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House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Mr. CULBERSON).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 5, 2002.

I hereby appoint the Honorable JOHN ABNEY CULBERSON to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to not to exceed 5 minutes.

The Chair recognizes the gentleman from Florida (Mr. STEARNS) for 5 minutes.

LEAVE NO VETERAN BEHIND WAITING FOR A MEDICAL APPOINTMENT

Mr. STEARNS. Mr. Speaker, our President often proudly uses a very enthusiastic phrase committing our Nation to better education for our young people, "Let us leave no child behind," and rightly so. Children are the lifeblood of our Nation. But today, with all of the military commitments overseas, I propose another rallying cry, leave no veteran behind waiting to get a doctor's appointment.

Just as we must look ahead and nurture our children, we must look back in gratitude and take care of our veterans who have fought for freedom and democracy. Besides, investing in care for veterans is looking ahead, for timely veterans' benefits can serve as a powerful incentive in steering young people towards armed services careers.

Not a day goes by when I do not hear from a frustrated veteran who cannot get an appointment at a VA outpatient clinic or an inpatient VA bed. I suspect the same is true for most of my colleagues. For too long too few resources have been provided to the VA health care system, resulting in understaffed, underfunded facilities.

Last week Salvatore Stanzione, Assistant Executive Director of the Disabled American Veterans in Florida, presented to me some very disturbing trends. In my district and other parts of Florida, a wait of a year to see a primary care physician, and up to 16 months to see a specialist, is not unusual. Last Wednesday, Commander-in-Chief James Goldsmith of the Veterans of Foreign Wars shared that there are 37,000 veterans waiting for medical appointments in Florida. Intolerably, veterans are kept waiting for the most routine appointments, like diabetes or high cholesterol monitoring. If managed on a timely basis, these conditions are more comfortable to the veteran and less expensive to the American taxpayer.

Yesterday witnessed the bloodiest day of the Afghan War thus far. We mourn the nine American casualties of the downed Chinooks. In addition to those killed in battle, Defense Secretary Donald H. Rumsfeld reported that "There have been a number of wounded." Thankfully, he relayed that "close to half of those are already back in the battle, and of the remainder, relatively few have life-threatening wounds."

Today we ask American sons and daughters to give their blood to ad-

vance liberty and to halt terrorism, but when tomorrow comes, we show our veterans a chair in the waiting room. Especially egregious is the long wait for those who served for a long period or sustained a service-connected disability.

A Federal budget, just like that of a household or business, always faces difficult economic choices. But a household must first pay its creditors and buy grocery before it buys artwork and entertainment. This is the most basic necessity of obligation. Just like a household, America ought to first meet its obligations to those whom it owes in exchange for their service.

To exacerbate matters, the government seems to shut the door on other options for health care accessibility. Alternatives have been proposed over the years on expanding VA health care options. We have debated Medicare subvention to little avail. This Thursday, the House Committee on Veterans' Affairs and the Committee on Armed Services will again consider resource sharing between the two agencies.

Mr. Speaker, the gentleman from the First District of Florida (Mr. JEFF MILLER) knows this fight. He has not one single inpatient bed in his district. His veterans have to go to Biloxi, Mississippi, for hospitalization. Meanwhile, he has DOD facilities with available beds. Coordinating arrangements so that his veterans could use these DOD beds would solve this problem.

Mr. Speaker, we are a wartime Congress, and the Nation is in an era of renewed appreciation of soldiers, sailors, airmen and marines. Defense briefs top the headlines, and the box office movies feature current episodes on the wars in Somalia and in Vietnam. Let us embrace this mood and opportunity and commit this Congress to providing the attention and resources to the health care needs of those who have served. Yes, Mr. Speaker, let us leave

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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