

athletes and launched the collegiate athletic careers of hundreds of students.

While many accolades have been bestowed on Coach Loney, few can compare to the praise his former students continue to express. Years later, his former students attest that he changed their lives by offering the motivation and inspiration they needed to succeed. Coach Loney believed in his athletes, even when they did not believe in themselves.

On Saturday, September 9, 2000 hundreds of former students will return to Upland High School to celebrate Coach Loney's recent retirement. As these individuals pay tribute to a great American by running one final lap for their devoted coach, I ask that this House please join me in recognizing, honoring and commending Coach Robert Loney as an American Hero.

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INTRODUCTION OF THE COM-
PREHENSIVE HEPATITIS C
HEALTH CARE ACT

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 7, 2000

Mr. FRELINGHUYSEN. Mr. Speaker, I rise today to introduce the Comprehensive Hepatitis C Health Care Act. This bill would fundamentally change the way the Department of Veterans Affairs is addressing the growing Hepatitis C epidemic, and would create a national standard for testing and treating veterans for the virus.

For several years, I and other members of this chamber from across the country have been asking the VA to look at the growing problem of Hepatitis C among the veterans population, and to dedicate the necessary resources to fighting this disease. According to the Centers for Disease Control and Prevention (CDC), Hepatitis C is a disease of the liver caused by contact with the Hepatitis C virus. It is primarily spread by contact with infected blood. The CDC estimates that an estimated 1.8 percent of the population is infected with the Hepatitis C virus, although that number is much higher among veterans. Vietnam-era veterans are considered to be at greatest risk, since many may have been exposed to Hepatitis C-infected blood as a result of combat-related surgical care during the Vietnam War.

Despite all the attention to Hepatitis C, and all that we are learning about this disease, the VA still lacks a comprehensive, consistent, uniform approach to testing and treating veterans for the virus.

We know this because the VA's handling of Hepatitis C has been raised in hearings in the House, both in the VA/HUD Appropriations subcommittee, of which I am a member, as well as the House Government Reform Subcommittee on National Security, Veterans Affairs and International Relations and the Veterans Affairs Subcommittee on Benefits.

In fact, in the VA/HUD Appropriations subcommittee hearing held on March 22, 2000, former VA Secretary Togo West claimed that the VA was unable to spend all of the Fiscal Year 2000 Hepatitis C funding of \$195 million because the demand was not there. He said, "if you are hearing that we are not using all of say the \$199 million that was appropriated in

2000 for hepatitis C, it would be because we are not seeing that incidence of patients that add up to that much money, essentially."

Unfortunately, we are seeing that incidence of patients, most acutely in New Jersey and New York, but across the country as well. If the VA had properly spent the \$195 million allocated in FY2000 on Hepatitis C testing and treatment, then there would have been little reason for the VA to release \$20 million from the National Reserve Account on June 28, 2000. Based on the VA's own figures, the \$20 million allocation was half of what the 22 Veterans Integrated Service Networks, or VISNs, had spent on Hepatitis C in just the first two quarters of FY2000 alone! This money was not even a downpayment toward the Hepatitis C costs being incurred by all 22 VISNs.

Further, only a fraction of the 3.5 million veterans enrolled nationally with the VA Health Care System have been tested to date. Part of the problem stems from a lack of qualified, full-time medical personnel to administer and analyze the tests. Most of the 172 VA hospitals in this country have only one doctor, working a half day a week, to conduct and analyze all the tests. At this rate, it will take years to test the entire enrolled population—years that many of these veterans do not have.

As a result of the VA's inaction, I am introducing the Comprehensive Hepatitis C Health Care Act.

This bill would improve access to Hepatitis C testing and treatment for all veterans, ensure that the VA spends all allocated Hepatitis C funds on testing and treatment, and set new, national policies for Hepatitis C care.

First, the bill would improve testing and treatment for veterans by requiring annual screening tests for Vietnam-era veterans enrolled in the VA system, and provide annual tests, upon request, to other veterans enrolled in the VA system. Further, it would require the VA to treat any enrolled veteran who tests positive for the Hepatitis C virus, regardless of service-connected disability status or priority group categorization. The VA would be required to provide at least one dedicated health care professional—a doctor and a nurse—at each VA Hospital for testing and treatment of this disease.

Veterans who request a liver biopsy or Hepatitis C genotype from VA would be able to receive those tests under this bill. Under the VA's current policy, veterans in some areas of the country have been denied access to these critical tests. And, VA staff would be provided with increased training options intended to improve the quality of care for veterans with Hepatitis C. Finally, the VA is encouraged to provide each VA hospital with one staff member, preferably trained in psychiatry, psychology or social work, to coordinate treatment options and other information with patients.

This bill would increase the amount of money dedicated to Hepatitis C testing and treatment, and would make sure these funds are spent where they are needed most. Beginning in FY01, the \$340 million in Hepatitis C funding would be shifted to the Specific Purpose account under the Veterans Health Administration, and will be dedicated solely for the purpose of paying for the costs associated with treating veterans with the Hepatitis C virus. The bill would allocate these funds to the 22 VISNs based on each VISN's Hepatitis C incidence rate, or the number of veterans

infected with the virus. The VISNs will be allowed to use other funds to pay for the costs associated with Hepatitis C testing and treatment, but the \$340 million in the Specific Purpose account could be used to pay for the costs related to Hepatitis C care.

Finally, this bill will end the confusing patchwork of policies governing the care of veterans with Hepatitis C in each of the 22 VISNs. This legislation directs the VA to develop and implement a standardized, national Hepatitis C policy for its testing protocol, treatment options and education and notification efforts. The bill further directs the VA to develop a standard, specific Hepatitis C diagnosis code for measurement and treatment purposes. Finally, the VA must develop a national "reminder system" to alert untested veterans to the need and availability of Hepatitis C testing.

Mr. Speaker, many veterans do not even realize that they may be infected with the Hepatitis C virus, and the VA is doing little to encourage them to get the critical testing they need. The VA currently lacks a comprehensive national strategy for combating this deadly disease. With the passage of the Comprehensive Hepatitis C Health Care Act, veterans will finally be provided with access to testing and treatment that they have more than earned and deserve.

The VA has known about the problem of Hepatitis C since 1992. They have not acted, and they must not be allowed to continue to push this disease under the rug. I urge my colleagues to join me in supporting this legislation.

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TEN YEARS AFTER, U.S. POLICY
TOWARD KUWAIT STANDS THE
TEST OF TIME

HON. DOUG BEREUTER

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 7, 2000

Mr. BEREUTER. Mr. Speaker, it was 10 years ago that the tiny Persian Gulf nation of Kuwait was invaded by Saddam Hussein's ruthless regime in Iraq. As a result of the exceptional leadership of President George Bush, the United States led a coalition of forces that soundly defeated the aggressor, and restored legitimate rule to Kuwait. At the time, the President's decision was heavily criticized by some; but the intervening decade has demonstrated that the decision to oppose Saddam Hussein was correct.

Mr. Speaker, it is appropriate for Members of this body to reflect on the risks that were involved in Operation Desert Storm. It was a remarkable achievement, made possible by the professionalism and dedication of our armed forces and those of our allies. In an era when politicians motives are cynically dissected by self-appointed pundits, we should be grateful that 10 years ago America stood against tyranny and barbarism.

Mr. Speaker, this Member would commend to his colleagues an editorial in the August 12, 2000, edition of the Omaha World-Herald. As this editorial correctly notes: "Operation Desert Storm prevented Iraq's dictator from spreading instability throughout the Middle East. Stopping that threat was an honorable cause of which Americans can be proud."