

managers, and people change, innovation based on sustained investment disappears, and economic improvement is sluggish. National economic goals during this stage differ from before. Emphasis is placed on pursuing social welfare, but may people overlook the fact that social welfare is based on continual economic progress. I feel that these alarming observations are very meaningful.

Raising national competitiveness is for us the core of our reform, and is in line with professor Porter's ideas. However, we have not just established a national diamond of "dynamic development," we have in fact instituted a project of national reinvention from a much broader angle. This task of raising national competitiveness is unique in concept and action, and deserves further elaboration for those people concerned about national competitiveness. First of all, it is global. Today, we are a member of the global village and neither can nor will exclude ourselves from international competition. Therefore, we must fully join in the globalization trend. There are many yard sticks and authoritative agencies for assessing international competitiveness, such as the International Institute for Management Development in Switzerland, and the World Economic Forum. They differ in the categories they evaluate and rank, and many factors tend to be subjective, but this is no excuse for our not pursuing competitiveness. If we want to compete in this world, we need to keep an eye on these evaluation factors, make judgments according to our own need, and decide on which evaluation categories we shall strive for. This way we can avoid being subjective and meet out real needs.

Second, it is comprehensive. When we talk of competitive advantage, many people immediately associate it with such economic meanings as an increase in national financial might or a boots in productive power.

Undoubtedly, these factors constitute a major portion of what national competitive advantage means. However, we believe that competitive advantage means more than just economic issues; education, public safety, the quality of life, and technical might are all part of the concept. In particular, at this present stage.

PROVIDING FOR CONSIDERATION OF CONFERENCE REPORT ON H.R. 3610, DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 1997, AND PASSAGE OF H.R. 4278, OMNIBUS CONSOLIDATED APPROPRIATIONS ACT, 1997

SPEECH OF

HON. CARDISS COLLINS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Mrs. COLLINS of Illinois. Mr. Speaker, on Saturday, September 28, 1996, the House of Representatives was presented with the conference report to H.R. 3610 containing the omnibus appropriations for Federal fiscal year 1997. At the time that the bill was called up on the House floor for a vote, no Member had yet read and analyzed the entire bill, with groups of staff members working on various parts of that legislation. When we were presented with the legislation, I stated that because I had not been offered the opportunity to be advised of numerous provisions about which I have particular concern, I would vote against the measure.

Between the time my statement was given for the RECORD, and the time at which I cast

my vote, some of my concerns had been resolved. Therefore I cast my vote in favor of H.R. 3610.

VETERANS' HEALTH CARE ELIGIBILITY REFORM ACT OF 1996

HON. TIM Y. HUTCHINSON

OF ARKANSAS

IN THE HOUSE OF REPRESENTATIVES

Monday, September 30, 1996

Mr. HUTCHINSON. Mr. Speaker, it is with great pride and a resounding sense of accomplishment that I stand in support of H.R. 3118, as amended, the Veterans Health Care Eligibility Reform Act of 1996. This bill represents the culmination of strong bipartisan efforts to move Veterans' Administration [VA] health care into the 21st century. I want to extend my appreciation to Chairman STUMP for his leadership and to the ranking members SONNY MONTGOMERY and CHET EDWARDS of the Veterans Affairs' Committee for their steadfast support in doing what is right for America's veterans.

H.R. 3118, within appropriations, directs VA to provide all needed hospital and medical care services and establish and manage health care programs to promote the cost-effective delivery of health services to veterans with compensable service-connected disabilities, former prisoners of war, veterans exposed to toxic substances and environmental hazards, veterans meeting the "means test" as provide under existing law, and veterans of World War I.

The bill requires VA to manage the provision of health care services through an annual patient enrollment system that is reflective of the priority system, which provides the highest priority for enrollment to those with service-connected conditions and also requires that effective October 1, 1998, veterans enroll in a VA managed care plan to receive health care services. Veterans in need of care for a service-connected condition of 50 percent or more service-connected disabled are exempt from the enrollment requirement.

The bill eliminates restrictions on VA providing prosthetics, but requires VA to establish guidelines for providing hearing aids and eyeglasses.

The bill directs the VA to maintain its capacity for specialized services at the current level and within distinct programs and facilities dedicated to the specialized needs of those veterans. It also requires VA to consult with the Advisory Committee on Prosthetics and Special Disabilities Programs and the Committee on Care of Severely Chronically Mentally Ill Veterans in the assessment of these activities. Furthermore, the VA is required to report to the House and Senate Veterans' Affairs Committees by April 1 of the years 1997, 1998, and 1999 on VA's compliance with the specialized services provisions of the bill.

To ensure the budget neutrality of the eligibility reform provisions of this bill, the authorizations for appropriations are capped at the following amounts: \$17.25 billion for fiscal year 1997 and \$17.9 billion for fiscal year 1998.

The bill requires that no later than March 1, 1998, VA report to the House and Senate Veterans' Affairs Committees on the impact of the implementation of eligibility reform.

The bill authorizes the following major projects for a total amount of \$358.15 million:

construction of an ambulatory care facility and renovation of "E" wing, Tripler Army Hospital, Honolulu HI, \$43 million; addition of ambulatory care facilities, Brockton, MA, \$13.5 million; addition of ambulatory care facilities, Shreveport, LA, \$25 million; addition of ambulatory care facilities, Lyons, NJ, \$21.1 million; addition of ambulatory care facilities, Tomah, WI, \$12.7 million; addition of ambulatory care facilities, Asheville, NC, \$26.3 million; addition of ambulatory care facilities, Temple, TX, \$9.8 million; addition of ambulatory care facilities, Tucson, AZ, \$35.5 million; construction of an ambulatory care facility, Leavenworth KS, \$27.75 million; environmental improvements, Lebanon, PA, \$9.5 million; environmental improvements, Marion, IL, \$11.5 million; environmental improvements, Omaha, NE, \$7.7 million; environmental improvements, Pittsburgh, PA, \$17.4 million; environmental improvements, Waco, TX, \$26 million; environmental improvements, Marion, IN, \$17.3 million; environmental improvements, Perry Point, MD, \$15.1 million; environmental enhancement, Salisbury, NC, \$18.2 million; and seismic corrections of building number 324 at the Department of Veterans Affairs medical center, Palo Alto, CA, in the amount of \$20.8 million. The authorization covers the fiscal years 1997 and 1998.

The bill authorizes the following major medical facility leases for a total of \$12.236 million: Allentown, PA, \$2.159 million; Beaumont, TX, \$1.94 million; Boston, MA, \$2.358 million; Cleveland, OH, \$1.3 million; San Antonio, TX, \$2.256 million; and Toledo, OH, \$2.223 million.

The bill requires the VA to develop a 5-year strategic plan for its health care system which specifically addresses the integration of planning efforts at the grassroots level, coordinated within the prescribed geographic network, and then formulated into a national plan. The plan is required to be updated annually.

The VA is also required to submit to the House and Senate Veterans' Affairs Committees an annual report on the top 20 major medical construction projects of the Department which includes the justification of the projects and any changes to the report, such as the addition, deletion, or change in rank order of any of the projects.

The bill expands the required documentation and justification of each major project and major facility lease proposed in the President's budget. The bill redefines a major medical construction project as costing at least \$4 million and repeals effective fiscal year 1998, a provision of law exempting certain previously funded construction projects from the law's authorizations requirement. The bill also provides that amounts in excess of \$500,000 may not be obligated from the VA's Advance Planning Fund until VA reports such proposed obligations to the House and Senate Veterans' Affairs Committees.

The provision of Health Care Sharing and Administration broadens and expands VA's ability to share health care resources while ensuring that services to veterans are not adversely affected by contractual agreements or sharing arrangements that may be established between the VA and other health care providers.

The bill makes permanent VA's ability to enter into sharing agreements with the Department of Defense under provisions of DOD's CHAMPUS program. The bill clarifies VA's authority to recover or collect from insurance

plans (including CHAMPUS supplemental plans) and directs that all funds received under these provisions be credited to the facility that provided the care. It also exempts those personnel involved in providing care under this provision and other sharing authorities from personnel ceilings.

The effective date for the implementation of an administrative reorganization is reduced from 90 to 45 days during which Congress has been in continuous session.

The bill repeals limitations in 38 USC Section 8110(c) on contracting-out services currently performed by VA employees. VA is required to report annually to the House and Senate Veterans' Affairs Committees on those activities which it proposes to study for possible contracting out and those which have been contracted out.

Under Subtitle B of the bill, Care of Women Veterans, it stipulates that mammography standards for the VA be as stringent as those prescribed by Public Law 102-539 and requires that VA report to the Congress within 120 days of enactment of the legislation on the implementation of such standards. The bill also requires annual surveys through 1999 of all VA medical centers to identify patient privacy deficiencies relating to the treatment of women veterans, to develop plans for the correction of identified deficiencies, and to give priority to correction efforts in the Department's construction planning and budgeting process.

Under Subtitle C, Readjustment Counseling and Mental Health Care, VA is required to furnish readjustment counseling to those veterans who served in-theater during the Vietnam era and those Vietnam-era veterans who seek or who have sought readjustment counseling before January 1, 2000. The provision also authorizes Vet Center counseling services to veterans of conflicts prior to the Vietnam-era such as Korea and World War II. Other provisions of this section require the VA to submit to the House and Senate Veterans' Affairs Committees a report on the feasibility and desirability of collating Vet Centers and also a report on the provision of offering limited health care services at readjustment counseling centers. Both reports are due within 6 months of enactment of the legislation. The bill also establishes an 18-member Advisory Committee on the Readjustment of Veterans which is required to submit an annual report on the readjustment of veterans with department comments to the Congress.

The bill authorizes appropriations for establishment of up to five centers of excellence in mental health research, education, and clinical care activities (MIRECC's). The MIRECC concept is intended to improve the quality of care, particularly at VA psychiatric facilities, by fostering collaboration between those facilities with primarily psychiatric or mental health missions and non-psychiatric tertiary medical centers. MIRECC's are to be modeled after the successful Geriatric Research, Education and Clinical Centers (GRECC's). Authorizations for appropriations are \$3.125 million for fiscal year 1998 and \$6.25 million for fiscal years 1999 through 2001. VA is required to submit reports on the operation of MIRECC's for the years 1999 through 2002.

The bill requires VA to establish a Committee on the Care of Severely Chronically Mentally Ill Veterans to assess VA's capability to meet the treatment needs of veterans includ-

ing women veterans who suffer from chronic mental illnesses. The committee is required to submit reports for 1998 and the three years following on ways to improve care to this group of veterans.

Subtitle D of the bill contains the following important provisions:

HOSPICE CARE STUDY

This provision requires VA to conduct an in-house research and evaluation study on the most effective way of providing hospice care to veterans.

ADULT DAY CARE PER DIEM

Authorizes VA to make per diem payments to state veterans' homes in conjunction with adult day care provided at such homes. The bill also authorizes construction grant support to States for expansion, remodeling, or alteration of existing buildings to permit the provision of adult day health care.

RESEARCH CORPORATIONS

This provision renews VA's authority to establish additional research corporations through the year 2000. It also expands reporting requirements to Congress and requires an annual independent audit of research corporations with revenues in excess of \$300,000. It also requires research corporations to more closely mirror reporting requirements of the Internal Revenue Service.

VETERANS HEALTH ADMINISTRATION HEADQUARTERS

This provision requires that the Office of the Under Secretary be staffed to include designated clinicians to provide expertise and direct policy guidance on VA's specialized services programs (including the readjustment counseling program) and that the latter be responsible for management of the readjustment counseling program.

DISBURSEMENT AGREEMENTS RELATING TO MEDICAL RESIDENTS AND INTERNS

Authorizes VA to make disbursement agreements for residents who train at outpatient clinics, nursing homes, or other VA medical facilities.

AUTHORITY TO SUSPEND SPECIAL PAY AGREEMENTS FOR PHYSICIANS AND DENTISTS WHO ENTER RESIDENCY TRAINING PROGRAMS

This provision suspends special pay agreements during residency training.

REMUNERATED OUTSIDE PROFESSIONAL ACTIVITIES BY VETERANS HEALTH ADMINISTRATION PERSONNEL

Lifts current law restrictions on title 38 health care professional working in their professional capacity in outside employment while employed full-time by the VA.

MODIFICATION OF RESTRICTIONS ON REAL PROPERTY, MILWAUKEE COUNTY, WI

Authorizes VA to modify conditions under which land previously transferred to Milwaukee County for civic and recreational purposes may be re-transferred.

MODIFICATION OF RESTRICTIONS ON REAL PROPERTY, CHEYENNE, WY

Authorizes VA to modify conditions under which land previously transferred to grant medical center lands on which the City of Cheyenne, WY may be re-transferred to permit First Cheyenne Federal Credit Union to build a building to house its operations.

NAME OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, JOHNSON CITY, TN

Renames the VA medical center in Johnson City, TN, the "James H. Quillen Department of Veterans Affairs Medical Center".

REPORT ON THE HEALTH CARE NEEDS OF EAST CENTRAL FLORIDA VETERANS

This provision requires VA to submit a report to Congress on the health care needs of needs of veterans in east central Florida.

EVALUATION OF THE HEALTH STATUS OF SPOUSES AND CHILDREN OF PERSIAN GULF WAR VETERANS

Extends VA's authority until December 31, 1998 to offer diagnostic examinations to the spouses and children of Persian Gulf veterans.

Mr. Speaker, I am proud to have been part of the legislative process that makes these critical changes which benefit our Nation's veterans. I yield back the balance of my time.

HONORING THE POLISH AMERICAN JOURNAL

HON. JACK QUINN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 1, 1996

Mr. QUINN. Mr. Speaker, I rise today to recognize the 85th anniversary of the Polish American Journal.

As Representatives from Polish-American districts are sure to recognize, the Polish American Journal is the largest independent monthly English language newspaper in the United States and carries on the tradition of preserving Polish culture and customs in our country. Founded in 1911 as *Zorza, The Dawn*, it was subsequently renamed *Republika* before combining with another newspaper under the ownership of John Dende, 1920, and to become known as *Republika-Gornik Pennsylvanski* (Republic-Miner of Pennsylvania). The paper was influential in providing anthracite coal miners with information about working conditions, wages, and mine safety. John Dende's editorials won wide acclaim and were often reprinted in other Polish language newspapers. Indeed, John Dende became a highly respected activist for his work on behalf of his Polish-American compatriots.

Following John Dende's passing, the paper was published by his sons, Henry and Richard. In 1948 the Dende brothers made the difficult decision of changing from strictly Polish to mostly English to meet the needs of the nearly 5 million U.S.-born Polish-Americans and reach directly into the English-speaking community. Renamed *Polish American Journal*, the paper acquired national stature as the voice of Polish-Americans. Members of Congress, government officials, civic and political leaders, free Poles of the cold-war era, and anti-Communist crusaders throughout the world all turned to the *Journal* as a freedom forum and information source.

Henry and Richard Dende remained publishers of the *Polish American Journal* until 1983, ever true to their mission of promoting and preserving Polish and Polish-American culture, customs, traditions, and interests. In August of that year, however, Henry and Richard Dende agreed to have the *Journal* published by Panagraphics Corp. of Buffalo which is located in the 30th Congressional District of New York. And Panagraphics continues the work begun by the hearty Polish immigrants 85 years ago.

It is fitting to enter these remarks in anticipation of Polish-American Heritage Month, for