

capable of building a long-range missile, and has the motivation to launch a missile against the United States, it has the capability and motivation to build effective countermeasures to any anti-ballistic missile defense system.

Furthermore, the difficulty in developing a feasible ballistic missile defense system is not getting complex hardware to work as intended. It is that the defense system has to work against an enemy who is trying to thwart the system. Moreover, the attacking country can do so with technology much simpler than the technology needed for the defense system. This means that the attacker has the advantage, despite our technological edge.

A year long study was conducted, that examined, in detail, what countermeasures an emerging missile state could take to defeat the missile defense system the United States is planning. The study showed that effective countermeasures required technology much less sophisticated than is needed to build a long-range ballistic missile. In addition, a high-level commission convened by Congress to assess the ballistic missile threat to the United States, noted that potential attackers could build such bomblets.

I ask "how is it possible that this problem is being ignored?" The Pentagon is balking on how to proceed. It has divided the missile defense problem into two parts: (1) getting the system to work against missiles without realistic countermeasures and (2) getting the defense to work against countermeasures. Few doubt the first step could eventually be done.

The Defense Department has tested and retested this ballistic missile defense system, and each time results have not achieved their desired intentions. But yet, the President wants to continue funding this flawed policy. In almost every case, post-test doubts have been raised. Critics have charged that test results over the past two decades have been exaggerated by false claims of success and promises of performance that later proved false. Many tests were proven to have had their targets significantly enhanced to ensure the likelihood of success. Furthermore, kinetic kill as a concept for destroying long-range ballistic missiles is even more problematic at this stage.

There is no empirical evidence to support the contention that kinetic kill for ICBM defense will work. Despite the prowess of American technology, there are no quick, cheap or easy solutions in missile defense. Therefore, we should allocate funds for more pressing defense needs and spend our funds on systems that work and will enhance real security for all Americans. To assume otherwise is to base defense planning on wishful thinking. An effective defense is based on preparing for credible threats with workable systems. Not funding systems that have failed in tests as the Republicans have done in this bill.

THE TANF REAUTHORIZATION

HON. ANÍBAL ACEVEDO-VILÁ

OF PUERTO RICO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 15, 2002

Mr. ACEVEDO-VILÁ. Mr. Speaker, on behalf of the children and families of Puerto Rican and Hispanic families, I rise today to urge my colleagues to vote in favor of the Democratic proposal.

The Commonwealth of Puerto Rico has successfully implemented TANF. We have met all of the requirements of the Act. We have been successful in reducing our welfare rolls from 55,000 to 21,000.

Puerto Rico has accomplished these goals in an environment of high unemployment. Our unemployment is double that of the mainland. Yet, we still met all of the requirements of TANF.

The Democratic substitute continues to require Puerto Rico to meet all of the same mandates as the states. However, it authorizes Puerto Rico to have access to the same tools as the states. These programs include mandatory daycare funding, supplemental grants, and the contingency funds.

If the Commonwealth of Puerto Rico is expected to succeed in meeting the requirements of TANF, we need access to the same programs that states are provided. We are dedicated to moving families from welfare to work; we are dedicated to reducing our welfare rolls. In order to do so, we need the tools to implement these programs.

Anything short of the Democratic substitute creates additional barriers limiting the ability of Puerto Rican and Hispanic families to make a successful transition from welfare to work.

Mr. Speaker, I would also like to enter into the record a letter from the Chair of the National Hispanic Leadership Agenda endorsing the principles I have just outlined.

Additionally, the National Conference of State Legislators, a Non-partisan organization, recently acknowledged that the circumstances in Puerto Rico and the territories are unique and need to be addressed. Voting in favor of the Democratic substitute is a step in the right direction.

Again, I urge my colleagues to vote for the Democratic substitute to insure that no families or children living under our flag are left without the necessary tools to end the cycle of poverty.

NATIONAL HISPANIC LEADERSHIP

AGENDA,

Washington, DC, May 6, 2002.

Hon. TOMMY G. THOMPSON,

Secretary, Department of Health and Human Services, Washington, DC.

DEAR SECRETARY THOMPSON: On behalf of the National Hispanic Leadership Agenda (NHLA), a coalition of national Hispanic civil rights and public policy organizations, I would like to thank you for meeting with us today and for your expressed interest in addressing funding disparities for federal programs in Puerto Rico. Your support and leadership would significantly assist us in our efforts to ensure the needy families and children residing in Puerto Rico have equal access to essential federal programs that are currently underfunded.

All U.S. citizens should have equal access to the tools necessary to exit poverty as they move from welfare to work. Child care, health care, and employment assistance are critical supports that do not only ensure a successful transition to self sufficiency, but also guarantee the continued health and well-being of vulnerable families. Regrettably, needy U.S. citizens residing in Puerto Rico do not share in these benefits equitably.

Welfare spending on the Island stands at \$34.78 per poor person compared to the national average of \$533.97. With funding limitations on federal child care programs, health insurance programs such as Medicaid, SCHIP and Medicare, and Temporary Assistance for Needy Families (TANF) the obstacles to self-sufficiency are considerable in an

economy that already suffers from an unemployment rate that is twice the national average and where the poverty rate is nearly 60 percent.

Given these realities, NHLA believes that the following changes are required to address funding disparities for Puerto Rico:

Removing barriers that exclude Puerto Rico from the TANF Supplementary Grant program and once barriers are removed exclude Supplementary Grants from the current TANF cap;

Removing IV-E Foster Care from the TANF cap;

Removing barriers that exclude Puerto Rico from the Child Care and Development Fund—Mandatory Grant (93.596(a)) and exclude from the cap the Child Care and Development Fund—Matching Grant (93.596(b));

Reimbursing Puerto Rico for providing Transitional Medical Assistance to TANF leavers outside the Medicaid cap imposed on the Island.

We urge you to support legislative proposals that will address the current disparities in poverty assistance programs, and ensure that critical health care and self-sufficiency programs are made available to the U.S. citizens in Puerto Rico.

Low-income families deserve to have the full commitment and assistance of our federal government, if they are to succeed in becoming self-sufficient—regardless of where they may reside in America.

Sincerely,

MANUEL MIRABAL,
Chair.

HONORING RAYMOND BRAUER,
M.D.

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 15, 2002

Mr. BENTSEN. Mr. Speaker, I rise to congratulate Dr. Raymond Brauer, who will be honored by The Houston Society of Plastic Surgeons as its first recipient of the "Distinguished Plastic Surgeon Award" 2002. His colleagues, friends and family will honor him at the Society's meeting being held on May 16, 2002, in Houston Texas.

The Houston Society of Plastic Surgeons was established to promote high ideals of plastic surgery and to improve scientific knowledge in the field of plastic surgery. This organization is composed of practicing plastic surgeons of high moral standing, who exhibit a certain level of professionalism and are actively engaged in the Greater Houston Metropolitan Area for at least two years.

Born on March 3, 1916 in Fresno, California, Dr. Brauer has dedicated his life to the advancement of plastic surgical medicine. He graduated from Pacific Union College in 1941 and obtained his medical degree in 1943 from the College of Medical Evangelists in Los Angeles. Dr. Brauer interned at Santa Clara County Hospital in 1942 and soon after fulfilled his residency training at the St. Francis Hospital in 1944. Being a man of great conviction and devotion to his country, Dr. Brauer joined the Army in 1944, to fight in what has been described as the greatest and most destructive war in history, World War II. More than 17 million members of the armed forces of the various countries perished during the conflict. Upon completion of duty in 1948, Dr. Brauer, relocated to Houston to begin a private practice with a fellow plastic surgeon.