical attention without being forced to travel what is too often a prohibitive distance to seek such care.

In spite of the fact that each Congress sets a new record on the amount of appropriation for veterans health care, there have been cutbacks in the access veterans in rural areas have to adequate health care, while there have been advances in other geographic areas. The health care needs of our military veterans must be met to the fullest extent possible. Veterans served in our armed services to protect our freedom and our way of life. As they served our Nation at a time of need, the Federal Government must remember them in their time of need. The debt of gratitude the people the U.S. owe to our veterans surely means we should assist the veterans wherever that need exists.

Finally, Mr. Speaker, this Member remains committed, I would say, to ensuring that Nebraska veterans receive the benefits they deserve, benefits they had expected and which the American people said they want to deliver. I urge support of H.R. 2379 and H.R. 3777.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. PETERSON) is recognized for 5 minutes.

(Mr. PETERSON of Pennsylvania addressed the House. His remarks will ap-

pear hereafter in the Extensions of Remarks.)

JOBS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, the President flew Air Force 1 to Cleveland today to campaign in my home State of Ohio, talking with 700 or 800 female small business owners. While the President came and talked about small business and job creation and all that he wants to do in a State which has suffered the worst or second worse job loss in the country, the President, at the same time, and this Congress today, this House today considered this legislation, is slashing \$94 million from a loan program essential to small business development. He has shrunk the size of the Small Business Administration.

This President basically treats small business one way, with very little assistance, and large businesses, like the Halliburton Corporation, which still pays Vice President CHENEY \$3,000 a month from their payroll, the Halliburton Corporation, very differently.

The President really does not get it when he comes to a State like Ohio, a State where we have lost 166,000 manufacturing jobs since he took office, 300,000 jobs overall since he took office; one out of six manufacturing jobs in the State of Ohio has simply disappeared in the last 3 years. The President's solution to all of this is continued tax cuts for the most privileged people, with the hope that some of that money will trickle down and create jobs.

The other solution the President has is more trade agreements, NAFTA-like trade agreements, that ship jobs overseas; that hemorrhage jobs to Mexico, to China, and all over the world. He continues, as he campaigned in Cleveland today to those small business owners, he continued to say more tax cuts for the most privileged and more trade agreements. And, clearly, for 3 years that has not worked. One-sixth of our manufacturing base is gone in Ohio and about one seventh of the manufacturing base around the country.

That was really brought home to me last week. I was in Akron, Ohio, speaking to a group of owners of machine shops, about 60 people. And a gentleman came forward and he dropped a stack of brochures, leaflets like this. He dropped about four times this many, and he said this is what I get in about a month in the mail from companies around the country. And these stacks of brochures, these stacks of leaflets are auction notices for companies going out of business. Every one of these represents a company that is going out of business or is downsizing as a result of the Bush recession.

Here is one plant. Closed, everything sells. Here is another one from Mansfield, Ohio. Two complete stamping