be signed by the President and would send 20,000 children to school and help them quickly improve their standards.

HONORING AMERICA'S WORD TO OUR VETERANS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. NORWOOD) is recognized for 5 minutes.

Mr. NORWOOD. Mr. Speaker, when millions of older Americans decided to begin their military careers, one of the primary selling points used by the recruiters back then was the Federal Government's promise of retirement benefits. Those benefits included free lifetime health care.

The sales pitch went sort of like this: ''The pay is not very good, your family will have to move every couple of years, and there is a distinct possibility that you might be killed or crippled. But if you can live through it for the 20 years, you will have the satisfaction of having served your country along with a decent retirement. And you will not have to worry about health care costs eating up that retirement check because you will have free health care for life at military hospitals, as long as they have room for you.''

Well, Mr. Speaker, today 400,000 American veterans are dying prematurely. Many of these veterans are military retirees and now have no medical care option left but Medicare. Some do not even have Medicare coverage. They counted on the lifetime military health care promise, the promise that they were given upon entering the military, and did not sign up for Medicare Part B, not ever considering that the Federal Government might go back on its word. Now these men and women do not even have health coverage this Congress provides for draft dodgers.

While numerous good bills have been introduced in the 105th Congress to address this problem, there is one that I believe deserves some special attention, H.R. 1356, introduced by my very good friend the gentleman from Oklahoma (Mr. J. C. WATTS). H.R. 1356 offers the Federal Employees Health Benefits Program, or FEHBP, as an alternative for those beneficiaries who have lost access to the Department of Defense-sponsored health care.

This legislation has been cosponsored by 66 Members of this House. If it is modified with cost control caps, it would provide a cost-effective quick fix for those military folks and their families that are truly hurting today. It will go a long way towards solving the problems of all 8.2 million military retirees.

H.R. 1356 would require the Department of Defense to restore the current CHAMPUS/TRICARE Standard program to the quality benefit intended when the CHAMPUS program was enacted in 1966. It would allow Medicare-eligible retirees the option to enroll in the Federal Employees Health Benefits Program. Those under the age of 65 would be provided with the plan option if the restored benefit is not available.

This legislation is very similar to the Military Health Care Justice plan proposed by the National Association of the Uniformed Services to provide care to all military beneficiaries without harming readiness.

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FEHBP, the Federal Employee Health Benefits Plan, is a wonderful example of the Federal Government providing great health care at a reasonable cost, a Federal program that has actually been working for the past 37 years. In fact, according to the Heritage Foundation, it is the most efficient health care system of its kind in the country. I, as well as my staff, know this because we are currently enrolled.

As a veteran, I feel it is essential that the Federal Government honor the commitment it made to provide quality health care to those veterans who have served a minimum of 20 years of active Federal service. These are the men and women who have defended our Nation and protected our freedom. If the military health care crisis is not corrected through legislation that provides a solution in the next couple of years, these men and women could be denied the promise, the promise, from the Federal Government of lifetime medical care that was made to them when they first enlisted.

Nine million Federal civilian employees, including DOD civilian personnel, and 1.6 million DOD and other Federal civilian retirees and their dependents have the Federal Employee Health Benefit Plan. Let us honor our promise to the men and women who have protected us and let us pass H.R. 1356.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. MILLENDER-MCDONALD) is recognized for 5 minutes.

(Ms. MILLENDER-McDONALD addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York (Mrs. MALONEY) is recognized for 5 minutes.

(Mrs. MALONEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

(Mrs. MORELLA addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. LANTOS) is recognized for 5 minutes.

(Mr. LANTOS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. PETERSON) is recognized for 5 minutes.

(Mr. PETERSON of Pennsylvania addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. RANGEL) is recognized for 5 minutes.

(Mr. RANGEL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

LUNAR PROSPECTOR MISSION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. WELDON) is recognized for 5 minutes.

Mr. WELDON of Florida. Mr. Speaker, it is an honor for me to rise today and speak out in support of the men and women at NASA and at Spaceport Florida who are responsible for the recent very successful Lunar Prospector mission. And actually, this is an ongoing mission. The probe is still orbiting the Moon.

First of all, let me talk about Spaceport Florida. Spaceport Florida is a new entity. Some people may ask, ''What is a spaceport?'' Traditionally, most of the launches that have been done at Cape Canaveral have been done by the Federal Government, either the Air Force or NASA. Years ago, the State of Florida realized that, with the emerging commercial launch industry, that it would be very helpful to have a State agency that would actually launch rockets.

To my left on this easel is the first mission, the Lunar Prospector mission; and what we have here shown is the Lockheed Martin Athena II launch vehicle, which is this rocket right here. There are several State-sponsored spaceports, as we call them. They are like an airport or seaport, a place where you take off to another place. Instead of in an airplane, it is a rocket that is taking off.

Florida has the first successful launch of a rocket from its State-sponsored spaceport. And one of the big advantages of this is that it saves money. By having a spaceport handle it, we can cut back on a lot of bureaucracy and costs and be able to do things more efficiently. This whole mission, this Lunar Prospector mission, is part of what they call the faster, better, cheaper mode of doing things.

The reason this mission went off was because several years ago there was another mission. It was called Clementine. That was sponsored by both the Department of Defense and by NASA, which showed a suggestion that there might actually be ice on the Moon.

Now, on top of this rocket here, up there, was this probe called the Lunar Prospector, which is shown on this other visual that I have here. And the Prospector's mission was to map the surface of the Moon's crust and to search for conclusive evidence of water, or hydrogen. Water is made up of two parts hydrogen, one part oxygen. And the mission here was to look for that evidence of hydrogen on the surface of the Moon, which would be a sign that water is in the crust in a frozen form.

This was done through Prospector's neutron spectrometer, which can sense the hydrogen down to a depth of half a meter, and it measures the emanations of neutrons from the surface, which are considered by scientists to be the signature, the indicator that ice exists within the frozen soil on the poles of the Moon.

Well, lo and behold, what was discovered was very strong evidence. It is suspected that water exists on the lunar poles, possibly as much as one million tons of water, which is 30 billion gallons. It is enough water to equal a lake approximately 4 miles long, 4 miles wide, and one meter deep.

How did they get there? Well, nobody really knows. It may have been deposited there by comets. Now, what is the significance of this? Well, the significance of this is huge. Number one, it means that if we were to try to establish a colony on the Moon, that water would not have to be brought to the Moon. So we would have a ready source of water there for humans should they ever colonize the Moon to form, say, an observatory to study the universe on the surface of the Moon, the people would have access to water.

Importantly, though, they would also have access to oxygen. Because we can use the sun's solar rays to generate electricity to split water to form oxygen and hydrogen. Water, again, is H2O, two parts hydrogen, one part oxygen. So we could generate the oxygen needed for the people to breathe and we could create an atmosphere.

Another very important thing is we can take that oxygen and hydrogen and use it as rocket fuel. Indeed, hydrogen and oxygen is the primary fuel used on our Nation's Space Shuttle when it rockets off into space. So this is a tremendous breakthrough. And I applaud the team at Ames Research Center and Allen Bender and all of the researchers who were involved, especially the people at Spaceport Florida, in getting this probe into orbit.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maine (Mr. ALLEN) is recognized for 5 minutes.

(Mr. ALLEN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HOME HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. BARCIA) is recognized for 5 minutes.

Mr. BARCIA. Mr. Speaker, I want to talk about an issue that I am very concerned about today and that affects the quality of health care throughout this great Nation.

A few years ago, back in about 1989, I was involved in an automobile collision in which two, my car and another car, collided. The other car crossed the center line, and we had a horrendous crash. And I ended up serving about 4 weeks, receiving acute care in my hometown of Bay City, Michigan.

After I was released from the hospital, I had the privilege of being able to be a recipient of home health care. During that time, I was in a wheelchair and also on crutches for about 12 weeks.

So I got a massive dose, I guess, of education in terms of what the patients of this country go through in terms of receiving that quality health care in an acute facility, but then also having the opportunity to be released from that facility to recuperate further in a home environment.

Mr. Speaker, anyone who has ever had the need for extended medical care, as I have, knows that the ability to recuperate in one's own home provides a reassurance that cannot be provided in any other medical facility.

The people in our Nation that provide home health care provide a vital and cost-effective form of health care and medical treatments. Certainly when we have this quality care, we need to do all that we can to preserve our current home health care system.

That home health care system is, in fact, threatened by part of the recent balanced budget agreement that we voted on here in this House. As part of the Balanced Budget Act of 1997, we required that home health care providers obtain surety bonds in order to be a Medicare or Medicaid-eligible provider. The intent was to be sure that we could guard against fraud in the program, and no one would certainly disagree with that very worthy goal.

However, obtaining bonds can work a financial hardship on providers who are faced with extremely tight cash flows, especially since the Health Care Financing Administration wants to treat the cost of obtaining a bond as a nonreimbursable expense.

Fortunately, there is an alternative available. There is a long-standing provision of the U.S. Code which allows for government obligations like savings bonds and Treasury bills to be used as a substitute for surety bonds when surety bonds are required.

HCFA, to its credit, has recognized this option, and just this week met with officials of the Treasury Department to determine if government obligations could substitute for surety bonds in this instance.

I am happy to report to our colleagues that officials of both the Treasury Department and HCFA have advised my office that this substitution should be an option in the case of Medicare providers, and that they are hopeful in making it applicable in the case of Medicaid providers as well.

There are some details that need to be resolved by HCFA's counsel prior to a final decision being made, but I am hopeful that, in the end, we will be able to achieve meaningful assurance for our Medicare and Medicaid programs, not unfairly limit people's choices of care providers, and minimize any cost consequences to care providers.

I am hopeful that in HCFA's final determination that the agency will accept the face value of the government obligation as the par value, and not require an absolute current dollar-to-dollar match. The obligations, in my view, are sufficient to protect the government's interest and the integrity of the program.

Mr. Speaker, I urge all of our colleagues and home health care providers across the country to join me in urging HCFA to, as soon as possible, approve the use of government obligations in lieu of surety bonds, using the face balance as par value in this very important program.

ARMENIAN GENOCIDE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I am joined tonight by my colleague and friend the gentleman from California (Mr. SHERMAN). Both of us are members of the Armenia Caucus in the House of Representatives and also the India Caucus.

We have been active in dealing with some of the issues that would bring Armenia and the United States closer together as well as India and the United States.

There are a number of issues that we wanted to discuss this afternoon. I wanted to start out by talking about a recent development related to the Turkish Government, and what I consider a serious threat to academic integrity at two great American universities.

Negotiations are now under way between the Republic of Turkey and the University of California at Berkeley to establish a Turkish studies program at that university. In addition, Portland State University in Oregon has signed a contract with the government of Turkey to establish a similar program, although Portland State is currently reviewing the conditions of the grant.

These efforts, I want to stress, are part of a pattern that set up Turkish studies programs at great American universities, all funded with strings attached, I should stress, by the government of Turkey.

A similar study program was, in fact, set up at Princeton University in my