chances were one in two that its production would rise in a few years to 4 percent of U.S. oil use, dropping to one percent five years later and less thereafter. Not surprisingly, Congress didn't find that a compelling reason to make an irreversible sacrifice of the wilderness. If in some presently unimaginable future the nation absolutely required ANWR's oil it would still be there for the taking.

Since then, the U.S. Geological Survey has slashed the expected find by more than half. An offshore well drilled in one of the most promising areas was a bust. Another hit oil but not in developable quantity, though the company, Atlantic Richfield, is still enthusiastic.

Meanwhile, the expected market in which ANWR oil would have to compete, has turned from tight to squishy. Projected oil prices for the year 2000 are down from $38 to $19 per barrel. That turns the industry's five-year-old projection, which it is now shamelessly recycling, of 700,000 jobs created nationwide, from highly unlikely to laughable.

The last-resort claim is that drilling won't make much difference to this narrow plain that is the biologically crucial part—the birthing, denning, feeding and nursery ground—of a much larger, fragle and unique arctic ecosystem. But no matter how environmentally sensitive the effort, 400 miles of roads, 11 production facilities, four airstrips, two ports, massive gravel mining and housing for several thousand, plus associated emissions and toxic wastes are not what most peole expect of wilderness. Neither will the plants and animals.

What's left? A short-term fix that might or might not prolong the oil-welfare state. Not much there to arouse support, even in Washington. So the state's powerful congressional delegation, whose members chair both the House and Senate Natural Resources Committees, came up with a sweetener. They propose to give half of the hoped-for leasing revenue to Washington, which helps make the numbers work in the Republicans' deficit-reduction plan. If Congress counts on the money, however, it is playing a chump's game. The state has promised to sue for any split less than the 90 percent it believes is guaranteed by its Statehood Act.

Alaska's congressmen want the name of the Arctic National Wildlife Refuge changed to the Arctic Oil Reserve. It's revealing that what's gone is not just wildlife, but the national interest as well. Until Congress acts, they unilaterally have adopted a new acronym, AOR. If the ANWR proposal does pass, the delegation has a lot more to follow, including develop in the Tongass National Forest and turning back 70 million acres of federal lands to the state.

Instead, Congress should give the ANWR proposal the treatment it deserves. In the spirit of adopting new acronyms it could send along a message as well: GRA. Get Real, Alaska. The rest of us would trade for your troubles. Face the real choices now—ANWR isn't the answer.●

DISCRIMINATION AGAINST MENTALLY DISABLED VETERANS

● Mr. ROCKEFELLER. Mr. President, on September 26, during the Senate debate on H.R. 2099, the VA–HUD appropriations bill, I offered an amendment to strike a provision in the bill which would discontinue disability compensation payments to certain mentally disabled veterans when their savings reach $25,000. Unfortunately, my amendment was not adopted. I continue to believe strongly that this provision should not be enacted and urge the conferees on H.R. 2099 to drop it.

Mr. President, as I noted in that debate, this provision discriminates against a small group of veterans: those who are mentally disabled. It does terrible harm to these veterans. One proponent of the provision expressed the view that the provision does not affect the standard of living or the condition of any veteran. I disagree.

Mr. President, let me describe the situation of a veteran who called my office to explain how this provision affects her. She is from New Mexico. She receives VA compensation for a mental disorder that resulted from her military service. At times over the years, her disability has been particularly bad and she has been rated incompetent by VA. Right now, she is doing better and is not rated incompetent. However, she never knows when things will turn bad again and she will again be at risk of being rated incompetent.

Because of this risk, she told committee staff that, if this provision is enacted, she will not go to the VA hospital for treatment because she is afraid they will determine her condition is worse and they will recommend she be rated incompetent. If that happened, she would lose her compensation. Then she would lose her house because she could not make the mortgage payments. That is what she said. So, she will not seek treatment.

Mr. President, I understood that this bill would take away disability compensation from incompetent veterans whose estates exceed $25,000, and I have opposed it as rank discrimination against a small group of veterans who are unable to protect themselves. Until this veteran called, however, I had not focused on how this provision would inhibit the very people we are trying to help from seeking medical treatment. I am convinced that this woman's condition will be affected by this provision. She is so afraid of this provision she will not seek the help she needs—help she has earned—help she is entitled to. That is what this provision does to mentally disabled veterans. That is why it should be dropped in the conference report.●

VETERANS HEALTH CARE ELIGIBILITY REFORM ACT OF 1995

● Mr. WELLSTONE. Mr. President, I understand that the House Budget Reconciliation bill incorporates the provisions of the ''Veterans Health Care Eligibility Reform Act of 1995,'' a draft bill which addresses some of the critical problems faced both by veterans seeking health care and by the VA in providing health care services. I applaud the sponsors of the bill for their efforts to help the VA fulfill its lofty purpose: to take care of those who have served their country with pride and honor.

The House bill would enable the VA to provide its services more efficiently and in the most appropriate setting, assuring our Nation's veterans that they could receive the care they need. Specifically, it would ensure that VA health care providers are granted the freedom to treat veterans on an outpatient basis when appropriate and would broaden the VA's authority to contract for outpatient services. In other words, the VA at long last could pursue methods of treatment based on medical and economic common sense, benefiting veterans and providers alike.

Let me highlight some of the key provisions of this innovative legislation which is of major importance to America's veterans. It would:

Enable VA, within appropriations, to provide all needed hospital care and medical services to eligible veterans, including preventive and home health care;

Call for VA to manage the provision of care and services through enrollment or registration, based on a system of priorities;

Assign priority for enrollment in the following order: First, veterans 30 percent or more service-connected disabled, second, former POW's and veterans with service-connected disabilities rated 10 or 20 percent, third, veterans receiving aid and attendance or housebound benefits and otherwise eligible veterans who suffer from a catastrophic disability, fourth, veterans unable to defray the cost of medical services, and fifth, all others;

Give VA discretion to determine how an enrollment system would operate and authority to set additional priorities within the above priority groups; and

Protect specialized VA programs, such as those for veterans with spinal cord injuries and post-traumatic stress disorder.

Mr. President, I want to stress that this legislation not only enjoys broad bipartisan support in the House, but that it is very much in the spirit of the Senate Appropriations Committee report issued last month on the VA, HUD, and Independent Agencies Appropriations bill under the aegis of my distinguished colleagues Senators BOND and MIKULSKI.

This report noted the committee had included a provision ''enabling VA to treat veterans eligible for hospital care or medical service in the most efficient manner,'' adding that the Committee supported the VA's efforts ''to shift as much of its inpatient workload to ambulatory care settings as possible, to make better use of its resources.'' This is precisely what the House bill seeks to accomplish.

I also want to underscore that this legislation has won widespread support from numerous veterans service organizations [VSO's], experts on veterans health care, and the VA.

There have, however, been widely differing estimates from the VA and CBO on how the bill will affect demand for VA services and what impact if any it