

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