

for six critically needed ambulatory care projects and to replace worn our medical equipment.

This was not money unwisely appropriated. In the case of the ambulatory care projects, each of these projects have been carefully considered and authorized. Further, they are an essential part of the Department's plan to move away from costly inpatient care to delivering cost-effective outpatient care; part of the Department's plan to invest taxpayers dollars and make the VA medical delivery system more efficient.

One of these projects, the West Haven VA Medical Center, is located in my district in West Haven, CT. The West Haven VA Medical Center serves the entire Veterans Administration's medical system. It is the site of the National Post Traumatic Stress Disorder Research Center and the only VA AIDS diagnostic laboratory. Despite its notable reputation, the center's buildings are in extremely poor condition.

The proposed ambulatory care clinic at West Haven would connect the two main, deteriorating buildings and provide the space that is necessary to respond to the number of outpatient visits at the hospital which have doubled since 1984.

Madam Speaker, this, in the words of Lauren Brown, a nurse at West Haven, is not any way to treat " * * * vets [who] served their country regardless of party affiliation or which party was sitting in the White House."

In Connecticut, we are lucky. The West Haven Project is supported by the entire delegation—Republicans and Democrats alike. It is my hope that Members will follow the example Connecticut has set and stand in support our veterans by restoring funding for the Veterans' Administration.

Madam Speaker, our obligation to our veterans must be kept. These cuts are mean-spirited. They do not save money. They must be reversed. When there cuts are debated on the floor next week, I urge my colleagues to support an amendment that will restore this crucial funding to the Department of Veterans Affairs medical construction and equipment accounts.

VETERANS RESCISSIONS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 1995, the gentleman from Puerto Rico [Mr. ROMERO-BARCELÓ] is recognized during morning business for 3 minutes.

Mr. ROMERO-BARCELÓ. Madam Speaker, last Thursday, the House Appropriations Committee voted to cut six Veterans' Administration ambulatory clinic projects totalling \$156 million and \$50 million in medical equipment purchases which already face an \$800 million backlog.

One of these projects happens to be the San Juan Veterans' Affairs Medical Center Outpatient Clinic addition, a project designed to address a 15-year problem of severe overcrowding at the facility. Considered as a VA priority

for many years. The area currently used for ambulatory care at the San Juan VA Medical Center provides only 40 percent of the space required according to VA standards. Therefore, temporary measures such as converting storage space and corridors into clinical and examination rooms have been the mode of addressing these chronic space deficiencies for many years. Currently, some outpatient clinics and medical interviews are being performed in the hallways and nursing stations of the facility and exit corridors have been converted into additional waiting areas, potentially comprising the health and safety of both patients and visitors.

After a 15-year struggle by Puerto Rican veterans, Congress finally appropriated the necessary funding—\$4.8 million—to finalize the construction of the vitally needed outpatient clinic at the San Juan Va Medical Center last year. The project had already been authorized and \$4 million had been appropriated for its design a year earlier. Puerto Rico's 145,000 veterans, particularly the sick and disabled, celebrated this long-awaited achievement, construction of which is scheduled to begin this year, only to see the House Appropriations Committee decide to take away all the funds a few months later.

However, the fact that strikes me the most is that these proposed cuts will be particularly devastating to the VA medical system because the targeted facilities are all ambulatory outpatient care facilities. The rescissions come at a time when the VA is involved in the effort of shifting from hospital inpatient care to outpatient and non institutional care settings, which is in keeping with the new general trend in providing medical care throughout the Nation. The purpose is not to put patients in the hospitals, but to keep them out of hospitals.

In the words of Veterans Affairs' Committee Chairman BOB STUMP—and I will quote from his February 28, 1995, letter to Appropriations Committee Chairman BOB LIVINGSTON—

The particular projects selected for rescissions by the subcommittee—VA/HUD Appropriations—are unfortunately the type of projects the Veterans' Affairs Committee has been encouraging the VA to pursue. It is my strong belief, shared by veterans and their service organizations, that giving greater priority to ambulatory care projects is clearly the right approach to improve service to veterans.

Mr. STUMP went on to conclude—and I once again quote—that "in striking contrast to the needs the VA faces, these cuts move VA in the wrong direction."

The Department of Veterans Affairs has consistently ranked the six targeted ambulatory projects as the ones with their highest priorities. They are an integral part of the Department's effort to move away from costly inpatient care and provide more accessible, cost effective and efficient outpatient care. Ultimately, all these projects will

save the VA medical system and, therefore, the American taxpayer, millions of dollars.

However, by proposing the rescission of these six projects, the Republicans are sending a very clear message: The health of our Nation's veterans is not a priority

Madam Speaker, we owe a great debt to our veterans. A reduction in hard earned medical services to deserving veterans is not the way to pay for a tax cut for the wealthy and the most wealthy, influential corporations.

I urge my colleagues from both sides of the aisle to support restoring this vital funding when this ill-conceived rescissions package is brought to the floor next week. While it is a small reward for the sacrifices our deserving veterans have made, it is the very least we can do.

PROPOSED BASE CLOSURES IN GUAM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 1995, the gentleman from Guam [Mr. UNDERWOOD] is recognized during morning business for 3 minutes.

Mr. UNDERWOOD. Madam Speaker, under the Secretary of Defense's recently released list of base closures to be considered by BRAC, Guam is the hardest hit American community on the list. Four of Guam's facilities, all from the Department of the Navy, were slated for closure or realignment by the Department of Defense, affecting some 2,700 civilian and 2,100 military positions. In terms of total personnel affected, Guam is targeted for more reductions than such large States as California, Virginia and New York.

The proposed reductions could be devastating to Guam's economy. The reductions represent between 5 and 10 percent of the entire work force on Guam, and as much as a quarter of Guam's economy could be adversely affected. Let me repeat: up to 10 percent of the entire work force will be thrown out of work. And these are the DOD's own figures, not my estimates. To put it in perspective, if this magnitude of cut were undertaken in California, almost 1.5 million jobs would be affected.

But these types of reductions did not occur in California. In fact, according to testimony by the Secretary of the Navy Dalton yesterday, four bases in California were spared because of the potential economic impact. Does anyone doubt whether they even considered the economic let alone the human impact of their cuts on Guam.

To compound the job loss, the Navy is trying to have it both ways. They're closing down facilities, saying they don't need them, and at the same time holding on to all the assets in case they need them in the future. Under the proposal to close the ship repair facility, or SRF, the Navy would not transfer the piers, floating drydocks, its typhoon basin anchorage, floating

cranes and other equipment to the local community. Similarly, they would retain all the pier space with the closure of a number of naval activities at the naval station.

Their decision would be like moving all the troops out of Fort Ord, but holding onto the base. They cannot and should not have it both ways. Either they retain the facilities or turn them over to the local community so that Guam can recover the job losses. This schizophrenia will leave our community in a straitjacket without the tools for our own economic survival. If the Navy closes down these facilities and retains the assets we will be left with no access to the waterfront and a few empty buildings. This does not bode well for forming a successful reuse plan when we cannot even be given the opportunity to use our own resources.

According to recent statements by the Secretary of Defense William Perry and other officials in the Pentagon, the decision to pull back from Guam was opposed by some high ranking uniformed officers, including the Commander in Chief, Pacific Command, Adm. Richard Macke. Apparently, Admiral Macke indicated that without Guam, the Navy will be forced to count on foreign facilities in Japan to meet their needs and would lose the most forward deployed U.S. military base on American soil in the Pacific. The CINC understands the big picture and the need for Guam as a strategic base. However, the computer model used by the Pentagon did not consider these implications.

Computer models, bean counters, and technocrats did not consider such factors as reliability, loyalty and the long-term effect of these closures on our position in the Pacific. Apparently suits in the Pentagon overruled some of our uniformed military personnel who understand the need to maintain an SRF in Guam.

A more logical approach than the one taken in the Secretary's recommendation would be a joint use agreement with the local government. Under such an arrangement, the Government of Guam could act as a corporate operator of the major facility, SRF. The Navy would then pay the government of Guam to operate the facility and retain access to it in times of crisis. In this way, the equipment and quality of work force is maintained and used for commercial use but the Navy does not have to pay for the entire cost anymore. It makes good economic sense by saving the Navy money and giving the local community the economic tools to survive.

If this approach is rejected and BRAC decides that Guam is not needed as a forward deployed base then the Navy must turn over the assets and land upon completion of the closure. Otherwise, there is no way that the people of Guam could possibly recover the 25 percent loss to their economy and 5 to 10 percent reduction in the work force. The least the Navy can do if they are

going to close these facilities is to give the local community the tools to recover from the loss.

Since the Navy has taken the easy way out by making a wishywashy decision, it is now up to BRAC to decide.

Madam Speaker, I urge BRAC to make the right decision.

SAVE FLORIDA VETERANS PROJECTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 1995, the gentlewoman from Florida [Ms. BROWN] is recognized during morning business for 2 minutes.

Ms. BROWN of Florida. Madam Speaker, last week the Republican members of the House Committee on Appropriations voted to rescind \$206 million in the VA's budget for this year. These funds were intended for six VA facilities and medical equipment to provide better health care for our Nation's veterans.

Of these six projects that were cut, two were in the Florida, Gainesville ambulatory care unit that has been on the list for over 18 years, and one in Orlando that is a win-win situation, an example of how Government works well.

When the Base Closure Commission recommended closing the naval training facility, the Department of Defense, along with Veterans' Affairs, worked together to turn that facility over to the veterans who really needed the facility in the Orlando area. The amount of this funding was \$14 million. There could be no backing down on this matter. A vote to keep our veterans projects is a vote to keep our promise to our veterans.

These cuts targeted at veterans are another example that the Republican "Contract With" is a "Contract on America," and a Contract on American veterans.

Madam Speaker, one project was for a \$14 million project to allow the VA to relocate from its present location to the Orlando Naval Training Center hospital, identified for base closure, for use as a satellite outpatient clinic and a 120-bed nursing home facility.

The existing outpatient clinic in Orlando is a disgrace. It lacks sufficient examining rooms, waiting areas, and bathrooms. There is no privacy for examining women veterans and parking is severely limited. These veterans in east central Florida have already waited too long for access to a quality health care facility.

The other funds were \$17.8 million for a VA ambulatory care addition in Gainesville. Funds have already been obligated for the Gainesville ambulatory care addition. In fact, last week the VA announced a contract award for the project. This project has been identified by the VA as critically necessary to relieve outpatient overcrowding problems. Lack of space prevents the medical center from offering care in a timely manner. This Gainesville project has been designed to include an ambulatory surgery facility in renovated space, along with facilities for primary care, specialty outpatient care, and women's health.

It is a national disgrace that Republicans cut these funds to provide better care for veterans. The list obviously was quickly and thoughtlessly compiled. Our Nation's veterans—men and women—who have been called upon to put their lives on the line in remote parts of the world and under the most difficult conditions. If they survive this ordeal, they should at least be able to have good care when they return to the United States.

These canceled projects prevent us from expanding our outpatient services, a national trend in health care delivery, and making our health care system more efficient and cost effective. These canceled projects are aimed at one of the most fragile groups in our society—aging World War II and Korean conflict veterans. These and all veterans should expect and receive good care. If we cannot protect them at their time of need, how can we ask them to stand in harms way to protect us?

SUPPORT AN AMENDMENT TO THE RESCISSIONS BILL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 1995, the gentleman from Mississippi [Mr. MONTGOMERY] is recognized during morning business for 2 minutes.

Mr. MONTGOMERY. Madam Speaker, I want to thank the gentlewoman from Florida [Ms. BROWN] and the gentleman from Guam [Mr. UNDERWOOD] for giving me part of their time.

Madam Speaker, I rise to support, and I hope all Members would support, an amendment to the rescissions bill. This amendment would restore the \$206 million for veterans' programs which the Committee on Appropriations proposes to rescind.

Madam Speaker, I hope the Committee on Rules will permit us to offer a clean amendment to restore these funds.

The six VA projects which the committee has recommended be canceled are needed in order to improve access to necessary outpatient care in an area where over 1 million veterans reside.

Rather than producing real savings, the proposed rescissions would tend to have the opposite effect because they would cut projects aimed at making VA health care delivery more cost-effective.

As the President of the United States said yesterday, "These cuts would harm those veterans who most need the Nation's help." Enacting this measure would contradict the Speaker's assurance to me in January that Congress would not cut veterans' programs.

Madam Speaker, in some parts of the country the VA really does not have the proper health facilities to meet the veterans' needs. I am told that the clinics are too small. For example, in Puerto Rico eye doctors are forced to perform eye examinations in hallways. Many VA outpatient clinics were built so long ago that there is no privacy for women veterans. In most of these older facilities, there is only one examining