

House last year, I understand that we need to be extremely scrupulous in how we spend money. Even when there is a clear need that could be funded, we must determine whether or not something has to be funded. Keeping that admonition in mind, I hasten to point out that in the DVA internal rating for major construction projects, the University Drive project scored 19.8—out of a highest possible score of 19.8. For your consideration, I have attached a copy of this analysis. There is no way in which this project could have been rated any higher of a priority.

In conclusion, this bill is in the best interests of the people of Pennsylvania and the Nation as a whole, and I urge Members to support it.

Mr. MCCOLLUM. Mr. Speaker, I rise in strong support of H.R. 3376, and commend Chairmen STUMP and HUTCHINSON for their efforts to bring this bill to the floor.

This bill represents another step toward addressing the disparity that has impacted many of Florida's veterans. Although the overall veterans population is declining, Florida's increases daily as more and more veterans move into the Sunshine State. Florida has the highest concentration of elderly veterans of any State, the second highest number of veterans of all ages, and the third highest concentration of wartime veterans. Last fiscal year, despite the fact that Florida facilities received the highest number of applications for medical care by service-connected veterans in the Nation, we continued to receive fewer funds than California, New York, and Texas—each with less demands on their systems.

Despite our leading veterans population, Florida has continued to receive far less than its fair share of funding for VA medical services. As a result, veterans that can receive care in other parts of the country that do not have such high veteran-to-facility ratios can find themselves turned away from more crowded facilities in Florida. These disparities must end.

This House has taken steps to address shortfalls in veterans medical care, by proposing a 13 percent increase in funding for VA medical care in fiscal year 1996, and moving forward on our plan to spend \$339 million more on veterans health care over 7 years than the President has proposed. This construction bill represents the next step by the new Republican Congress to honor our Nation's commitment to its veterans.

Most important to veterans in my community, the bill directs the Secretary of Veterans Affairs to study the best means of meeting the health care needs of veterans in east central Florida. There has been considerable controversy about what needs exist, and how to best meet them. One option may be to operate the former Orlando Naval Training Center Hospital as a veterans medical facility. The first floor of this five-story facility is already serving the 200,000 veterans in its service area as an outpatient clinic, drawing veterans from across east central Florida. The additional floors contain some of the most advanced inpatient care facilities—including intensive care units, critical operating rooms, inpatient beds, and an efficient food delivery service—in any private, public, or veterans hospital in Florida. Incredibly, Secretary Brown has proposed to destroy these facilities, and spend money to fill the space with nursing home beds.

I do not dispute the need for additional long-term care in Florida, and will support various

efforts to make this option available to our veterans. As stated, our State has the highest number of elderly veterans in the country. But spending scarce health care dollars to effectively destroy a fully functional, state-of-the-art hospital—especially when such facilities are so needed in east central Florida—makes absolutely no sense, especially when a completely separate nursing home facility could be built without sacrificing the hospital for almost the same amount of money.

The committee has directed that this report must examine the need to include acute inpatient services, such as those provided by the Orlando facility, as well as psychiatric and long-term services. It is my hope that the report required by this legislation will illustrate other options to best meet the health care needs of veterans in east central Florida.

Last year, this Congress approved funding to construct another badly needed outpatient clinic in Brevard County. This means that after years of delay, Brevard County veterans will finally be able to receive needed ambulatory care close to home. I commend this Congress' action, and specifically praise the efforts of my colleague, Congressman DAVE WELDON, for finally succeeding in bringing additional veterans health care facilities to east central Florida.

Relief is on the way for veterans in Florida, and this legislation certainly moves us forward in that struggle. New facilities are being built, older ones are being re-engineered to meet new needs, and wide gaps in service-areas may finally be filled as a result of this committee's past efforts and future plans. I commend the committee and this House for working to repay the debt of our Nation owes its veterans, and helping to correct some of the imbalances that have left veterans in Florida in need of such greater attention.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I want to thank Mr. MONTGOMERY for the time to speak today and for your leadership, as well as that of Chairman STUMP, in seeing this bill through the legislative process.

Mr. Speaker, colleagues, this bill addresses some urgent needs among our Nation's veterans' medical facilities and I rise in strong support of the legislation and urge its swift approval.

The \$434 million authorized by this legislation is perhaps some of the most important money that we will be discussing on this floor, for it will be spent ensuring that the men and women who put their lives on the line for our Nation will be adequately taken care of once they have left service.

This money renovates, upgrades and, where needed, expands current Department of Veterans Affairs medical facilities to ensure that the needs of our former servicemen and women are met.

One project of particular importance to me and my constituents in the 37th Congressional District is the seismic upgrading of the VA medical center in Long Beach, CA.

This bill provides \$20.2 million to allow the Department of Veterans Affairs to bring three of the buildings at the Long Beach facility up to code in terms of earthquake safety, fire safety, mechanical and electrical safety, and compliance with the Americans with Disabilities Act.

The buildings receiving these improvements are all over 50 years old and in serious need of repair.

Specifically, the three buildings to be improved house important operational and various support services critical to monitoring the health and welfare of our veterans.

Without these repairs the buildings, all of which were built in 1943, are in grave danger. The facilities are very close to the Newport-Inglewood Fault Zone, which is considered active and capable of generating an earthquake of magnitude 7.0.

The VA has testified that there is no other medical facility in Long Beach large enough to meet the VA's needs, and it is expected that the major functions of this Medical Center will remain the same under the proposed Veterans Integrated Service Network.

In short, this is an important facility to the veterans residing in the Long Beach area and it is therefore incumbent upon us to ensure that it meets the basic safety codes of the area.

It is for this reason that these seismic repairs were included in the President's fiscal year 1997 budget request and that the Department of Veterans' Affairs Undersecretary for Health, Mr. Kenneth Kizer, testified in support of these repairs as recently as March.

Without these repairs, we are placing the lives of our Nation's veterans, as well as the lives of those who serve them, in grave danger.

I would submit to my colleagues that our veterans deserve better than this, and I am pleased to see that the committee agrees with this assessment.

I look forward to working with you, Congressman MONTGOMERY, and with Chairman STUMP, to see that the wisdom of the committee is followed and that the veterans who use the Long Beach facilities are not placed in harm's way.

In closing, I would like to commend the committee for deciding to name the medical center in Jackson, MS after our esteemed colleague from Meridian, Mr. MONTGOMERY. Although I have only had the honor of serving with him for a little over a month, I appreciate the work that he has done for our veterans and share the committee's view that it is befitting to bestow such an honor in naming a veteran's medical center in his honor in his home State.

So, once again, I rise in support of this important legislation and I urge my colleagues to do the same.

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

Mr. STUMP. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. UPTON). The question is on the motion offered by the gentleman from Arizona [Mr. STUMP] that the House suspend the rules and pass the bill, H.R. 3376, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MANDATORY FEDERAL PRISON DRUG TREATMENT ACT OF 1996

Mr. HEINEMAN. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 2650) to amend title 18, United States Code, to eliminate certain sentencing inequities for drug offenders, as amended.

The Clerk read as follows:

H.R. 2650

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Mandatory Federal Prison Drug Treatment Act of 1996".

SEC. 2. ELIMINATION OF SENTENCING INEQUITIES FOR DRUG OFFENDERS.

(a) IN GENERAL.—Subparagraph (B) of section 3621(e)(2) of title 18, United States Code, is amended to read as follows:

"(B) ADMINISTRATION OF TREATMENT PROGRAMS.—The Attorney General shall ensure through the use of all appropriate and available incentives and sanctions that eligible prisoners undergo a program of substance abuse treatment."

(b) CONFORMING AMENDMENT.—The heading for paragraph (2) of section 3621(e) of title 18, United States Code, is amended by striking "INCENTIVE FOR PRISONERS' SUCCESSFUL COMPLETION OF TREATMENT PROGRAM" and inserting "TREATMENT REQUIREMENT".

(c) ELIGIBILITY.—Clause (ii) of section 3621(e)(5)(B) of title 18, United States Code, is amended to read as follows:

"(ii) within 24 months of the date of release, or is otherwise designated by the Bureau of Prisons for participation in a residential substance abuse treatment program; and"

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from North Carolina [Mr. HEINEMAN] and the gentlewoman from Colorado [Mrs. SCHROEDER] each will control 20 minutes.

The Chair recognizes the gentleman from North Carolina [Mr. HEINEMAN].

GENERAL LEAVE

Mr. HEINEMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on H.R. 2650, the bill under consideration.

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

There was no objection.

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

Mr. Speaker, on November 16, 1995, I introduced H.R. 2650, the Mandatory Federal Prison Drug Treatment Act, to restore equity in the way the Federal Bureau of Prisons [BOP] administers its very successful drug treatment program.

This legislation is simple, yet intuitive. Instead of rewarding addicted inmates at the expense of clean inmates, the Mandatory Federal Prison Drug Treatment Act provides a proper incentive to recovering addicts to get treatment without providing them with advantage over other inmates who have not been addicted to narcotics.

On June 8, 1995 the Crime Subcommittee held a hearing concerning the Federal Bureau of Prisons. At that hearing, Kathleen Hawk, the Director of the Federal Bureau of Prisons testified that currently, the BOP can allow drug abusers to get out of prison a year

earlier than their clean counterparts simply by completing a drug treatment program. This inequity is not based on past criminal history. Rather, these unequal sentences are the result of one inmate's drug addiction.

Unfortunately, as now constituted, the BOP can reward a drug addict by taking a year off his sentence after completion of a drug treatment program. This is poor policy as well as simply unfair.

H.R. 2650 eliminates the ability of BOP to release an addicted inmate a year early if he completes a drug treatment program. To provide an incentive to get addicted prisoners into treatment, H.R. 2650 requires the Attorney General to ensure that BOP utilizes all positive incentives and sanctions available to get prisoners into an appropriate drug treatment program.

Thus, the Mandatory Federal Prison Drug Treatment Act preserves drug treatment programs in Federal prisons while providing incentives for addicts to get clean. H.R. 2650 provides BOP with the flexibility it needs to utilize a variety of incentives and sanctions for inmates at different security levels.

During the past few weeks, I have worked closely with the Bureau of Prisons and Department of Justice to ensure that the individuals who implement this legislation are in favor of it. While everyone agrees that Congress should eliminate the sentencing inequity which allows BOP to, in effect, reward an addicted inmate for being an addict, BOP was concerned that the original version of H.R. 2650 would unduly tie their hands in the administration of their drug treatment programs.

After extensive consultation, I incorporated DOJ's suggestions and the legislation now requires the Attorney General to ensure that BOP use all available sanctions and incentives to persuade eligible prisoners to participate in a drug treatment program. The bill provides BOP the needed flexibility to utilize a variety of sanctions for inmates at differing security levels. What are they? Preferred housing, half way house placement, employment in jail.

I am pleased to report that DOJ and BOP support enactment of H.R. 2650 and would like to submit the DOJ letter of support for H.R. 2650. Mr. Speaker, this is reasonable, bipartisan legislation which fixes a mistake enacted in the 1994 crime bill. This legislation strengthens the BOP's ability to get an addicted inmate in treatment and at the same time eliminates the sentencing disparity which allowed addicted inmates to get out a year early. I urge my colleagues to support this simple and important legislation.

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

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

Mr. Speaker, the gentleman from Michigan [Mr. CONYERS], the ranking member of the Committee on the Judiciary, could not be here today.

Mr. Speaker, I include for the RECORD his statement in support of the bill.

Mr. CONYERS. Mr. Speaker, I support this bill which requires prisoners eligible for drug treatment to successfully complete drug treatment programs and remain drug free after the program's completion to receive good time credit.

Current law unfairly favors drug-abusing offenders—who may receive up to a year off their prison terms by undergoing treatment—in comparison with nondrug abusing offenders who have no comparable opportunity for early release.

This bill provides that good time credit would not vest for an eligible prisoner unless the prisoner successfully completes a substance abuse treatment program and remains drug-free thereafter. Good time credit would accumulate, as it would for any prisoner, but it would not vest and could be revoked at any time prior to release if the prisoner did not receive treatment for drug abuse or if the offender failed to remain drug-free.

The incentives in the current law are misguided. Current law actually allows prisoners with drug problems to reduce their sentences more than prisoners who have no substance abuse problems. I support this bill because it rectifies this incentive problem while still encouraging prisoners with substance abuse problems to receive treatment.

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

Mr. HEINEMAN. Mr. Speaker, I yield such time as he may consume to the gentleman from North Carolina [Mr. COBLE].

Mr. COBLE. Mr. Speaker, I thank the gentleman from North Carolina for yielding time to me.

Mr. HEINEMAN has pretty accurately portrayed what this bill will do. Under current law, as he pointed out, the Bureau of Prisons may grant a nonviolent addicted prisoner as much as a 1-year early release if that inmate completes a residential drug treatment program. In other words, I think an argument could be made that the law discriminates in favor of criminals who enter prison with a drug habit.

Representative HEINEMAN's bill corrects this problem by eliminating the bureau's discretionary authority to act in this manner. In addition, H.R. 2650 requires the Attorney General to ensure that the Bureau of Prisons uses necessary incentives and sanctions to compel inmate participation in drug treatment programs.

Examples would include reduction in good time credits and preferred housing or job assignments. Representative HEINEMAN's bill enables the Bureau of Prisons to use a variety of these sanctions and incentives at varying and differing security levels.

Finally, Mr. Speaker, present law restricts drug rehabilitation assistance to those inmates who request such help. H.R. 2650 changes this requirement or alters it by confining treatment to inmates who are within 24 months of release, thereby hopefully maximizing each program's effects.

I applaud Representative HEINEMAN's work on this issue. His legislation serves the interest not only of society, it seems to me, but the inmate as well. In many instances, rewarding inmates for activity they should have avoided in the first place appears to perhaps be a misplaced priority.

I think Representative HEINEMAN's bill is pursuing the proper course, and I thank the gentleman from North Carolina for having yielded the time to me.

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

Mr. Speaker, H.R. 2650, the Mandatory Federal Prison Drug Treatment Act, restores equity in the way the Federal Bureau of Prisons administers its very successful drug treatment program. H.R. 2650 is an example of bipartisan legislation at its best. I have worked closely with the Department of Justice, and the Democrats on the Judiciary Committee, including the ranking minority member of the Crime Subcommittee, CHARLES SCHUMER, who enthusiastically supports this legislation.

As a 38-year law enforcement veteran, I know the importance of tough and effective drug treatment for non-violent offenders and the dangerous precedent set by rewarding drug addicts for simply being drug addicts.

H.R. 2650 does away with a loophole in the 1994 crime bill which allowed the Bureau of Prisons to release drug addicts a year earlier than their clean counterparts. The Mandatory Federal Prison Drug Treatment Act also strengthens the ability of the Bureau of Prisons to get addicted prisoners into treatment.

Thus, the Mandatory Federal Prison Drug Treatment Act preserves drug treatment programs in Federal prisons while providing a better policy for addicts to get clean. H.R. 2650 provides the Bureau of Prisons with the flexibility it needs to utilize a variety of sanctions for inmates at different security levels.

H.R. 2650 strengthens the Bureau of Prison's ability to employ a variety of incentives and sanctions to motivate inmates to participate in drug treatment programs and thus will maximize the effect of the program and the number of inmates receiving treatment. H.R. 2650 is emblematic of how tough law enforcement can be combined with effective treatment programs for non-violent offenders to provide maximum results.

Mr. Speaker, I would again like to thank my colleagues from both sides of the aisle for their support of this sensible legislation. I also want to thank our leadership and the staff of the Judiciary Committee for expediting consideration of this important and bipartisan measure.

Mr. HOKE. Mr. Speaker, as an original cosponsor of H.R. 2650 and as a member of the committee that heard testimony on it, I rise in strong support of the legislation.

This bill eliminates the sentencing inequity which now allows the Federal Bureau of Pris-

ons to reward a convicted felon simply for being a drug addict. The current state of our prison policy on this issue is downright appalling. Many of our constituents probably do not realize that drug addicts are eligible for early release from prison if they complete drug treatment programs while serving time. In other words, if a drug addict abides by the law while serving his sentence by forgoing illegal drug use, he will receive preferential treatment over other prisoners who are drug-free and serving the same sentence.

What signal are we sending to our young people by giving such preferential treatment to drug abusers? Our society has not done a very good job instilling basic moral values in our future generations, in large measure because we have ignored the real-life consequences of our activity here in Washington. Despite the tremendous amount of money that has been spent on drug prevention programs, substance abuse is on the rise. And what kind of role models do drug-addicted athletes make? It is time for Congress to take a stand, and use its bully pulpit to discourage drug use. While this legislation is narrowly drawn to address one aspect of our drug control strategy, it is a good first step.

Supporters of the current system argue that the early release mechanism is used as an incentive for addicts to seek help. But there are other "carrots" and "sticks" that may be used to achieve this same goal. For example, inmates might be granted preferred housing or job assignments. The bill requires the Bureau of Prisons to use all such incentives and sanctions to get prisoners into drug treatment programs.

This legislation recognizes that incentives can be powerful tools, but does not sacrifice the integrity of the prison sentence in the process. I commend the gentleman from North Carolina for introducing this bill and I am proud to support it.

Mr. DAVIS. Mr. Speaker, I rise today in strong support of H.R. 2650, the Mandatory Federal Prison Drug Treatment Act which was introduced by the gentleman from North Carolina, Congressman FRED HEINEMAN.

H.R. 2650 is a commonsense bill that would eliminate the sentencing inequity which currently allows the Federal Bureau of Prisons to in practice reward a drug addicted inmate for being a drug addict.

Under the 1994 crime bill, a disparity in sentencing was created that favors prisoners who attend drug treatment by giving them a 1-year credit toward the term of their sentence. Thus, those individuals who enter prison with a drug problem can currently be released earlier than a similarly sentenced individual who has no drug addition. Mr. Speaker, I believe that this provision of the 1994 crime bill is just another example of a well intentioned Federal law that has unintended practical consequences.

Congressman HEINEMAN's legislation does not modify the Bureau of Prisons successful drug treatment program currently in place. The bill would retain all incentives for completing drug treatment besides the credit toward early release. These incentives include giving inmates preferred jobs and housing assignments.

Instead, H.R. 2650 requires the Bureau of Prisons to provide proper incentives for addicted inmates to get treatment. Mr. Speaker, there is no reason why an inmate convicted for a crime should get 1 year taken off his

sentence just because he is a drug addict, while a similarly convicted inmate who is not an addict must serve a full sentence.

Therefore, I urge the House to support this bipartisan legislation.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from North Carolina [Mr. HEINEMAN] that the House suspend the rules and pass the bill, H.R. 2650, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1445

ANTICOUNTERFEITING CONSUMER PROTECTION ACT OF 1996

Mr. MOORHEAD. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2511) to control and prevent commercial counterfeiting, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2511

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Anticounterfeiting Consumer Protection Act of 1996".

SEC. 2. FINDINGS.

The counterfeiting of trademarked and copyrighted merchandise—

- (1) has been connected with organized crime;
- (2) deprives legitimate trademark and copyright owners of substantial revenues and consumer goodwill;
- (3) poses health and safety threats to United States consumers;
- (4) eliminates United States jobs; and
- (5) is a multibillion-dollar drain on the United States economy.

SEC. 3. COUNTERFEITING AS RACKETEERING.

Section 1961(1)(B) of title 18, United States Code, is amended by inserting " , section 2318 (relating to trafficking in counterfeit labels for phonorecords, computer programs or computer program documentation or packaging and copies of motion pictures or other audiovisual works), section 2319 (relating to criminal infringement of a copyright), section 2319A (relating to unauthorized fixation of and trafficking in sound recordings and music videos of live music performances), section 2320 (relating to trafficking in goods or services bearing counterfeit marks)" after "sections 2314 and 2315 (relating to interstate transportation of stolen property)".

SEC. 4. APPLICATION TO COMPUTER PROGRAMS, COMPUTER PROGRAM DOCUMENTATION, OR PACKAGING.

(a) IN GENERAL.—Section 2318 of title 18, United States Code, is amended—

- (1) in subsection (a), by striking "a motion picture or other audiovisual work," and inserting "a computer program or documentation or packaging for a computer program, or a copy of a motion picture or other audiovisual work, and whoever, in any of the circumstances described in subsection (c) of this section, knowingly traffics in counterfeit documentation or packaging for a computer program,";