

O'Connor, suggested that the use of this power in a reverse Robin Hood fashion—take from the poor, give to the rich—would become the norm, not the exception: "Any property may now be taken for the benefit of another private party, but the fallout from this decision will not be random. The beneficiaries are likely to be those citizens with disproportionate influence and power in the political process, including large corporations and development firms." A separate dissent was written by Justice Clarence Thomas, while Justice Anthony M. Kennedy wrote a separate concurrence with the majority's ruling.

The court's decision in this case has attracted considerable comment and criticism. For example, the Rocky Mountain News said "The 5-to-4 decision expands the already expansive definition of 'public use' to mean anything that might conceivably benefit the public through economic development. As Justice Sandra Day O'Connor said in her stinging dissent, the effect is to 'wash out any distinction between private and public use of property.' Other editorials and opinion columns were even harsher.

I am not a lawyer, and certainly no expert on this aspect of Constitutional law. But I find Justice O'Connor's analysis of the likely fallout of the decision persuasive and I share the concerns of many of those who have been critical of the decision, especially those related to the possible abuse of the power of eminent domain in situations such as the one involved in this case.

That is why I am voting for this resolution. I do not fully agree with every word of it—especially the statement that the majority's decision in the "Kelo" case "renders the public use provision in . . . the fifth amendment without meaning."

But I definitely agree that, as the resolution states, "State and local governments should only execute the power of eminent domain for those purposes that serve the public good . . . must justly compensate those individuals whose property is assumed through eminent domain . . . [and] any execution of eminent domain by State and local government that does not comply [with the conditions stated] constitutes an abuse of government power and an usurpation of the individual property rights as defined in the fifth amendment."

I also am in sympathy with the parts of the resolution that state that "eminent domain should never be used to advantage one private party over another," and that state and local governments should not "construe the holdings" in the Kelo case "as a justification to abuse the power of eminent domain."

And I certainly agree that "Congress maintains the prerogative and reserve the right to address through legislation any abuses of eminent domain by State and local government."

However, of course Congress can only take such action in ways that are themselves consistent with the Constitution, and in any event I think we should be reluctant to take actions to curb what some—perhaps even a temporary majority—in Congress might consider improper actions by a State or local government.

The States, through their legislatures or in some cases by direct popular vote, can put limits on the use of eminent domain by their agencies or governments. I think this would be the best way to address potential abuses, and I think we in Congress should consider taking

action to impose our ideas of proper limits only as a last resort.

Mr. TIAHRT. Mr. Speaker, the U.S. Supreme Court this week effectively changed our Constitution by removing the protection of a fundamental right of a free people—the right to private possession of land and property. Our Founding Fathers knew how vital private land ownership is to a democratic society. Article V of the U.S. Constitution states, "nor shall private property be taken for public use without just compensation." For centuries Americans have relied upon this article for protection against abusive land transfers from one person to another.

Yet last week, five Supreme Court justices ruled that private property can be taken by a government and then transferred to another private owner if such a taking will supposedly result in greater economic benefit to the community.

With a weak majority ruling, a massive blow has been dealt to Americans' basic right to own and manage private property, without fear of the government taking that property. History reminds us that nations that disregard the rights associated with private property ownership disregard other fundamental rights of the citizenry. In fact, our own Supreme Court at its inception in 1789 called eminent domain a "despotic power."

We have recognized there are times when governments need to purchase private land to build a road or construct a school for use by the general public, sometimes against a land-owner's wishes. Our Founders believed that only under these extreme reasons should land be taken from a private property owner for the greater public good. However, the idea that a government would use this eminent domain power to take land from one private owner and transfer it to another private owner for economic reasons smells of Robin Hood gone corrupt.

Local governments and States will now be able to use this case to seize any land believed to make a higher profit if it were owned by a more entrepreneurial owner. Houses of worship, charitable organizations and other non-profits are extremely vulnerable to land grabs by greedy governments seeking more tax revenue.

Even the icon of the American spirit, the family farm, could effectively be forced to sell to another private owner who has grand plans for an economic development project. Farmers and ranchers whose families have worked the land for generations could have to unwillingly forfeit their heritage so a shopping mall can be constructed.

A mom-and-pop business could be forced to sell its property to a corporate competitor, or simply an entrepreneur who wants the land for other revenue-generating purposes. First-time home owners in poorer neighborhoods could easily be targeted for development projects against the will of the community. These are not over-hyped scenarios. The very case the Supreme Court ruled on this week forcefully removes longtime Connecticut homeowners out of their homes so a developer can build a hotel and office buildings.

This distorted "public use" definition is nothing short of public abuse. Under the Supreme Court's new definition, everyone's property is suddenly for sale, and the auctioneer is any government that wants more tax revenue.

If we do nothing and the Court's ruling goes unchallenged, the public good submits to the

whim of the wealthy abetted by government's insatiable appetite for more money.

I urge my colleagues to join me today in supporting Mr. GINGREY's resolution that appropriately expresses outrage at this misguided decision by the Nation's highest court.

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

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from Wisconsin (Mr. SENENBRENNER) that the House suspend the rules and agree to the resolution, H. Res. 340.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SENENBRENNER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered. The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

MAKING SUPPLEMENTAL APPROPRIATIONS FOR VETERANS MEDICAL SERVICES

Mr. WALSH. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3130) making supplemental appropriations for fiscal year 2005 for veterans medical services.

The Clerk read as follows:

H.R. 3130

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for fiscal year 2005:

DEPARTMENT OF VETERANS AFFAIRS

VETERANS HEALTH ADMINISTRATION

MEDICAL SERVICES

For an additional amount for "Medical Services", \$975,000,000, to remain available until September 30, 2006.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. WALSH) and the gentleman from Texas (Mr. EDWARDS) each will control 20 minutes.

The Chair recognizes the gentleman from New York (Mr. WALSH).

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

Mr. Speaker, this evening I bring to the floor a bill to provide urgently needed funding for the Department of Veterans Affairs. During the last week, it has become known to most of us that the Department is in dire straits with regard to funding for medical services. It has been pointed out to us in hearings that funding originally allocated for capital expenditures is being diverted to pay for medical services, and reserves which were intended to cover future requirements were instead needed this year.

Based upon information provided by the Secretary of Veterans Affairs in a hearing today before the Committee on

Veterans' Affairs, as well as information provided on Tuesday when he appeared before the Committee on Appropriations, I am asking the House to pass this supplemental appropriations bill today in the amount of \$975 million. This amount is within the 302(a) allocation for 2005 available to the committee and therefore does not need to be offset.

In the coming weeks, the committee will work with the Department to determine the implications for fiscal year 2006 of their recent changes in workload and utilization. This will allow us to use the most accurate information available to ensure that sufficient funding is also provided when we complete the 2006 bill later this year.

To make it clear, this funding we are talking about tonight in this supplemental is just for 2005. I expect full cooperation and disclosure by the Department as we develop the final number for fiscal year 2006. I do not expect, nor will I accept, partial or vague information or misinformation. This process can only work well if we all work together. That is what I expect of everyone involved in solving this problem.

For today, the bill I bring to the floor provides the necessary resources to ensure that all veterans receive the medical care promised. This funding will also allow the Department to restore funding to its capital accounts to ensure that maintenance and repairs are completed and necessary equipment procured so that future care will not be placed in jeopardy nor held in abeyance.

I regret that the Congress and the committee was not informed of the very real problems at the Department earlier in the process. Having said that, I look forward to working together with my friend and colleague, the ranking member, the gentleman from Texas (Mr. EDWARDS); the Department of Veterans Affairs; the Office of Management and Budget; and the Members of the other body to be sure that we do not run into this situation again.

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

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

Mr. Speaker, I will vote for this emergency funding bill for veterans health care for two reasons: first, the VA desperately needs the \$975 million right now to address a very serious shortfall in VA health care funding, a shortfall that I wish had never occurred; second, unfortunately, the House Republican leadership decided earlier this evening that the House, Republicans and Democrats alike, would not even be allowed to vote on the \$1.5 billion emergency funding bill for VA health care that the Senate has already passed on a unanimous basis 96 to zero earlier this week.

For the record, I want to say that I believe the \$975 million probably will not cover all of the hole that has been dug for veterans health care for this year. I hope I am wrong; but I was not

wrong earlier this year, and I was not wrong last year when I said that the present VA budget would provide cuts in real health care services to veterans during a time of war.

Also I want to say for the record that I appreciate very much the leadership of the gentleman from New York (Mr. WALSH), whose commitment to America's veterans is genuine, deep, and consistent. Had he not called hearings this week and brought the VA leadership before the House in his Subcommittee on Military Quality of Life and Veterans Affairs, and Related Agencies of the Committee on Appropriations, I do not think we would be here on this floor tonight debating additional emergency money for VA health care spending.

I want to commend my friend and colleague, the gentleman from Indiana (Mr. BUYER), who worked very hard to bring to light this immediate crisis that we are facing. His leadership on the House Committee on Veterans' Affairs was instrumental in us being here today.

Having said that, I believe the American people and America's veterans, Mr. Speaker, have a right to know how we got into this \$1 billion hole for veterans health care during a time of war, and, most importantly, need to help us understand how not to get into this hole again.

This issue did not just come up. This problem did not just pop up overnight or this week or last week. For 2 years, respected national veterans organizations have been pleading with the administration and Congress to provide adequate funding for the VA health care system. Unfortunately, their pleas were often ignored by the Republican leadership in the House.

As far back as February of 2004, the Republican chairman of the House Committee on Veterans' Affairs, then the gentleman from New Jersey (Mr. SMITH), signed a bipartisan letter saying that unless we funded \$2.5 billion more than the administration budget request for VA health care, real services for real veterans would have to be cut this year during a time of war. Did the House leadership salute the gentleman from New Jersey (Mr. SMITH) for standing up for veterans? No. In fact, they fired him. They did not just take away his chairmanship of the VA committee; they took him off the committee itself.

What was the crime of the gentleman from New Jersey (Mr. SMITH)? He refused to support an inadequate budget resolution for VA health care for 2005 which the Republican leadership had endorsed. He put his loyalty to America's veterans above blind partisan loyalty to the House leadership, and he was right to do so.

While America's veterans were honoring the gentleman from New Jersey (Mr. SMITH), the House Republican leadership was punishing him.

In the spring of 2004, House Republicans passed a fiscal year 2005 budget

on a partisan basis, a budget that veterans groups, Democrats, and the gentleman from New Jersey (Mr. SMITH) had said would require more than \$1 billion in cuts to veterans health care services this year. The insight of time has proven that Democrats, veterans groups, including the DAV, American Legion and VFW, were right. The House Republican leadership was wrong: wrong on veterans health care budget resolutions and wrong to put partisanship above loyalty to veterans and veterans health care.

Repeatedly over the past 2 years, House Democrats, myself included, have asked the Republican leadership to join on a bipartisan basis to stop real cuts in veterans health care services during a time of war. Over a year ago, we tried genuinely to increase the veterans health care budget for 2005. The leadership said no.

This year, veterans groups and Democrats pleaded with the Republican leadership to provide more adequate funding for veterans health care. On the 2006 budget resolution, they said no.

Then in May of this year, Democrats and veterans groups pleaded with the Republican leadership one more time to add additional VA health care spending to the Iraqi war supplemental appropriations bill. Once again, the leadership said no.

That was not the last time they said no. The gentleman from Wisconsin (Mr. OBEY) tried to add an amendment in the Committee on Appropriations increasing funding for VA health care so we would not get into this hole, cutting services for veterans during a time of war. Again, the answer was no.

That is not even the worst of it. The House leadership on a partisan basis pressured Republican colleagues of mine this year to vote for a House budget resolution, and, listen to this, vote for a House budget resolution that would cut present services for veterans by \$14 billion over the next 5 years.

□ 2230

Let me repeat that in case anybody did not hear it or believe it, because it is a fact: the House leadership passed a budget resolution in this very room earlier this year that would require a \$14 billion cut in present health care services to veterans. And, by the way, that includes over 100,000 veterans of the Iraqi and Afghanistan wars who have needed VA health care. I must wonder which Members of the House leadership will include in their Fourth of July speeches the fact that they pushed through this House a budget resolution this year to cut veterans' health care services by \$14 billion over the next 5 years. I hope to join with my colleagues on a bipartisan basis in the years ahead to undo what would be a terribly harmful cut to our veterans and send a destructive message to our active duty servicemen and women serving in Iraq and Afghanistan.

Having said all of that, we come today to face a shortfall that the gentleman from New Jersey (Mr. SMITH),

the Republican chairman of the House Committee on Veterans Affairs predicted a year ago, and the VA, American Legion, VFW, and Democrats predicted a year ago. I wish we were voting for a \$1.5 billion increase in emergency funding. I think our veterans deserve it. Certainly, the Senate, on a unanimous vote, 96 to 0, endorsed that level of funding.

But, thanks to the goodwill and the genuine leadership of people such as my colleague and friend, the gentleman from New York (Mr. WALSH), we have a chance to take a step forward today, an important step forward, in funding, more adequately funding veterans' health care, and for that I am grateful. I hope we can work together, as the gentleman mentioned a few minutes ago, on a bipartisan basis to see that we never, ever again dig this kind of a hole for veterans' health care in time of war or peace, but certainly we should never do it in time of war.

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

Mr. WALSH. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from Florida (Ms. GINNY BROWN-WAITE).

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I certainly thank the chairman for yielding me this time.

I rise today in very strong support of the Veterans' Health Care Supplemental Appropriations Act. We are here tonight because the VA needs \$975 million for the remaining 3 months of fiscal year 2005. Earlier today, Secretary Nicholson made it clear that the shortfall resulted from faulty, outdated and, quite honestly, unrealistic forecasting models.

I represent the highest number of veterans of any Member of this body. I have very often taken on my own party to fight for increased veterans' funding. And do you know what? They responded. We have consistently provided more than what the VA has requested over the 3 brief years that I have been here. This side of the aisle has recognized the problem, and we are acting swiftly to resolve it by passing the supplemental today. I commend the Republican leadership for their speedy response to a real need.

Mr. Speaker, I urge the other side of the aisle to stop the petty bickering and mud-slinging and ask everyone to support this very important bill. Republicans have increased veterans' funding over 43 percent since 2001. We will continue to fight to meet the needs of veterans' health care and other veterans' needs, because we provide solutions and action, not useless fingerpointing.

Mr. Speaker, earlier today, another Member from Florida engaged in some political diatribe in committee and said she could not understand why veterans vote for Republicans. Clearly, they vote for Republicans because we are very quick to respond to a need and that we produce solutions, not just useless rhetoric.

Mr. EDWARDS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Illinois (Mr. EVANS), the ranking member of the Committee on Veterans' Affairs.

Mr. EVANS. Mr. Speaker, I support this measure, but I believe that it does not go far enough. Already, the VA has acknowledged a \$2.7 billion problem next fiscal year.

Health care for veterans today is being affected by budgetary shortfalls. Although the VA insists that \$975 million is sufficient, there also argued as recently as just only 2 days ago that any additional funding was unnecessary.

I do not know what we tell the homeless people in this country who would get no assistance if the committee bill would be dropped. We want to know how much money we could have saved by closing down State nursing homes and all the other innovative programs that the VA has been in favor of. If we cannot run a first-class hospital system, then shame on us for not fighting for the defending people of our Nation as much as we fight for other wars for people from foreign lands.

I thank my colleagues and urge quick passage supplemental funding.

Mr. WALSH. Mr. Speaker, I yield 3 minutes to the gentleman from South Carolina (Mr. BROWN), a member of the Committee on Veterans' Affairs.

Mr. BROWN of South Carolina. Mr. Speaker, I thank the gentleman from New York for yielding me this time.

No one wants to be told that the Department needs nearly \$1 billion more than anticipated, but the Secretary of Veterans Affairs has frankly come forward and acknowledged that their budget model has been simply overpowered by a host of factors, including an unexpected surge in demand this year.

The numbers that we discuss is important, because they have a real impact in all of our districts and for our constituents who have served this great Nation. The consequences of chronologically underestimating the funding requirements, in my mind, are simply unacceptable.

As chairman of the Subcommittee on Health of the Committee on Veterans Affairs, my job now and our collective job tonight is to fix this problem. I want to commend my chairman, my good friend from Indiana (Mr. BUYER) for his leadership and having the courage to dig deep into this issue and address this in a head-on way. I also want to commend the gentleman from New York (Mr. WALSH) for his efforts in moving quickly to get this measure to the floor tonight. Together, with our Senate colleagues, I hope we can move forward in a bipartisan manner to get these much-needed funds into the hands of those who provide the quality care to our veterans every day across this great Nation.

I think it is critical that we continue the dialogue with the VA that we have started so that we can ensure that the

health care needs of our veterans continue to be met in a reliable and timely fashion. Equally important, I want to continue to work with the Secretary and the administration to refine the budget process for coming years, making sure that we avoid similar shortfalls in the future.

As the chairman of the Subcommittee on Health, I want to assure all of the veterans that are out there tonight that we are going to be absolutely sure that their health care needs are met in a timely manner.

With that in mind, Mr. Speaker, I would urge my colleagues here in the House to support this resolution.

Mr. EDWARDS. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. REYES), a member of the Committee on Veterans' Affairs.

Mr. REYES. Mr. Speaker, I rise in support of H.R. 3130, the day-late-and-dollar-short legislation.

Where were we last year when Secretary Principi said that he was underfunded by \$1.3 billion? Where were we in March when I sat here in this very same seat and asked to fund \$1.3 billion out of the supplemental fund? Earlier tonight, we could have funded our veterans at the same level as the Senate did last night, at \$1.5 billion, but no, we could not do it the right way, we could not do the right thing.

So tonight as an American, I am angry; as a veteran, I am outraged; and as a Member of Congress, I am ashamed. Angry, outraged, and ashamed that our only option is a supplemental of \$975 million when we need \$1.5 billion. I am angry because in this House, if you need an emergency supplemental, no problem. If you need another one, no problem. Need yet another emergency supplemental? Again, no problem. But do not even think about an emergency amendment of \$1.3 billion for veterans' health care. No, all \$300 billion has been spoken for, and no veteran need apply.

Mr. Speaker, I am outraged as a veteran because, like emergency supplementals, if you need a tax cut, no problem. Need another one? No problem. Want a third? No problem again. What a deal. The richest 1 percent in this country get a gold mine; our veterans get the shaft.

As a Member of Congress, Mr. Speaker, I am ashamed and frustrated. Why? Because we have consistently failed to stand up for our veterans and have failed to stand up to an administration that continues to mislead and deceive, an administration that adopted Pinocchio as their mascot and has trampled on the rights and the needs of our veterans. Just once, I wish we would do the right thing for our veterans: fund them at \$1.5 billion.

I do support this legislation, a day late and a dollar short.

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

I just am thunderstruck by the rhetoric that I just heard. Stomping and trampling on the rights of our veterans? That is really beneath the dignity of this institution. Everyone I

know, and I know most Members in this body, has the greatest respect for our veterans, the greatest respect. The gentleman asked the rhetorical question, I believe it was a rhetorical question, where were we last year when Secretary Principi asked for an additional \$1.3 billion? Mr. Speaker, we were there. When we completed our budget, our appropriation for 2005, we put an additional \$1.3 billion in, based on that request.

So let us try to dampen the rhetoric and stick to the facts.

Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. GILCHREST), one of our Nation's veterans.

Mr. GILCHREST. Mr. Speaker, I thank the chairman of the subcommittee for yielding me this time, and I thank him for bringing this supplemental to the floor this evening. I am also encouraged that I am sure all of my colleagues will vote for this today.

I want to make sure that another voice is heard. I am a veteran, as there are many veterans on this floor. I have been in Navy hospitals, I have been in veterans' hospitals, and I have gone through the veterans' health care system.

I also want to say that in the last 10 years, in my district, there have been three health care clinics for veterans built just in those 10 years that provide excellent care. We have a veterans' hospital for the psychiatric problems that veterans often experience that go from Alzheimer's to posttraumatic stress syndrome from Vietnam and other conflicts, to people with schizophrenia. Nothing is perfect. There are no utopias on the planet. We need to provide this supplement until the end of this fiscal year, and make sure we do not make the same mistake in the next fiscal year. But we have done a great deal, and we will continue to work hard for the veterans of this country, and we have.

Mr. EDWARDS. Mr. Speaker, I yield 2½ minutes to the gentleman from Maine (Mr. MICHAUD), a member of the House Committee on Veterans' Affairs.

Mr. MICHAUD. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, I strongly support addressing the funding crisis that is hurting veterans, so I will vote for this measure this evening, but I am deeply disappointed that we are not providing the VA with an additional \$1.5 billion. Because this amount is less than the \$1.5 billion offered by the Senate, veterans will be in limbo, forced to wait for the care that they have earned. I will vote "yes" because I want veterans to get a measure of relief as soon as possible, but we can do better in this House, and we all know it.

Mr. Speaker, we should not even be here. We would not be here if the VA, the administration, and the leadership had listened to the veterans groups and the members of the Committee on Vet-

erans Affairs who warned about this problem in recent years. Let us make no mistake: this shortfall is definitely hurting our veterans.

At Togus VA Medical Center, they ran out of money for medical care, so they had to divert their maintenance fund. Now, when their own brick building is crumbling, they cannot fix the problem. Instead, workers had to put up scaffolding to keep bricks from falling on the heads of sick veterans and their medical staff. This is a disgrace. This is what this shortfall is doing for our veterans.

We also know that even the funding that will be approved this evening still leaves a major gap. For example, I am concerned that this supplemental may not address the shortfall funding for mental health services. Today, I asked Secretary Nicholson whether the \$975 million would cover the gap in service for mental health care, including substance abuse.

□ 2245

He would not give me a clear yes or no answer. So we are left wondering again if this supplemental will solve the full shortfall in veterans health care. I am also concerned that the supplemental offered does not deal with the half a million veterans who are barred from seeking care from the VA. Since January of 2003, this administration has instituted a policy of banning a group of veterans referred to as Priority 8 veterans from enrolling in health care. This is wrong.

So in closing, I will vote to support this measure because it is the first step in correcting the outrageous problem, but it should never have been in the first place.

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

I would just like to respond to a couple of the points made by the gentleman who just spoke. The first is that we have provided in the 2005 bill \$2.11 billion for mental health for our veterans. That is a very substantial amount of money. And in the 2006 budget, we have proposed \$2.2 billion, and we fenced it so that that money cannot be used for any other purpose. That has never been done before in a veterans appropriations bill. And I am very proud that our subcommittee took that action, and it was a bipartisan action.

The second point is that we have before us a straightforward stand-alone supplemental bill that provides just under \$1 billion for the Veterans Administration health administration for this year, for 2005, only for 2005. And so it is very simple. If we pass it, and send it to the Senate they can act on it tonight or tomorrow as a stand-alone bill, identical bill, and the President could sign it tomorrow before the Fourth of July, and that is what I hope happens because I believe we will get broad support. I cannot imagine anyone voting against this bill.

But the Senate bill, and the Senate has not passed a bill that includes this

funding. They have not. Out of committee they have passed an interior appropriations bill for the 2006 fiscal year that has a \$1.5 billion attachment to it for veterans affairs. That bill is a 2006 bill. It will not even take effect in law until 2006, which will not help the 2005 budget at all. This is the vehicle to use. And I am very hopeful that once we pass it and send it to the Senate with a strong unanimous or bipartisan voice from the House that it will become law.

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

Mr. EDWARDS. Mr. Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. HOOLEY), also a member of the House Veterans Affairs' Committee.

Ms. HOOLEY. Mr. Speaker, I thank the gentleman for yielding who has been such a champion of veterans.

Mr. Speaker, veterans care is in a state of crisis. As the gentleman from Wisconsin (Mr. OBEY) pointed out earlier in the evening, veterans at the Portland VA Medical Center in Oregon have arrived at the short-stay unit only to see this sign which says, "We regret to inform you that due to budget issues, we can no longer supply meals to patients. Please bring a meal from home if you are going to be in the short-stay unit. We apologize for any inconvenience."

Well, this is not about the food. But it is about our health care for veterans. We have had to close beds because we are 150 people short at the VA hospital. This is no way to treat our heroes. The Portland VA does a wonderful job. It is not their fault. This is our responsibility.

I have been working on this issue for years calling for more funding for VA health care. If the leadership had allowed a vote on an amendment I tried to offer with the gentleman from Washington (Mr. BAIRD) to add \$1.3 billion to the supplemental for VA health care, we would have dealt with this issue months ago. This did not have to happen. Not one soldier who puts his or her life on the line should have to worry about health care.

While I am glad that we are finally acknowledging the financial needs of the VA, I cannot help but be disappointed that even now, when we know they are desperate for additional funding, we are still not giving them all of the money they need to serve our veterans.

As a result of this budget shortfall, the Portland VA Medical Center is delaying all non-emergency surgery by at least six months. For example, veterans in need of knee replacement surgery won't be treated because of the budget shortfall. Recent visitors to the short care stay unit were surprised to see a handwritten sign declaring that "due to budget issues, we can no longer supply meals to patients," and asking patients to bring a meal from home.

The facility is reducing staff as a cost-cutting measure and is now short at least 150 hospital staff, including nurses, physicians, and social workers. As a result of budget cuts for staffing, the VA has cut the number of medical

beds available to care for veterans. And for fiscal year 2005, the facility needed \$13 million for medical and clinical equipment but only received \$2 million.

But this should not come as a surprise to us. All you have to do is visit the VA health care facilities to see the overcrowded waiting rooms, the worn equipment, to know that they need additional funding. And we've been saying this for years.

Just this March, the Republican leadership of the House refused to allow us to debate and vote on an amendment that I tried to offer that would have added \$1.3 billion to the Supplemental Appropriations bill specifically for Veterans Health Care. Had we been allowed to debate whether the VA needed supplemental funding in March, or any of the numerous other times that House Democrats have tried to raise the issue, we could have dealt with this problem long before it became a crisis.

Not one soldier who puts his or her life on the line should have to worry about getting health care when he or she returns from battle. But how are we supposed to provide adequate health care to these new veterans when we can't even meet the needs of our current veterans? Our veterans deserve better.

Mr. EDWARDS. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Speaker, tonight we are scrambling around to make up for a shortfall in veterans funding that was caused by the poor planning of this administration. The VA medical system cares for the brave men and women who have risked life and limb to serve this country without questioning why. Let us not forget that the VA's medical system serves as a back up to the Defense Department during national emergencies and as a Federal support organization during major disasters.

Please consider my district, the city of San Diego. Our VA Medical Center is well managed, but is being forced to divert millions of its maintenance funds to partially cover its operating expenses while our communities' veterans sit on waiting lists of over 750 patients.

Mr. Speaker, we are the keepers of the promise to America's veterans. We are obligated to address this funding crisis quickly and prevent it from happening again. The lives of countless men and women who defend it, or our own lives, may very well depend on it.

Mr. EDWARDS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, we should not be in this hole. We did not have to be in this hole. I am glad we are taking a partial step to get out of this hole, a hole that we put veterans in, veterans who have served our country in combat, veterans who have been unfortunately denied care this year that they had a right to receive because of inadequate funding in the past. I am glad we are moving forward.

I wish we were moving forward with a \$1.5 billion emergency funding bill passed unanimously by the United States Senate. I do not know why the

House leadership felt 96 Members of the Senate, including the Senate Republican leadership, were being too generous to veterans. I do not think they were being too generous to veterans. But I am glad we are taking a step forward. And I do genuinely appreciate the gentleman from New York (Mr. WALSH) and the gentleman from Indiana's (Mr. BUYER) work on this effort.

The most important thing we need to do tonight is learn the lesson of how we got in this hole and how not to get into it again. I have heard some say, well, we have increased veterans funding over the last few years so we should be happy with that and veterans should not complain about it, in effect. But the fact is that there has been an increase of 250,000 veterans a year each year for the last 4 or 5 years into the VA health care system.

You add that to VA health care inflation, drug cost inflation, and the fact is that we have not kept up with even current services for veterans in the budgets we have passed in the last 2 years. For some, not so much in tonight's debate, but in other debates this week, who have suggested, well, these are Democrats being partisan, well, some of those charges were leveled when we said a year ago and 5 months ago and 2 months ago that this budget was going to provide a shortfall for funding.

But let us take it out of the debate of Republicans versus Democrats. Let us go to the respected Disabled American Veterans. Alan Bowers, the national commander of the DAV said, not last week or last month, he said on March 23 of 2004 about the 2005 budget resolution, "The VA will be required to delay medical care for some veterans and deny it all together for other sick and disabled veterans just to enable it to meet inflationary costs."

To the veterans of this Nation it is incomprehensible that our government cannot afford to fund their medical care and benefit programs at a time it can afford generous tax cuts costing hundreds of billions of dollars more.

Let us go beyond the Disabled American Veterans. Let us look at the legislative directors of Paralyzed Veterans of America, the AMVETS, the Veterans of Foreign Wars. This is what they said about the 2005 budget resolution passed on a partisan basis in this House over the objection of Democrats. They said passage of the budget resolution as presented "would be a disservice to those men and women who serve this country and who are currently serving in Iraq, Afghanistan and around the world in our fight against terrorism."

No Member of this House questions any other Member's respect for veterans. But we are not talking about good feelings tonight. Good feelings and good intentions do not fund veterans health care. We are talking about budget priorities. And we on the Democratic side of this House believe that adequate funding for veterans health care should trump tax cuts for billion-

aires. It seems to me that the leadership of America's major veterans organizations agree with us.

I hope, perhaps, from this day forward we can go together on a bipartisan basis to see that we do not ever, ever, ever again cut real services for America's veterans during a time of war.

I encourage my colleagues to vote for this resolution, despite my deep disappointment that the House Republican leadership would deny us even the right to vote on the \$1.5 billion emergency funding for veterans hospitals that 96 Senators in a unanimous vote said was needed by our Nation's former service men and women.

Mr. WALSH. Mr. Speaker, I yield the balance of my time to the gentleman from Indiana (Mr. BUYER), the distinguished chairman of the Veterans Affairs' Committee and himself a veteran of the Gulf War.

Mr. BUYER. Mr. Speaker, I thank the gentleman from New York (Mr. WALSH) for his leadership in bringing this supplemental, being responsive to the administration's requests. I would also like to thank the gentleman from Texas (Mr. EDWARDS), the ranking member, for working cooperatively with the gentleman from New York as he has done since he assumed this position. The gentleman's leadership is important and it is valuable.

Yesterday, the gentleman from Texas (Mr. EDWARDS) and I kind of joked with each other when I came up to the gentleman and I said, what is the powerball? And the gentleman looked at me and said, what? And I said what is the powerball, because if the gentleman could actually guess what the number should be for the veterans budget, the gentleman should also know what the powerball is. We kind of had fun, we had some laughter amongst each other because what we are dealing with is hard. It is difficult. There are people that are a lot smarter than me and that have Ph.D.s in how to do the actuarial studies.

And it is rather interesting that the VA, for the longest time, I want to share with my colleagues what had been done was that the VA would formulate the health care portion of their budgets using historical trend analysis, inflation, and then they would also take into consideration new initiatives. Then the VA said, well, we ought to change that. Let us improve workload projection capabilities, and let us do some better forecasting.

And so they go out and they hire Milliman Incorporated, which is an outside actuarial firm that provides expertise and guidance to the top private health companies in America. Well, that sounded like a pretty good idea to do. Then what we learned on June 23 in the Full Committee on Veterans' Affairs as we get into the issue on health care modeling, I know you say, my gosh, why are you talking about this? This is pretty important. What we learn about the modeling is, is that

model wrong that the VA is using to protect the budgets? How come we get into these positions? What we learned is it is not necessarily that the model is in error. The model that is used in the private sector and that is used to guide the VA is adjusted for these private firms on an annual basis.

The VA uses this model and stresses it. They stress the model to project between 2.5 and 3.5 years out. Now, that is not right. So what we are going to do, and the gentlemen from New York (Mr. WALSH) and the gentleman from Texas (Mr. EDWARDS) and myself and the gentleman from South Carolina (Mr. BROWN) and the gentleman from Maine (Mr. MICHAUD), we are going to work together here because we are going to stop this stuff going on. If they recognize that the data is old and stale and that their assumptions are not right and they are not doing annual risk adjustments, then we are going to have to do it for them. Right?

So it is important for us to continue our oversight. So when this was brought out in the hearing last week, the administration, the testimony of Dr. Perlin was we have some work around solutions. Well, we listened to it. And then we began to talk among ourselves, Republicans and Democrats alike, listening to evidence and stories from our own districts and said, you know, this does not feel right and we should take some action.

□ 2300

The administration responded. What we said to the administration was, and I share with my colleagues in the Senate because their immediate response, we were not even done with our hearing in the House and the Senate calls a press conference and says we are going to fund it at 1.5 or 1.6.

They are making up numbers over in the Senate. We are not going to make up numbers here in the House. I have heard some of my dear friends on the Democrat side say, I am really disappointed it is not \$1.5 billion. Where do you get \$1.5 billion? We cannot make it up.

If our responsibility to the taxpayer is to get the number right, then let us get the number right. So when we asked the Secretary to come over and testify and he did this morning, we said we want an exact number and that is exactly what he delivered to us.

So of the \$975 million supplemental, this morning he said I need \$273 million to fund health care for returning Operation Iraqi Freedom, Operation Enduring Freedom veterans, including members of the Guard and Reserve. They also needed \$226 million to continue funding of the shared Federal and State VA long-term care nursing home program. They need another \$200 million to fund unanticipated increases in the health care for priorities 1 through 6 veterans. He needed \$95 million to fund unanticipated energy, fuel, and utility costs. He needed \$84 million to buy emergency medical equipment and

\$39 million to pay for the increase in health care benefits for dependents of 100 percent service connected veterans as the need has increased at a rate greater than expect.

And there is another number that no one has talked about. You know what it is? Accounts receivables. So I asked the VA, you came and told us you need \$975 million. What is your accounts receivables? What in the final quarter of 2005 do you anticipate that you are going to collect? \$325 million.

So basically what we have, if you are in business we have a cashflow problem. We also have a shortfall. So they have accounts receivables out there and they have a bogey, a deficit. So when we say okay, we are going to do an infusion. So we do an infusion of \$975 million, you know what? The number is higher than that. Because it is \$975 million plus the \$325 million of accounts receivables. It is \$1.3 billion is the infusion. That is the monies available for the VA in the final quarter. That is the exact number.

So I am hopeful that when we pass this bill, and I agree with the gentleman from New York (Chairman Walsh). I do not think there is going to be one vote against this because we will all speak together in a unified voice. We will send this to the other body and say this bill comes to a total of \$1.3 billion in available resources that the VA can use in the final quarter and those monies that you cannot use we will move over into 2006. We will continue to work on the 2006 number. We will work on that budget amendment.

The next thing we will do is the VA is working on the 2007 budget because they have responsibilities to get that transferred soon to OMB. We will get all this worked out because this Secretary owns that 2007 budget and he owns the 2006 budget and he owns this mistake and he understands that.

I urge all of my colleagues in a bipartisan fashion and in a big voice, let us wake up the other body. We pass it tonight. They can pass exactly what we have here, and we can make a tremendous impact on the veterans community. Let us pass this bill.

I congratulate the gentleman from New York (Mr. WALSH).

Ms. SCHAKOWSKY. Mr. Speaker, I rise to express my great disappointment about the fact that the Republican majority has refused to allow Representative EDWARDS the opportunity to offer his bill to provide \$1.5 billion in emergency funding for veterans health care. Instead, we are being asked tonight to vote up or down on a bill that will provide only part of the funds that are desperately needed to provide essential care to those who served our country so well. Full funding is critically needed by the Veterans' Administration to overcome its massive budget shortfall caused by the Bush Administration's war in Iraq and the Republicans' shameful budget.

Last Friday, the Washington Post reported that the Bush Administration finally acknowledged that it is short \$1 billion for covering current needs at the Department of Veterans

Affairs, despite repeated efforts by House Democrats to adequately fund VA healthcare. Even that admission is likely to be short of the mark. Earlier today, the Chairman of the Senate Veterans' Affairs Committee reiterated that the Senate would quickly pass a \$1.5 billion emergency supplemental if the House would first approve the measure. Unfortunately, the Republican majority has offered a bill that provides only \$975 million, and then denied us the opportunity to offer an amendment to increase that level. To shortchange our veterans during a time of war is not only shocking, it is greatly disrespectful to the brave men and women who have volunteered their service to defend our country.

The shortfall that the VA is experiencing has resulted in some VA medical facilities no longer scheduling appointments for veterans, others not filling vacancies of medical and nursing staff, and others having to close operating rooms or not replace basic medical equipment, such as hospital beds.

Because of the Republicans' refusal to provide sufficient funding, many of the 50,000 veterans who are currently waiting in line for medical appointments will be forced to continue their wait. It is shameful that the Republicans in Congress have once again failed our veterans. It is apparent that the Republicans do not represent the priorities of the American people. At a time of war, Americans want the Congress to offer bipartisan support and services for our veterans and their families. They do not want us to shortchange military families and they certainly believe that taking care of our Nation's veterans should be a higher priority than providing tax breaks for millionaires. The Republicans should have done the right thing and worked with the Democrats on this nonpartisan issue.

Mr. HOLT. Mr. Speaker, I rise today in support of this supplemental, but not of the process that brought it to the floor.

Last Friday, the Washington Post reported that the Bush Administration acknowledged that it is short \$1 billion for covering current needs at the Department of Veterans Affairs this year, despite repeated efforts by House Democrats to fund VA healthcare. In response, the Senate voted unanimously on Wednesday to give the VA an extra \$1.5 billion this year to cover the health care shortfall. But House Republicans today offered just \$975 million, meaning additional work will have to be done to correct this serious problem.

But the problem we face is larger than dollars and cents. There is an emerging credibility gap, one that Secretary of Veterans Affairs Nicholson would do well to address and quickly. It simply strains credulity to suggest, as some in the House have this week, that neither the Secretary nor his staff could have foreseen this problem. Mr. Nicholson's predecessor, former VA Secretary Anthony Principi, who is currently chairing the Base Realignment and Closure Commission, certainly had no difficulty giving the Congress honest assessments on the VA's needs. Indeed, Secretary Principi was too forthright for White House officials, who were undoubtedly both embarrassed and angered by his candor during the last Congress.

You remember the story, I'm sure. At the annual VA budget hearing on February 4, 2004, in response to a question by my friend and colleague from Illinois, Mr. Evans, then-

Secretary Principi acknowledged that he needed at least \$1.2 billion more to meet the medical needs of America's veterans than President Bush had requested in his Fiscal Year 2005 budget submission to Congress. My friend from Illinois showed his usual courage and tenacity, and fought to get Secretary Principi the money they both knew—the money we all knew—was needed to properly care for our veterans. And even if this supplemental funding is provided, there will still be at least a \$600 million shortfall in VA funding this fiscal year.

What does this shortfall mean in human terms? It means not enough psychiatric nurses to care for veterans with post-traumatic stress disorder (PTSD) and other psychiatric disorders. It means some veterans will not get prosthetic devices they need to function in the real world. It means that hospital administrators will have to raid medical care accounts in order to pay for equipment repairs to keep air conditioners functioning and electrical systems working. It means longer clinic waiting times for veterans seeking appointments. All of these shortages are both unacceptable and avoidable.

If we can find the money to buy the hardware to send our men and women into battle, there's no excuse for us not to find the money to pay for their wounds of war after they come home. Shortchanging America's veterans on America's birthday is truly a manifestation of Tom Paine's sunshine patriotism. I urge my colleagues to not only support this supplemental, but to demand that the President and the House leadership provide the full funds the VA needs to care for our wounded warriors.

Ms. SOLIS. Mr. Speaker, I rise in strong support of the supplemental appropriations for veterans' medical care. This measure corrects the \$1 billion shortfall in veterans' health care funding, which was belatedly acknowledged by the Bush Administration last week. House Democrats have been standing with America's veterans fighting to increase support for veterans' health care. Republicans have consistently chosen other priorities and voted against veterans' healthcare, leading to a shortfall that did not have to happen.

This measure is a first step to correcting this gross underfunding of our veterans' health care system. However, additional steps need to be taken to comprehensively address this serious problem. I am troubled that many of our Nation's veterans are unable to receive the health care they need in a timely fashion. Without adequate funding, veterans will continue to stand in line, waiting for the services they have earned. Let us keep our promises to our veterans and servicemembers who have fought for our country. I will continue to fight for funding that meets our active and retired military personnel's health care needs.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of the supplemental appropriation of \$975,000,000 that will fill the huge gap that was left by the Administration's FY 2005 request for the Veteran's Administration health care system. While my veteran constituents such as a 23-year old male who now suffers from kidney and liver failure due in part to administrative failings in the Veterans Healthcare Administration. The paltry funding levels set by the Administration and codified by the Republican Congressional Leadership have caused young soldiers like my constituent to suffer unnecessarily and cause their

parents to shed tears. I just visited this young man at the Walter Reed Medical Center last week, and his condition reminded me of the very irresponsible work of this Administration.

Hundreds of thousands of veterans just like my young constituent are being told that they cannot enroll in VA health care. When the current Administration decided to ban new Priority 8 veterans from enrolling in January 2003, it estimated that by 2005 the number of affected veterans would be 522,000. Some veterans' hospitals are reporting shortages of medical supplies. Furthermore, the number of Operation Iraqi Freedom veterans lined up for treatment is expected to rise dramatically as the poorly managed war effort causes physical and mental ailments to increase exponentially.

In the 18th Congressional district of Texas alone there are more than 38,000 veterans and they make up almost ten percent of this district's civilian population over the age of 18. Yet, despite these large numbers we often forget about our veterans. We do this in part because our men and women of the armed services come home from war and lead normal productive lives; often our veterans go unnoticed in the general population. However, our veterans are not normal people; they are truly extraordinary individuals who have changed the course of our lives in ways that we may not even realize. I hope we will always keep this thought in mind; we cannot forget to celebrate our veterans, for if we forget to honor them, we forget all that makes this nation truly great.

There are over 26,550,000 veterans in the United States, the great majority of whom rely upon these services to maintain a healthy standard of living. In the 18th Congressional District alone there are more than 38,000 veterans and they make up almost ten percent of the district's civilian population over the age of 18. These veterans rely upon the great services offered at the Michael E. DeBakey VA Medical Center in Houston. Of course any great medical facility is only as good as its health care personnel.

Mr. Speaker, today's vote is the first step to correcting an enormous underfunding of our veterans. However, this amount does not match that offered by the other body—therefore, the problem has not been solved, and soldiers like my young constituent at Walter Reed will continue to suffer the dire and potentially fatal consequences.

This body must increase funding to \$1.5 billion so that our debt to those who have sacrificed for us is paid. Even if my colleagues pass this measure, these men and women will not receive the benefits before July 4! The amount offered by the House Republicans did not match the figure that passed in the other body. It is truly shameful that we must watch our Republican colleagues give piecemeal care to our veterans when the needs are so urgent.

For the reasons above stated, I support this measure, but I ask that my colleagues continue to press for full funding at the level passed in the other body.

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

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from New York (Mr. WALSH) that the House suspend the rules and pass the bill, H.R. 3130.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. WALSH. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

PROVIDING FOR AN ADJOURNMENT OR RECESS OF THE TWO HOUSES

Mr. DELAY. Mr. Speaker, I offer a privileged concurrent resolution (H. Con. Res. 198) and ask for its immediate consideration.

The SPEAKER pro tempore. The Clerk will report the concurrent resolution.

The Clerk read as follows:

H. CON. RES. 198

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on the legislative day of Thursday, June 30, 2005, or Friday, July 1, 2005, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned until 2 p.m. on Monday, July 11, 2005, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first; and that when the Senate recesses or adjourns on Thursday, June 30, 2005, Friday, July 1, 2005, or Saturday, July 2, 2005, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Monday, July 11, 2005, or at such other time on that day as may be specified by its Majority Leader or his designee in the motion to recess or adjourn, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. The Speaker of the House and the Majority Leader of the Senate, or their respective designees, acting jointly after consultation with the Minority Leader of the House and the Minority Leader of the Senate, shall notify the Members of the House and the Senate, respectively, to reassemble at such place and time as they may designate whenever, in their opinion, the public interest shall warrant it.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

CONDITIONAL ADJOURNMENT TO TUESDAY, JULY 5, 2005

Mr. DELAY. Mr. Speaker, I ask unanimous consent that when the House adjourns on this legislative day, it adjourn to meet at 6 p.m. on the third constitutional day thereafter, unless it sooner has received a message from the Senate transmitting its concurrence in House Concurrent Resolution 198, in which case the House shall stand adjourned pursuant to that concurrent resolution.

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