he was appointed Director of Communications for the New York City Office of Economic Development by Mayor Ed Koch. In 1981, he was appointed Director of Public Information for the New York State Banking Department. He was then named Vice-president and Director of Media Relations for The Chase Manhattan Bank. In 1994 he founded Ken Mills Communications which he continues to operate today.

Ken Mills first joined the Lexington Democratic Club during John F. Kennedy's 1960 campaign for President. After serving on the Club's Executive Committee he was elected its president. He then went on to become a District Leader, serving in that position until 1978. In 1995 he began another tenure as Lexington Democratic Club President, a position he held until early this year. Ken, who also serves on Manhattan Community Board 8 is not only an effective leader, but one who has earned the respect and admiration of professional and political colleagues. In recognition of his many outstanding achievements, we pay tribute to Ken Mills today.

Niki Stern has long demonstrated a commitment to social and political causes. A long time community activist, she worked extensively on behalf of the Peace Movement in Westchester County, New York in the 1960's. She remained actively involved upon moving to New York City and in 1979 began working as a Community Liaison for Assemblyman Mark Alan Siegel and for New York City Comptroller Harrison J. Goldin. She was also appointed to Community Board 8.

She also joined the Lexington Democratic Club where she was elected to many offices, culminating in her 1993 election as president. Working with Ken Mills, since 1995, as Executive Vice-president, she initiated the Club's annual mid-winter receptions and dinners and many other innovations which helped restore the Lexington Democratic Club to its position as the largest political organization on Manhattan's East Side. They have made the Lexington Democratic Club an invaluable part of the political landscape of New York City.

Mr. Speaker, I salute Ken Mills and Niki Stern and I ask my fellow Members of Congress to join me in recognizing the great contributions of both of these tremendously dedicated community leaders.

## AMERICA THE BEAUTIFUL

### HON. RUSH D. HOLT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 20, 2001*

Mr. HOLT. Mr. Speaker, I'm sure everyone agrees that we now live in troubled times—times of anxiety, of uncertainty, of struggle. But we also live in a time of incomparable national unity. You could look around the country and easily spot superficial signs of unity, such as the plethora of American flags displayed outside homes and businesses or a crowd at a sports game chanting ''U-S-A!'' but the real truth is that the river of our national spirit runs much deeper than flag-waving could ever show. And in the fight against the evil that now confronts us, the American people are united like never before.

More than a century ago, an English Literature Professor from Wellesley College named Katharine Lee Bates penned what has become the theme song for this extraordinary unity. On a trip to Colorado, Bates ascended Pike's Peak and basked in the wonder of the ''purple mountain majesties'' and ''spacious skies'' she saw. This scene inspired her to write ''America the Beautiful.''

Returning to Wellesley, Bates sent the four stanzas of ''America the Beautiful'' to the Congregationalist, where they first appeared in print, appropriately, on July 4th, 1895. The hymn garnered immediate popularity and was initially set to music by Silas G. Pratt.

But the attention Bates' hymn drew prompted her to rewrite it in 1904, making it more simple and direct. After a few more changes over the next several years, the final version, the one so many Americans know today, was finished in 1913 and set to the tune of Samuel A. Ward's ''Materna.'' In true American spirit, Bates gave countless hundreds of free permissions for the use of ''America the Beautiful.''

Today we turn to Bates' timeless words for comfort and for a reminder of our nation's strength. These words remind us of the heroism of the firefighters and policemen who responded to the attacks on the World Trade Center and the Pentagon; of the soldiers, sailors and flyers fighting the war on terrorism; and of the cavalcade of heroes who have fought over the years for civil rights, voting rights, and workers' rights—those ''heroes prov'd/In liberating strife/Who more than self their country loved.'' They remind us that the ''thoroughfare of freedom'' we so often take for granted has been blazed by pioneering pilgrims working even up to today. They remind us of the incredible resolve of New York, one of the ''albaster cities'' that ''gleam/Undimmed by human tears.'' But most of all, Bates' words remind us of the indomitable American spirit that stretches high and proud, ''from sea to shining sea.''

Perhaps the most expressive theme of ''America the Beautiful'' is that we Americans constantly seek to be uplifted—that we invoke divine help to mend our ''ev'ry flaw,'' that we know even our ''golden'' characteristics can be further refined. That is a sign of far greater strength than simply waving a flag and chanting ''U-S-A!''

Mr. Speaker, in a testament to our national unity, I ask unanimous consent that the complete lyrics of ''America the Beautiful'' be entered into the RECORD.

AMERICA THE BEAUTIFUL

(By Katharine Lee Bates)

O beautiful for spacious skies,
For amber waves of grain,
For purple mountain majesties
Above the fruited plain!
America! America!
God shed his grace on thee
And crown thy good with brotherhood
From sea to shining sea!

O beautiful for pilgrim feet
Whose stern, impassioned stress
A thoroughfare for freedom beat
Across the wilderness!
America! America!
god mend thine every flaw,
Confirm thy soul in self-control,
Thy liberty in law!

O beautiful for heroes proved in liberating strife.
Who more than self the country loved
And mercy more than life!
America! America!
May God thy gold refine
till all success be nobleness
And every gain divine!

O beautiful for patriot dream
That sees beyond the years
Thine alabaster cities gleam
Undimmed by human tears!
America! America!
God shed his grace on thee
And crown thy good with brotherhood
From sea to shining sea!

## DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROGRAMS ENHANCEMENT ACT OF 2001

SPEECH OF

### HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, December 11, 2001*

Mr. SMITH of New Jersey. Mr. Speaker, the ''Department of Veterans Affairs Health Care Programs Enhancement Act of 2001'' reflects a compromise agreement that the Senate and House of Representatives Committees on Veterans' Affairs reached on certain provisions of a number of bills considered by the House and Senate during the 107th Congress, including: H.R. 2792, a bill to make service dogs available to disabled veterans and to make various other improvements in health care benefits provided by the Department of Veterans Affairs, and for other purposes, by the House Committee on Veterans' Affairs on October 16, 2001, and passed by the House on October 23, 2001 [hereinafter, ''House Bill'']; S. 1188, a bill to enhance the authority of the Secretary of Veterans' Affairs to recruit and retain qualified nurses for the Veterans Health Administration, and for other purposes, reported by the Senate Committee on Veterans' Affairs on October 10, 2001, as proposed to be amended by a manager's amendment [hereinafter, ''Senate Bill'']; S. 1576, a bill to amend section 1710 of title 38, United States Code, to extend the eligibility for health care of veterans who served in Southwest Asia during the Persian Gulf War; and, S. 1598, a bill to amend section 1706 of title 38, United States Code, to enhance the management of the provision by the Department of Veterans Affairs of specialized treatment and rehabilitation for disabled veterans, and for other purposes, introduced on October 21, 2001.

The House and Senate Committees on Veterans' Affairs have prepared the following explanation of the compromise bill, H.R. 3447 (hereinafter referred to as the ''Compromise Agreement''). Differences between the provisions contained in the Compromise Agreement and the related provisions in the bills listed above are noted in this document, except for clerical corrections and conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

TITLE I—ENHANCEMENT OF NURSE RECRUITMENT AND RETENTION AUTHORITIES

Subtitle A—Nurse Recruitment Authorities

*Current Law*

Several VA programs under existing law are designed to aid the Department in recruiting qualified health care professionals in fields where scarcity and high demand produce competition with the private sector.

The Department is authorized to operate the Employee Incentive Scholarship Program (hereafter EISP) under section 7671 of title 38, United States Code. Under the EISP, VA may award scholarship funds, up to $10,000 per year per participant in full-time study, for up to 3 years. These scholarships require eligible participants to reciprocate with periods of obligated service to the Department. Currently, enrollment in the scholarship program is limited to employees with 2 or more antecedent years of VA employment. Statutory authority for this program terminates December 31, 2001.

The Department is authorized to operate the Education Debt Reduction Program (hereafter EDRP) under section 7681 of title 38, United States Code. Under the EDRP, the Department may repay education-related loans incurred by recently hired VA clinical professionals in high demand positions. Statutory authority for this program, a program not yet implemented by the Department, terminates on December 31, 2001. If implemented, the program would authorize VA to repay $6,000, $8,000, and $10,000 per year, respectively, over a 3-year period, in combined principal and interest on educational loans obtained by scarce VA professionals.

Under sections 8344 and 8468 of title 5, United States Code, the Department is authorized to request waivers of the pay reduction otherwise required by law for re-employed Federal annuitants who are recruited to the Department in order to meet staffing needs in scarce health care specialties.

*Senate Bill*

Section 111 would permanently authorize the EISP; reduce the minimum period of employment for eligibility in the program from 2 years to 1 year; remove the award limit for education pursued during a particular school year by a participant, as long as the participant had not exceeded the overall limitation of the equivalent of 3 years of full-time education; and, extend authority to increase the award amounts based on Federal national comparability increases in pay.

Section 112 would permanently authorize the EDRP; expand the list of eligible occupations furnishing direct patient care services and services incident to such care to veterans; extend the number of years to 5 that a Departmental employee may participate in the EDRP, and increase the gross award limit to any participant to $44,000, with the award payments for the fourth and fifth years to a participant limited to $10,000 in each; and provide limited authority (until June 30, 2002) for the Secretary to waive the eligibility requirement limiting EDRP participation to recently appointed employees on a case-by-case basis for individuals appointed on or after January 1, 1999, through December 30, 2001.

Section 113 would require the Department to report to Congress its use of the authority in title 5, United States Code, to request waivers of pay reduction normally required from re-employed Federal annuitants, when such requests are used to meet its nurse staffing requirements.

*House Bill*

The House bill has no comparable provisions.

*Compromise Agreement*

Sections 101, 102, and 103 follow the Senate language.

Subtitle B—Nurse Retention Authorities

*Current Law*

Section 7453(c) of title 38, United States Code, guarantees premium pay (at 25 percent over the basic pay rate) to VA registered nurses who work regularly scheduled tours of duty during Saturdays and Sundays. However, licensed vocational nurses and certain health care support personnel, whose employment status is grounded in employment authorities in title 5 and title 38, United States Code, are eligible for premium pay on regularly scheduled tours of duty that include Sundays. Saturday premium pay for these employees is a discretionary decision at individual medical facilities.

At retirement, VA registered nurses enrolled in the Civil Service Retirement System receive annuity credit for unused sick leave. This credit is unavailable, however, for registered nurses who retire under the Federal Employee Retirement System.

*Senate Bill*

Section 121 would mandate that VA provide Saturday premium pay to employees specified in Section 7454(b).

Section 122 would extend authority for the Department to provide VA nurses enrolled in the Federal Employee Retirement System the equivalent sick-leave credit in their retirement annuity calculations that is provided to other VA nurses who are enrolled in the Civil Service Retirement System.

Section 123 would require the Department to evaluate nurse-managed clinics, including those providing primary and geriatric care to veterans. Several nurse-managed clinics are in operation throughout the VA health care system, with a preponderance of clinics operating in the Upper Midwest Health Care Network. The evaluation would include information on patient satisfaction, provider experiences, cost, access and other matters. The Secretary would be required to report results from this evaluation to the Committees on Veterans' Affairs 18 months after enactment.

Section 124 would require the Department to develop a nationwide clinical staffing standards policy to ensure that veterans are provided with safe and high quality care. Section 8110 of title 38, United States Code, sets forth the manner in which medical facilities shall be operated, but does not include reference to staffing levels for such operation.

Section 125 would require the Secretary to submit annual reports on exceptions approved by the Secretary to VA's nurse qualification standards. Such reports would include the number of waivers requested and granted to permit promotion of nurses who do not have baccalaureate degrees in nursing, and other pertinent information.

Section 126 would require the Department to report facility-specific use of mandatory overtime for professional nursing staff and nursing assistants during 2001. The Department has no nationwide policy on the use of mandatory overtime. This report would be required within 180 days of enactment. The report would include information on the amount of mandatory overtime paid by VA health care facilities, mechanisms employed to monitor overtime use, assessment of any ill effects on patient care, and recommendations on preventing or minimizing its use.

*House Bill*

The House bill has no comparable provisions.

*Compromise Agreement*

Sections 121, 122, 123, 124, 125, and 126 are identical to the provisions in the Senate bill.

The Committees are concerned about VA's current national policy requiring VA nurses to achieve baccalaureate degrees as one means of quality assurance. VA has issued directive 5012.1, a directive that requires VA's registered nurses to obtain baccalaureate degrees in nursing as a precondition to advancement beyond entry level, and to do so by 2005. This policy is effective immediately for newly employed nurses.

At a time of looming crisis in achieving adequacy of basic clinical staffing of VA facilities, the Committees express concern over whether such a policy guiding nurse qualifications may work against VA's interests and responsibilities to protect the safety of its patients by creating unintended shortages of scarce health personnel. The Committees urge the Secretary to consider the implications of continuing such a policy in the face of future shortages of nursing personnel. The American Association of Community Colleges has reported that, each year, more than 60 percent of new US registered nurses are produced in two-year associate degree programs. The Department's current qualification standard for registered nurses may dissuade these fully licensed health care professionals from considering VA employment.

Subtitle C—Other Authorities

*Current Law*

Section 7306(a)(5) of title 38, United States Code, requires that the Office of the Under Secretary for Health include a Director of Nursing Service, responsible to the Under Secretary for Health.

Section 7426 of title 38, United States Code, provides retirement rights for, among others, nurses, physician assistants and expanded-function dental auxiliaries with part-time appointments. These employees' retirement annuities are calculated in a way that produces an unfair loss of annuity for them compared to other Federal employees. Congress has made a number of efforts since 1980 to provide equity for this group, many members of whom are now retired. These individuals, appointed to their part-time VA positions prior to April 6, 1986, under the employment authority of title 38, United States Code, have been penalized with lower annuities by subsequent Acts of Congress that addressed retirement annuity calculation rules for other part-time Federal employees appointed under the authority of title 5, United States Code.

Section 7251 of title 38, United States Code, authorizes the directors of VA health care facilities to request adjustments to the minimum rates of basic pay for nurses based on local variations in the labor market.

*Senate Bill*

Section 131 would amend section 7306(a)(5) of title 38, United States Code, to elevate the office of the VA Nurse Executive by requiring that official to report directly to the VA Under Secretary for Health.

Section 132 would amend section 7426 of title 38, United States Code, to exempt registered nurses, physician assistants, and expanded-function dental auxiliaries from the requirement that part-time service performed prior to April 7, 1986, be prorated when calculating retirement annuities.

Section 133 would modify the nurse locality-pay authorities and reporting requirements. The section would clarify and simplify a VA medical center's use of Bureau of Labor Statistics (BLS) information to facilitate locality-pay decisions for VA nurses. Additionally, section 133 would clarify the Committees' intent on steps VA facilities would take when certain BLS data were unavailable, thus serving as a trigger for the use of third-party survey information, and thereby reducing current restrictions on the use of such surveys.

*House Bill*

The House bill contains no comparable provisions.

*Compromise Agreement*

Sections 131, 132, and 133 follow the Senate bill.

Subtitle D—National Commission on VA Nursing

*Current Law*

None.

*House Bill*

Section 301 would establish a 12-member National Commission on VA Nursing. The Secretary would appoint eleven members, and the Nurse Executive of the Department would serve as the twelfth, ex officio, member. Members would include three recognized representatives of employees of the Department; three representatives of professional associations of nurses or similar organizations affiliated with the Department's health care practitioners; two representatives of trade associations representing the nursing profession; two would be nurses from nursing schools affiliated with the Department; and one member would represent veterans. The Secretary would designate one member to serve as Chair of the Commission.

Section 302 would authorize the Commission to assess legislative and organizational policy changes to enhance the recruitment and retention of nurses by the Department and the future of the nursing profession within the Department. This section would also provide for Commission recommendations on legislation and policy changes to enhance recruitment and retention of nurses by the Department.

Section 303 would require the Commission to submit to Congress and the Secretary a report on its findings and conclusions. The report would be due not later than 2 years after the date of the first meeting of the Commission. The Secretary would be required to promptly consider the Commission's report and submit to Congress the Department's views on the Commission's findings and conclusions, including actions, if any, that the Department would take to implement the recommendations.

Sections 304 and 305 would delineate the powers afforded to the Commission, including powers to conduct hearings and meetings, take testimony and obtain information from external sources, employ staff, authorize rates of pay, detail other Federal employees to the Commission staff, and address other administrative matters.

Section 306 would terminate the Commission 90 days after the date of the submission of its report to Congress.

*Senate Bill*

The Senate bill has no comparable provisions.

*Compromise Agreement*

Sections 141, 142, 143, 144, 145 and 146 follow the House bill, with certain modifications to the membership of the Commission.

The Committees expect the National Commission on VA Nursing to concern itself with the full spectrum of occupations involved in nursing care of veterans in the Veterans Health Administration, with specific reference to registered professional and licensed vocational nurses, clinical nurse specialists, nurse practitioners, nurse managers and executives, nursing assistants, and other technical and ancillary personnel of the Department involved in direct health care delivery to the nation's veterans. In addition to statutory requirements, the Committees expect the Secretary to appoint members to the Commission to reflect the wide variety of occupations and disciplines that constitute the nursing profession within the Department.

TITLE II—OTHER MATTERS

PROVISION OF SERVICE DOGS

*Current Law*

None.

*House Bill*

Section 101 would amend section 1714 of title 38, United States Code, to authorize the Department to provide service dogs to veterans suffering from spinal cord injury or dysfunction, other diseases causing physical immobility, or hearing loss (or other types of disabilities susceptible to improvement or enhanced functioning) for which use of service dogs is likely to improve or enhance their ability to perform activities of daily living or other skills of independent living. Under the provision, a veteran would be required to be enrolled in VA care under section 1705 of title 38, United States Code, as a prerequisite to eligibility. Service dogs would be provided in accordance with existing priorities for VA health care enrollment.

*Senate Bill*

Section 201 would authorize the Secretary to provide service dogs to service-connected veterans with hearing impairments and with spinal cord injuries.

*Compromise Agreement*

Section 201 follows the House provision.

Any travel expenses of the veteran in adjusting to the service dog would be reimbursable on the same basis as such expenses are reimbursed under Section 111, title 38, United States Code, for blind veterans adjusting to a guide dog.

MANAGEMENT OF HEALTH CARE FOR CERTAIN LOW-INCOME VETERANS

*Current Law*

Section 1722(a) of title 38, United States Code, places veterans whose incomes are below a specified level—in calendar year 2001, $23,688 for an individual without dependents—within the definition of a person who is ''unable to defray'' the cost of health care. The section includes two other such indicators of inability to defray: evidence of eligibility for Medicaid, and receipt of VA nonservice-connected pension. Veterans in these circumstances are adjudged equally unable to defray the costs of health care; as such, they are eligible to receive comprehensive VA health care without agreeing to make co-payments required from veterans whose incomes are higher. Under current law, a single-income threshold (with adjustments only for dependents) is the standard used.

*House Bill*

Section 103 would amend section 1722(a) of title 38, United States Code, to establish geographically adjusted income thresholds for determining a non-service-connected veteran's priority for VA care, and therefore, whether the veteran must agree to make co-payments in order to receive VA care. The section's purpose would be to address local variations in cost of care, cost-of-living or other variables that, beyond gross income, impinge on a veteran's relative economic status and ability to defray the cost of care.

In section 103, low-income limits administered by the Department of Housing and Urban Development (HUD) for its subsidized housing programs would establish an adjusted poverty-income threshold to be used in the ability-to-defray determination. The actual threshold for determining an individual veteran's ability to pay would be the greater of the current-law income threshold in section 1722 of title 38, United States Code, or the local low-income limits set by HUD.

Section 103 also would include a 5-year limitation on the effects of adoption of the HUD low-income limits policy on system resource allocation within the Veterans Health Administration. Such allocations would not be increased or decreased during the period by more than 5 percent due to this provision. The provision would take effect on October 1, 2002.

*Senate Bill*

Section 202 would amend section 1722 of title 38, United States Code, to include the HUD income index in determining eligibility for treatment as a low-income family based upon the veteran's permanent residence. The current national threshold would remain in place as the base figure if the HUD formula determines the low-income rate for a particular area is actually less than that amount. The effective date of this change would be January 1, 2002, and would apply to all means tests after December 31, 2001, using data from the HUD index at the time the means test is given.

*Compromise Agreement*

Section 202 retains the current-law income threshold, but would significantly reduce co-payments from veterans near the threshold of poverty for acute VA hospital inpatient care. The HUD low-income limits would be used to establish a family income determination within the priority 7 group. Those veterans with family incomes above the HUD income limits for their primary residences would pay the co-payments as otherwise required by law. Veterans whose family incomes fall between the current income threshold level under section 1722, title 38, United States Code, and the HUD income limits level for the standard metropolitan statistical area of their primary residences, would be required to pay co-payments for inpatient care that are reduced by 80 percent from co-payments required of veterans with higher incomes. The effective date for this change would be October 1, 2002.

MAINTENANCE OF CAPACITY FOR SPECIALIZED TREATMENT AND REHABILITATIVE NEEDS OF DISABLED VETERANS

*Current Law*

Section 1706 of title 38, United States Code, requires VA to maintain nationwide capacity to provide for specialized treatment and rehabilitative needs of disabled veterans, including those with amputations, spinal cord injury or dysfunction, traumatic brain injury, and severe, chronic, disabling mental illnesses. To validate VA's compliance with capacity maintenance, section 1706 includes a requirement for an annual report to Congress. The reporting requirement expired on April 1, 2001.

*House Bill*

Section 102 would modify the mandate for VA to maintain capacity in specialized medical programs for veterans by requiring the Department and each of its Veterans Integrated Service Networks to maintain capacity in certain specialized health care programs for veterans (those with serious mental illness, substance-use disorders, spinal cord injuries and dysfunction, the brain injured and blinded, and those who need prosthetics and sensory aids); and, would extend the capacity reporting requirement for 3 years.

*Senate Bill*

S. 1598 similarly would modify current law with regard to VA's capacity for specialized services, but would require that medical centers maintain capacity, in addition to geographic service areas; require that VA utilize uniform standards in the documentation of patient care workload used to construct reports under the authority; require the Inspector General on an annual basis to audit each geographic service area and each medical center in the Veterans Health Administration to ensure compliance with capacity limitations; and, prohibit VA from substituting health care outcome data to satisfy the requirement for maintenance of capacity.

*Compromise Agreement*

Section 203 is derived substantially from the House bill, with addition of provisions from the Senate bill, including a requirement that VA utilize uniform standards in

the documentation of workload; a clarification that ''mental illness'' be defined to include post-traumatic stress disorder (PTSD), substance-use disorder, and seriously and chronically mentally ill services; a prohibition from substituting outcome data to satisfy the requirement to maintain capacity; and, a requirement that the IG audit and certify to Congress as to the accuracy of VA's required reports.

PROGRAM FOR THE PROVISION OF CHIROPRACTIC CARE AND SERVICES TO VETERANS

*Current Law*

Public Law 106–117 requires the VA to establish a Veterans Health Administration-wide policy regarding chiropractic care. Veterans Health Administration Directive 2000–014, dated May 5, 2000, established such a policy.

*House Bill*

Title II would establish a national VA chiropractic services program, implemented over a 5-year period; authorize VA to employ chiropractors as federal employees and obtain chiropractic services through contracts; establish an advisory committee on chiropractic care; authorize chiropractors to function as VA primary care providers; authorize the appointment of a director of chiropractic service reporting to the Secretary with the same authority as other service directors in the VA health care system; and provide for training and materials relating to chiropractic services to Department health care providers.

*Senate Bill*

Section 204 of the Senate Bill would establish a VA chiropractic services program in VA health care facilities and clinics in not less than 25 states. The chiropractic care and services would be for neuro-musculoskeletal conditions, including subluxation complex. The VA would carry out the program through personal service contracts and appointments of licensed chiropractors. Training and materials would be provided to VA health care providers for the purpose of familiarizing them with the benefits of chiropractic care and services.

*Compromise Agreement*

Section 204 would follow the Senate bill but would replace its reference to 25 states with a reference to VA's 22 Veterans Integrated Service Networks (referred to as ''geographic service areas'' in the section). Also, the agreement would include an advisory committee to assist the Secretary of Veterans Affairs in implementation of the chiropractic program. Under the agreement, the advisory committee would expire 3 years from enactment.

FUNDS FOR FIELD OFFICES OF THE OFFICE OF RESEARCH COMPLIANCE AND ASSURANCE (ORCA)

*Current Law*

The Under Secretary for Health has provided funding for ORCA field offices from funds appropriated for Medical and Prosthetic Research.

*Senate Bill*

Since field offices of ORCA directly protect patient safety, section 205 would authorize VA to fund them from the Medical Care appropriation.

*House Bill*

The House bill has no comparable provision.

*Compromise Agreement*

Section 205 follows the Senate bill.

The Committees are concerned about the need for ORCA to maintain independence from the Office of Research and Development. The Committees have concluded, on the strength of hearings and reports on potential conflicts of interest, that funding for ORCA field offices should be statutorily separated from the Medical and Prosthetic Research Appropriation and associated with the Medical Care Appropriation. ORCA advises the Under Secretary for Health on matters affecting the integrity of research, the safety of human-subjects research and research personnel, and the welfare of laboratory animals used in VA biomedical research and development. ORCA field offices investigate allegations of research impropriety, lack of compliance with rules for protection of research participants and scientific misconduct. The ORCA chief officer reports to the Under Secretary for Health.

MAJOR MEDICAL FACILITY CONSTRUCTION

*Current Law*

None.

*Senate Bill*

Fiscal year 2002 appropriations are available for an emergency repair project at the VA Medical Center, Miami, Florida. Section 205 of the Senate Bill authorizes $28.3 million for this project, in accordance with section 8104 of title 38, United States Code.

*House Bill*

The House bill has no comparable provision.

*Compromise Agreement*

Section 206 follows the Senate bill.

SENSE OF CONGRESS ON SPECIAL TELEPHONE SERVICES FOR VETERANS

*Current Law*

None.

*House Bill*

Section 104 would require the Secretary to assess special telephone services for veterans (such as help lines and ''hotlines'') provided by the Department. The assessment would include the geographic coverage, availability, utilization, effectiveness, management, coordination, staffing, and cost of those services. It would require the assessment to include a survey of veterans to measure satisfaction with current special telephone services, as well as the demand for additional services. The Secretary would be required to submit a report to Congress on the assessment within 1 year of enactment.

*Senate Bill*

The Senate bill contains no comparable provision.

*Compromise Agreement*

Section 207 contains a Sense of the Congress Resolution on the Department's need to assess and report on special telephone services for veterans.

RECODIFICATION OF BEREAVEMENT COUNSELING AUTHORITY AND CERTAIN OTHER HEALTH-RELATED AUTHORITIES

*Current Law*

Chapter 17 of title 38, United States Code, contains various legal authorities under which VA provides services to non-veterans. These provisions, that authorize bereavement and mental health counseling, care for research subjects, care for dependents and survivors of permanently and totally disabled veterans, and emergency humanitarian care, are intermingled with authorities for the care of veterans in various sections of chapter 17.

*House Bill*

Section 105 of the House bill would in a new subchapter consolidate and reorganize without substantive change all of the legal authorities under which VA provides services to non-veterans. It would reorganize section 1701 of title 38, United States Code, by transferring one provision (pertaining to sensorineural aids) to section 1707.

Section 105 would create a new Subchapter VIII in Chapter 17 of title 38, United States Code, to incorporate provisions concerning bereavement-counseling services for family members of certain veterans and active duty personnel. A new section 1782 would provide counseling, training, and mental health services for immediate family members.

Section 105 would place in the new subchapter the current dependent health care authorities known as ''Civilian Health and Medical Programs—Veterans Affairs'' (CHAMPVA), transferred from current section 1713 to the new section 1781. A new provision would specify that a dependent or survivor receiving such VA-sponsored care would be eligible for bereavement and other counseling and training and mental health services otherwise available to family members under the subchapter.

The existing authority to provide hospital care or medical services as a humanitarian service in emergency cases would be moved to this new subchapter from its current location in section 1711(b).

Section 105 would also make various technical changes to accommodate the subchapter reorganization. These changes would recodify the existing provisions, and consolidate and clarify the existing statutory authority to provide care to non-veterans.

*Senate Bill*

The Senate bill has no comparable provisions.

*Compromise Agreement*

Section 208 follows the House bill.

EXTENSION OF EXPIRING COLLECTIONS AUTHORITIES

*Current Law*

Section 1710(f)(2)(B) of title 38, United States Code, authorizes VA until September 30, 2002, to collect nursing home, hospital, and outpatient co-payments from certain veterans. Section 1729(a)(2)(E) of title 38, United States Code, authorizes VA until October 1, 2002, to collect third-party payments for the treatment of the nonservice-connected disabilities of veterans with service-connected disabilities.

*House Bill*

Section 106 would extend until 2007 VA's authority to collect means test co-payments and to collect third-party payments.

*Senate Bill*

The Senate bill contains no comparable provision.

*Compromise Agreement*

Section 209 follows the House bill.

PERSONAL EMERGENCY RESPONSE SYSTEM FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES

*Current Law*

None.

*House Bill*

Section 107 of the House bill would require the Secretary to carry out an evaluation and study of the feasibility and desirability of providing a specialized personal emergency response system for veterans with service-connected disabilities. It would require a report to Congress on the results of this evaluation.

*Senate Bill*

The Senate bill contains no comparable provision.

*Compromise Agreement*

Section 210 follows the House bill.

HEALTH CARE FOR PERSIAN GULF WAR VETERANS

*Current Law*

Section 1710 of title 38, United States Code, defines eligible veterans for whom the Secretary is required to furnish hospital, nursing home, and domiciliary care. Section

1710(e)(1)(C) of title 38 authorizes the Secretary to provide health care services on a priority basis to veterans who served in the Southwest Asia Theater of operations during the Persian Gulf War. Section 1710(e)(3)(B) of title 38 specifies that this eligibility expires on December 31, 2001.

*Senate Bill*

The Senate Bill would amend section 1710 of title 38, United States Code, to extend health care eligibility for veterans who served in Southwest Asia during the Gulf War, to December 31, 2011.

*House Bill*

The House Bill contains no comparable provision.

*Compromise Agreement*

Section 211 follows the Senate bill but extends the health care eligibility to December 31, 2002.

## STEELWORKERS' APPEAL

### HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 20, 2001*

Mr. KUCINICH. Mr. Speaker, on December 12th, hundreds of Americans came to the Capitol to implore their elected representatives to help them. They are steelworkers, living in Ohio, Indiana, Illinois, Minnesota and Pennsylvania. They work for LTV Steel Company, which is in bankruptcy after enduring years of unfair competition from foreign imports.

The steelworkers testified before a hearing of the Congressional Steel Caucus. They spoke poignantly and eloquently. They expressed the key principles upon which our Republic was founded: liberty and justice for all. They have made the reasonable demand that we, their elected representatives, uphold those principles in a global economy.

I am entering into the RECORD the testimony from that hearing, so that all of my colleagues may hear their appeal.

STATEMENT OF TONY PANZA, LTV STEELWORKER, UNITED STEELWORKERS OF AMERICA, LOCAL 1157, CLEVELAND, OHIO

Hello. My name is Tony Panza. I'm 36 years old and have been employed by LTV Steel Company in Cleveland, Ohio since 1988. During my first ten years, I worked in the power house of the mill. I later joined the apprenticeship program and became a millwright in 1998. I had a good job and expected to work in this job until I retired some day. I am a third generation steelworker. I am married and my wife and I have two daughters, Isabel, age four, and Rosalie, age 10.

In late 2000 when LTV first declared bankruptcy after suffering from the surge of foreign dumped steel, I joined the SOS (Save Our Steel) Committee to try to get Congress to stop illegally-dumped foreign steel before it destroyed any more American steel companies. Unfortunately, we have been unsuccessful up to this point. Some 29 American steel companies, including LTV, have been forced into bankruptcy. Several of those companies have been forced to shut down completely. One of the reasons is the snail's pace of the process in getting a loan from the Emergency Steel Loan Guarantee Board. It is my understanding that this program was established for circumstances just like what we face at LTV. The system seems to be working against us. By the time we can get help, it may be too late.

I urge the Steel Caucus to do whatever you can in order to see that this program fulfills its duties under the law. Also, I'd like to stress to everyone here the devastating effect a permanent shutdown of LTV Steel would have not only upon our steelworkers, but also all of our retirees. It seems the only growth industry in this country is health care. Prices for health care, including prescription drugs, far exceed any increase in wages or benefits. If LTV permanently shuts down, not only will our retirees get reduced pensions from the PBGC and become a burden on the government, they will also be forced to bear this great additional cost on their fixed incomes.

Growing up in this country, I was always taught to respect and care for my elders. It would seem that some in our government have forgotten this basic lesson. To allow those that invested so much of their blood, sweat, and tears in an industry and a company to make this country strong to be thrown to the wolves would make them victims to the policies of their own government. With the current economic situation in this country, the devastating effects a permanent shutdown of LTV would have would only make it harder on America to pull out of the current recession. It will only create a bigger burden on city, state, and Federal governments. Worse than that is the loss of self-respect of the people who helped to make this a great nation.

My brothers and sisters and I are not asking for riches. We are not sports stars or movie stars. We are only asking to have the right to earn decent wages and benefits through the sweat of our labor so that we can buy a house, educate our children, and some day retire in dignity. The people here in Congress and in this administration have the ability to make that happen.

Do not let the American dream die from neglect. I urge you in the strongest possible terms to get the Emergency Steel Loan Board to approve the $250 million loan guarantee to LTV Steel.

Thank you.

STATEMENT OF BOB RANKIN, LTV STEELWORKER, UNITED STEELWORKERS OF AMERICA, LOCAL 188, CLEVELAND, OHIO

Thank you for the privilege of appearing today to speak about the future of LTV Steel and the future of steelworkers like myself and thousands of others.

My name is Bob Rankin. I worked as a production worker at LTV's mill in Cleveland, Ohio. I have worked for LTV since 1978. My job was to inspect steel products being manufactured on the line.

I have a 10-year old son born with a brain injury. When he was two years old, the doctors told us that he probably would not be able to speak or communicate with other people. We found a hospital in Philadelphia called the Institute for Child Development. He was put in 12 to 14 hours a day of therapy. Our insurance paid for 85 to 90 percent of the costs. The cost for one week of care is approximately $18,000. Our son was in this program for three years and he has achieved remarkable success during that time. He is now walking and talking and going to a regular school. Without our insurance, this would never have happened.

He still receives physical therapy today which helps him to have a better quality of life. If it were not for my insurance, the cost of his care in a public hospital setting would have been enormously more expensive and probably would not have improved his medical condition.

My wife and I are not unique in wanting the best life possible and the best medical care for our child. There are many other workers at LTV who face similar challenges in providing health care for their loved ones, whether it is a spouse or children.

As I see it, the emergency steel loan guarantee is the next step in helping to save LTV Steel and our jobs and health care benefits. The Steelworkers union has actually already taken the first step in cooperation with the company's unsecured creditors by developing a plan which includes work rule concessions by the steelworkers.

Our members work hard every day. Many, like myself, have devoted years to making LTV Steel succeed. Unfortunately, over the past five years, we have witnessed a literal flood of foreign-made steel coming into the U.S. market. This has depressed steel prices here in the U.S. and is largely responsible for the circumstances which have forced LTV Steel and 29 other U.S. steel companies into bankruptcy.

Congress created the Emergency Steel Loan Guarantee Board for precisely this situation; to help a domestic American company that has been ravaged by cheap foreign steel to get back on its feet and survive. We have seen in the news where the IMF and the World Bank have allowed loans to foreign countries, including China, so that they can build up their own steel industries. Our own government has backed these loans. Yet when we are pleading for our survival, we are kept waiting and wondering whether we will have jobs.

I urge you not to wait any longer. Please contact the Emergency Loan Guarantee Board and ask them to approve the $250 million loan guarantee for LTV Steel. We need this guarantee to save our jobs and to save our families.

Thank you.

STATEMENT OF RICHARD DOWDELL, LTV STEELWORKER, UNITED STEELWORKERS OF AMERICA, LOCAL 1011, INDIANA HARBOR, INDIANA

Thank you for the opportunity to appear before you today to speak about the crisis facing myself and over 8,000 other employees of LTV Steel.

My name is Richard Dowdell. I serve as a Unit Co-chairperson of the Chicago coke plant. I began working at LTV Steel in March, 1964 as a stove tender. I joined the mechanical apprenticeship program and became a millwright in 1966. I am married and have two children.

LTV has arbitrarily decided it is better for the employees working in its steel mills to no longer have a job. They actually told the bankruptcy court judge that it is better for us to have finality in this matter and to get on with our lives. But I have invested 37 years of my life working for LTV Steel and I am not willing to go without fighting to save my company and my job. The Steelworkers union and the unsecured creditors have put forward a modified labor agreement that can and should be accepted. The sacrifices being offered by our steelworkers will give us at least a fighting chance to save LTV Steel if they are approved by the bankruptcy court.

The termination of our contract would mean that thousands of steelworkers and retirees could lose their health insurance. My wife has an existing medical condition where she has a microvalve in her heart which requires expensive medication. If we were to lose our health insurance, I do not know how we would be able to afford her medication. There are some 69,000 LTV retirees, many of whom are in similar circumstances and are relying on the company providing their health insurance. if we were to lose our health insurance, there may not be anywhere for us to go, especially for those like my wife who have serious, pre-existing medical conditions that require expensive medication.

LTV's asset protection plan does not protect two of their most important assets: the