why we can't stop now. We need to continue to pass legislation consistent with our promise of reform to the American people.

To keep the spirit of reform moving, I urge my colleagues to join me in some spring House cleaning. The frank has grown from a tool to inform and educate constituents about legislative issues into a campaign advertisement to promote personal and political agendas. We need to restore credibility to the franking process by making Members accountable for the costs they incur.

Not only will my bill cut franking by 50 percent, but it also requires monthly statements of costs charged to each Member's account to be made available to the public. This bill will apply to sessions of Congress beginning after the date of enactment.

The bloated franking budget can be cut without damaging the ability of Members to communicate with their constituents. In the 103rd Congress, I used less than 50 percent of my franking budget, without impairing my ability to effectively correspond with my constituents. It is a common misnomer that a reduction in franking affects a Member's performance. Rather, it forces Members to use their mail budget solely to inform and educate.

Mr. Speaker, I think we can all agree that bringing an end to franking abuse is long overdue. Cutting the franking budget by 50 percent will restore the original intent of the frank while following through with our promise of continued congressional reform. I urge my colleagues to join me in supporting this bill.

TRIBUTE TO LEONARD H. MACKAIN

HON. JAY KIM

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 11, 1995

Mr. KIM. Mr. Speaker, I rise before the House floor today to recognize a major civic leader in the 41st District who has recently retired from many years of public service. The City of Brea has greatly benefitted from the contributions of Mr. Leonard H. MacKain who has been a leader in our community for many years.

Mr. MacKain has previously served on the Brea City Council from 1972 to 1976 with two consecutive terms as mayor from 1974 to 1976. During this period, he played an integral part in the building of the Brea Civic Center and Library and forming redevelopment areas which allowed for the construction of the Brea Mall.

In his career in education, Mr. MacKain has held the positions of superintendent, assistant superintendent, teacher principal, project manager and Board Educator member. His commitment and enthusiasm in this area has led to the construction and expansion of five schools in Brea and has created strong bonds between the city and the school district.

I also want to mention that Mr. MacKain has also served on the Harbors, Beaches and Parks Commission in 1976 and held this position for the next 15 years.

As the U.S. Congressman for the 41st District, I salute Mr. MacKain for his outstanding achievements and dedication as a public servant. Washington is beginning to delegate its power to the State and local level. This requires able leaders to use excellent judgment with this new responsibility. Mr. Speaker, I believe that Mr. MacKain is a fine example of a decision maker at the local level who has put in the effort to successfully transform a community by understanding and recognizing how to utilize existing resources given to it. America needs more people like him.

HOME FOR GUIDING HANDS

HON. DUNCAN HUNTER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 11, 1995

Mr. HUNTER. Mr. Speaker, mentally and physically disabled people are being helped by computers in two homes for the disabled because of techniques developed by Lloyd Hartvigsen. He credits part of the success for the lab he established at the Home for Guiding Hands at Lakeside, CA, to Lorraine Barrack, now 36 years of age, who has had cerebral palsy since birth.

''It just made sense that people who can't speak might find their voice with the aid of a computer,'' said Mr. Hartvigsen, a retired printer who established a 10-terminal lab for residents of the Home for Guiding Hands. The mother of Lorraine Barrack, Mrs. Elaine Barrack, said ''It's the first time my daughter has been able to write us a note that says 'I love you.' This was the first year she's been able to send out Christmas cards. You just can't know how precious these notes and letters are to me.''

Mr. Hartvigsen, working with Lorraine's family, decided that the wand and touch screen would be perfect, since she had control of her head movements. ''With a touch screen, everything you do with a keyboard can be done just by touching the screen,'' he explained. ''To use the computer, Lorraine puts on a cap with a foot-long wand attached. By leaning forward and tapping the wand on certain parts of the computer screen, she can write a note or play a game.''

Lorraine and 14 classmates at the Home for Guiding Hands use the computer system to do schoolwork, to paint and draw, and also to learn to type and send letters to relatives and friends. Mr. Hartvigsen is also employed part-time as a computer instructor at St. Madeleine Sophie's Center for the Handicapped in El Cajon, CA. He began volunteer work at the Home for Guiding Hands in 1988, but it was in the past 4 years that he realized how helpful computers could be as communication tools for the developmentally handicapped. Originally a volunteer at the Home for Guiding Hands, he was hired several months ago by the Home to operate the computer lab that he had set up. He now instructs residents of the Home in the use of computers, as well as residents of the St. Madeleine Sophie's Center.

Mr. Hartvigsen is the son of Austin Hartvigsen of Santee and the late Mrs. Austin Hartvigsen, both of whom were volunteers for several years at the naturalization ceremonies in San Diego. They welcomed the new citizens, answered any questions they might have, and helped them register to vote. The family is an outstanding example of the best in volunteerism in America.

WHY AMERICA NEEDS A DEPARTMENT OF VETERANS AFFAIRS

HON. G.V. (SONNY) MONTGOMERY

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 11, 1995

Mr. MONTGOMERY. Mr. Speaker, I am pleased to share with my colleagues a letter written by the Honorable Jesse Brown, Secretary of the Department of Veterans Affairs, to Mr. Stuart Butler, Vice President of The Heritage Foundation. The letter is in response to The Heritage Foundation's proposal to eliminate the Department of Veterans Affairs and establish it as a bureau within the Department of Defense.

I believe Secretary Brown's remarks point out how important it is to maintain the Department of Veterans Affairs. In the wake of all the ''myths'' being printed in the media about the Department's facilities and the services it provides, the facts laid out in Secretary Brown's letter make for very compelling reading.

THE SECRETARY OF VETERANS AFFAIRS,
Washington, May 10, 1995.

Mr. STUART BUTLER,
Vice President, The Heritage Foundation, Massachusetts Avenue NE., Washington, DC.

DEAR MR. BUTLER: I was rather perplexed when I read your proposal to eliminate the Department of Veterans Affairs and establish it as a bureau in the Department of Defense. Likewise, I was mystified by some of the specific program recommendations in your report on ''Rolling Back Government.'' About the only statement that I agree with is, ''The care of Americans who have served their country in the armed forces is a core function of the federal government.'' At least you are right in that regard.

CABINET STATUS

VA was elevated to Cabinet status in 1989 after years of congressional deliberation. President Reagan agreed with Congress that the agency charged with administering benefits and services to our veterans and their dependents (who now number 26 million and 44 million, respectively) belongs at the Cabinet table when issues are being formulated and acted upon. President Reagan was right. Your report portrays VA as an inefficient bureaucracy while offering no evidence in support of such a statement. I am curious how you arrive at the conclusion that the existing structure for providing veterans benefits and services would become more efficient with another layer over it, that of the Office of the Secretary of Defense, and possibly others. Further, if VA were to be made a bureau within DoD, the Nation's obligations to our veterans would constantly be at risk of being subordinated to National defense and security needs, particularly in time of conflict or great danger. The lack of wisdom of placing veterans programs in such a precarious position has been obvious to Congress and Presidents for many decades. How could you possibly fail to realize—or even address—the fact that a separate VA assures that veterans' needs are addressed on their own merits and not based on whether our Nation needs to spend more or less on defense?

DISABILITY COMPENSATION

Turning to the proposals you make for specific VA programs, I found it extremely ironic that, in the name of ''allowing veterans to enjoy the benefits of privately provided . . . retirement services'' and modernizing the VA disability compensation program, you simply propose taking away compensation from certain veterans. One group who would

''benefit'' from your efforts to bring VA up to the private, modern standards you admire are veterans with service-connected injuries or illnesses rate 10% or 20% disabling who do not meet an economic-need test that you failed to disclose and, thus, would lose their benefits. These veterans could have lost two fingers or four toes, or they might have persistent, moderate swelling of a foot as a residual of frostbite, or any of a wide range of other impairments—for which VA pays about 1.2 million veterans monthly compensation in the amount of $89 (the 10% rate or $170 (the 20% rate). These veterans, the target of your efforts to provide the ''benefits'' of what the private sector provides, will certainly be grateful for your efforts. I am also certain that they will find dismaying, as will all disabled veterans and all other Americans with disabilities, your unfounded conclusion that ''[d]isabity is no longer a major hindrance in finding work.''

You also urge that disability compensation payments be limited to those disabled as a result of ''direct'' active duty experiences. This apparently would mean that compensation would no longer be paid for disabilities incurred during military service unless it can be shown they were caused by the performance of official duties. However, military personnel are considered to be on duty 24 hours a day and are subject to military discipline and the military system of criminal justice around the clock every day of the year. Unlike civilian employees, who can refuse assignments and leave their jobs, service members cannot refuse orders sending them to remote or unfamiliar areas in the United States or overseas. Doing so would subject them to criminal prosecution, as would unauthorized absences. In addition, our people in uniform are often subjected to unusual physical and psychological stress, including the special dangers involved in training for combat and the horrible risks and unique hardships of armed conflict. In a very real sense, whatever happens to them during their period of service is in the line of duty.

Given these unique circumstances of military service, it is only fair and reasonable that the package of pay and benefits for our military personnel includes comprehensive health care during service and, thereafter, a system of disability compensation and medical benefits for any disabilities incurred during service. I see these benefits as essential to the maintenance of our All-Volunteer Force.

Moreover, I believe it would be a disgrace, as well as very harmful to recruitment, if our military were to take a young man who was left paralyzed from an off-base accident, for example in Thailand or on an icy road in New England, and simply send him back to his parents and tell them that the Government was not going to be responsible for his medical bills or pay him compensation to make up for his lost earning power. To me, that would be a tragic reversal of our current, very sound policies.

MEDICAL CARE

Your assertion that the VA health-care system provides poor care to American veterans is totally unsubstantiated—except for a newspaper article by a disgruntled former VA employee (hardly the type of scholarship expected of a prestigious policy institute). Our accreditation scores are consistently substantially higher than those in the private sector. You say that ''most telling is that only 9.6 percent of eligible veterans rely exclusively on the VA system for their health care.'' What this tells is not that VA provides poor service. Rather, it says that VA does not have the resources to treat many veterans who are not service-disabled or poor. Veterans groups tell us that many of their members who are locked out by current constraints would prefer to use VA health-care services.

You cite as evidence of poor medical care successful malpractice suits against VA of $254 million during the decade 1983–1992. That comes to an average of about $25 million per year. Our data indicate a slightly higher number, about $30 million annually. However, in the absence of any comparative data regarding the private sector, these numbers have no significance. In fact, when you consider that VA runs the largest health care system in the country and annually provides care to 2.5 million veterans, including 1 million episodes of inpatient care and 26 million outpatient visits, that figure does not seem out of line. Perhaps, your figures show just the opposite; that VA is providing high quality care.

You advocate a voucher system to provide health care for veterans. You say that this would permit veterans to choose their own insurance plans and that this would help save $7.9 billion over five years. I would really like to see the economic analysis underlying that ridiculous projection. To whom would you provide vouchers: The 2.5 million veterans who receive VA care in any given year; the 5 million who receive care over a five-year span; or the approximately 12 million service-disabled and low-income veterans who have entitlement to VA care? How much would these vouchers be worth? Would they be sufficient for our veterans with a history of heart attacks or cancer to purchase comprehensive health care? Would they enable veterans with chronic mental illness, diabetes, or epilepsy to obtain all the care they need? Would your vouchers cover the complete health-care and rehabilitation needs of veterans with spinal-cord injuries, missing limbs, and blindness? Would you provide vouchers for World War II veterans needing long-term care? Or would your vouchers shift major costs of care to sick and disabled veterans or simply leave many of them out in the cold?

Have you examined the several studies suggesting that VA care is less costly than private care? How did you arrive at your apparent conclusion that private care would be more economical?

I believe you also need to realize that about 1 million of our patients have Medicare eligibility but have chosen VA as their health-care provider.

You want VA to close many of its hospitals, and you claim that the majority of VA buildings are under-used. Our hospitals run at an occupancy rate of 75 percent, compared to the private sector average of 67 percent. Our nursing homes have an occupancy rate of over 90 percent; and our domiciliaries, 83 percent. What kind of survey enabled you to reach the preposterous conclusion that most VA facilities are underused? Again, I would like to see the underlying research and analysis.

You call for a halt to all new VA construction. You obviously haven't seen the things that I have—veterans housed in open wards, communal bathrooms, inadequate facilities for female patients. These deficiencies need to be corrected; and we need to meet the growing need for modern outpatient facilities and fill major gaps in inpatient care in certain areas. We can't just terminate our construction program, unless we wish to close down the VA system. Unfortunately, that appears to be your goal.

You also mistakenly took a swipe at VA construction as ''pork barrel spending.'' Very little pork creeps into VA construction, and your unfamiliarity with veterans' programs is revealed by your silly, mistaken reference to the appropriation of $5 million for bedside phones ''in Virginia medical centers.''

The appropriations conference report item you referred to used the expression ''VA medical centers.'' The money was to assist in VA's national effort to provide bedside phones in all VA hospitals. In the veterans' area, ''VA'' usually means the Department of Veterans Affairs, not Virginia. If you continue to work in this field, this is one of the many, many things with which you'll need to become acquainted. Most are more consequential, such as the extent of the Nation's obligation to those who have served and sacrificed so much and the gratitude that the American people feel for their defenders.

Because of your reputation as a think tank, your report will receive serious consideration in Congress. It's a shame that it is as lacking in concern for our Nation's veterans as it is in rigorous analysis and pertinent data. I wish you had done a better job.

Sincerely,

JESSE BROWN.

SPEAKING OUT ON MEDICARE/MEDICAID BUDGET CUTS

HON. LOUIS STOKES

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 11, 1995

Mr. STOKES. Mr. Speaker, I want to thank my distinguished colleagues, FRANK PALLONE, KAREN MCCARTHY, and CAL DOOLEY, for sponsoring this special order. I am pleased to join them for this candid discussion on proposed budget cuts to the Medicare and Medicaid Programs.

The Republican plan calls for nearly $200 billion in cuts to Medicaid and other health initiatives. In my congressional district, and in communities throughout the United States, millions of Americans are served by the Medicare and Medicaid Programs. In spite of this critical need, in order to fund a tax cut for the wealthy, Republicans in Congress have placed Medicare and Medicaid on the chopping block. By taking this position, they are continuing to exhibit a callous disregard for those most vulnerable in our society—those in the dawn of life, our children; those in the twilight of life, the elderly; and those who are in the shadow of life—the sick, the needy and the handicapped.

Medicaid is America's largest health care program for the poor, covering about 60 percent of all Americans, This year, Medicaid will provide basic health care coverage for over 36 million low-income children, mothers, elderly, and disabled Americans.

Mr. Speaker, approximately 40 million Americans have no health insurance coverage. Without Medicaid, the number of uninsured would nearly double. This would result in needless suffering, and death and disease would increase. Further, we have not considered the drain this would create on the Nation's health care delivery system in treating those who are uninsured.

Between 1988 and 1994, Medicaid was expanded to provide coverage for pregnant women and children. This was done in an effort to decrease the Nation's infant mortality rate, and, at the same time, increase childhood immunizations. The expansion signalled our commitment to guarantee our children a healthy start and thus, a brighter future.