

I'll have to tell Lucy about it, you know,  
that New York girl,  
Who thinks she's much, just because she  
comes from the big town.  
We can't get in, can we?  
I wish we could.  
What will this place be for?  
Well, Lucy will hear of this place,  
I tell you.  
She'll know she doesn't see everything just  
because she's in New York.  
Say, Ed, what's that woman crying about  
anyway?  
Oh, yes. I guess you're right; she must have  
lost her son in the war.

3. *A sonneteering poet sees it.*

This, our great house of stone, is for our  
war's dead,  
Our dead; they died away from us; far away  
In France, they, fighting, died. There, this  
very day,  
Their bodies lie. Yet, let it not be said,  
Ever, that mem'ry of their dying has now  
fled.  
This white, great house is for them, and O,  
may  
It serve their cause well and long. It is they  
Who made, own it. And so, let us dread  
Our miscue of their dying. Let this, our hall,  
This hall so noble with its cool, white stone,  
Bring to our minds that wars may, yet may,  
be.  
Let not men by millions in grief and death  
atone  
For our uncaring and unknowing. Let us all  
Know war, hate war. This is our dead men's  
plea.

4. *One of the jobless warriors of once sees it.*

This place is swell, no getting away from  
that,  
The walls so white and tall and clean.  
The place is so big, I'd be scared to sleep in  
it.  
I guess May and I will be moving soon,  
Whether we like it or not.  
Our three rooms could get in a corner of this,  
And the plaster is falling off in places.  
But they were pretty comfortable.  
I was in one of those French places men-  
tioned on the wall,  
And I was glad to get back.  
Now I'm not so glad.  
I wish I could live in a place I'd like and  
could pay for.  
Those three rooms of ours aren't anything  
fancy at all,  
But they cost too much for me now,  
Who isn't working.  
It's all right for people to have this hall, to  
remember the way by,  
But I wish they'd remember all about it.

RECOGNITION OF NATIONAL COM-  
MUNITY HEALTH CENTER WEEK

**HON. MIKE THOMPSON**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 26, 2002

Mr. THOMPSON of California. Mr. Speaker, August 18th will mark the kick-off of National Community Health Center (CHC) Week—a time to raise awareness about and pay tribute to the vital services that our community health centers provide to our communities.

Community health centers are local, non-profit health care providers that serve our poorest and our medically underserved rural and urban communities. Often they are the sole source of care for these Americans.

Last year, our community health centers served almost 12 million people in over 3,000

communities nationwide. Almost 5 million were uninsured; 650,000 were migrant and seasonal farmworkers; 5.4 million lived in rural areas; and almost 8 million were people of color. California's community health centers provided service to 15 percent of that population—almost 1.8 million people.

In California's First District, over 100,000 people sought the services of our 18 community health centers on over 300,000 separate occasions. These CHCs play an especially vital role in the rural areas of my district, given the financial and geographic constraints of these populations. Approximately 20 percent of the people served by our CHCs are farmworkers and over 80 percent are either uninsured or on Medicaid. Over 65 percent earn less than the federal poverty level each year. Were it not for the critical services our CHCs provide, many Northern Californians would have gone to the emergency room or they would have gone without any care altogether.

In this way, CHCs are a cost-saver for our health care system—by providing a significantly cheaper alternative to emergency room care for basic treatment—and they improve overall community health. They deliver care to those that would otherwise go without and they target that delivery to their service population. This means that patients receive care when they need it, where they need it and in a way that makes them comfortable and that they understand.

To accommodate different schedules, centers offer daytime, weekend and after-hours care. To accommodate language barriers—in some areas of my district Latino patient loads are as high as 62 percent—most centers offer services in both Spanish and English. And, to accommodate those who cannot travel to receive services, many centers operate mobile units. These “clinics-on-wheels” travel to our schools, migrant camps, community centers and homeless centers.

CHCs provide a truly comprehensive range of care, with basic services including adult and pediatric primary care, obstetrical and gynecological care, immunizations, medical case management, nutrition and dietary instruction and mental health counseling. In addition, some clinics are also able to offer dental care, tobacco cessation programs and HIV care. Outreach and education campaigns are an integral component of their service delivery and all community health centers help those who are eligible to enroll in California's Medicaid and CHIP programs.

I thank the community health centers of Del Norte, Humboldt, Mendocino, Lake, Napa, Sonoma and Solano counties for their dedication to the health and welfare of the residents of the First District of California. As we move towards National Community Health Center week, I urge my colleagues to help raise awareness of the important services that their local CHCs provide. Undoubtedly, many more Americans would lack access to care were it not for the commitment of our nation's community health centers to the service of the poor and medically needy.

INTRODUCING LEGISLATION TO  
REESTABLISH THE U.S. PAROLE  
COMMISSION

**HON. PATSY T. MINK**

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Friday, July 26, 2002

Mrs. MINK of Hawaii. Mr. Speaker, Congress voted to abolish the parole system when it passed the Sentencing Reform Act of 1984.

In the rush to close the revolving door for repeat offenders, Congress slammed the door on all non-violent offenders. Today, individuals in prison have little hope. Many serve 5, 10, 20, and even 30-year sentences without the possibility of parole. They have no encouragement to take classes or any other steps to improve themselves.

Congress needs to find a way to help individuals who have paid their debt to society and were given excessive sentences due to mandatory sentencing laws.

I urge my colleagues to consider the case of Terri “Chrissy” Taylor. As a teenager, Chrissy fell prey to the will of a man nearly twice her age. Chrissy became a pawn of this man, and he used her to obtain the chemicals he needed to manufacture methamphetamine. Chrissy never dealt, trafficked, or manufactured drugs. She was convicted of purchasing legal chemicals with the “intention” of using them to manufacture methamphetamine. Under the mandatory minimum sentencing guidelines, the judge had no choice but to give Chrissy a 20-year sentence.

We need to make sure no one is forced to spend years in prison without any hope.

My bill reestablishes the U.S. Parole Commission. The commission will grant parole to reformed prisoners who have earned parole. This is not an open door policy. Rehabilitated prisoners shall be eligible for parole only after serving one third of their term or after serving ten years of a life sentence.

Shortly after sentencing, the commission will give prisoners tentative release dates. The commission can change or revoke the release date based on the prisoners' institutional conduct record. This will be a “hook” to encourage prisoners to rehabilitate themselves. Additionally, judges will have the ability to send criminals to prison without the possibility of parole. This make sure judges have the power to ensure meaningful prison sentences for criminals who commit the most egregious crimes.

I urge my colleagues to cosponsor this bill and give individuals a chance to rehabilitate themselves and rejoin our society. This bill will free the hands of judges who are forced to assign excessive mandatory minimums to individuals whose sentences do not match their crimes.

VETERANS HEALTH CARE  
FUNDING GUARANTEE ACT OF 2002

**HON. CHRISTOPHER H. SMITH**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, July 26, 2002

Mr. SMITH of New Jersey. Mr. Speaker, on behalf of America's 25 million veterans, I am introducing H.R. 5250, the Veterans Health Care Funding Guarantee Act of 2002, along

with my friend and the Ranking Member of the Committee on Veterans' Affairs, Mr. Evans, that would change funding of the Department of Veterans Affairs (VA) health care system from discretionary to mandatory spending.

We are introducing this bill in recognition of the continually frustrating annual struggles to obtain sufficient funding to provide access to quality care for the nation's veterans in VA health care facilities. The current discretionary appropriations process subjects these veterans' health care needs—needs of the heroes who won the Battle of the Bulge, endured as prisoners of war in Bataan and Corregidor and survived human-wave assaults in the frozen Chosin Reservoir—to annual health funding competition with federal highway funding and sewage treatment projects. This reality alone vividly illustrates the inherent weakness in the discretionary appropriations process for VA health care and the need to reform it.

Mr. Speaker, 2 years ago, we passed TRICARE for Life, a new program to guarantee lifelong health care for military retirees and their families. I was proud to support that program for hundreds of thousands of military families, who are now assured of free health care services sponsored entirely by the government. The bill we are introducing today would extend the same kind of guarantee to the remainder of America's veterans, to assure their continued access to the VA health care system.

H.R. 5250 would establish a formula to fund the VA health care account directly from the U.S. Treasury with a method similar to that used by Congress to provide funding for TRICARE for Life. Veterans' disability compensation payments are already funded through mandatory formulas, and our legislation would apply the same priority to meeting the health care needs of our veterans.

The bill we are introducing today would establish a base funding year, calculate the average cost for a veteran using VA health care, and then index the cost for inflation. Multiplying this average cost by the number of veterans who are enrolled each year on July 1st, would determine the funding allotment for the Veterans Health Administration for the next fiscal year.

It should be noted that H.R. 5250 would neither take away the Secretary's power to manage the VA health care system nor to curtail the Secretary's control of enrollments in VA. And unlike TRICARE for Life, it would not extend benefits to family members of veterans.

Mr. Speaker, for at least the past five years, veterans' usage of VA health care services surpassed Administration estimates. Just this past week, we received a revised workload estimate for FY 2003 from VA showing an increase of 500,000 veteran patients; and that's on top of the 700,000 increase in patients estimated in the budget submission made only five months ago. VA now estimates that there will be 4.9 million unique veteran patients in FY 2003, versus the 3.7 million veterans that had been projected one year ago for FY 2002—a 31.5-percent increase overall.

Mr. Speaker, the continuing rise in demand for VA health care services is driven by many factors, including the growth of new and convenient VA community-based outpatient clinics, improved safety and quality of care, as well as available prescription drug benefits. VA has increasingly become a supplier of prescription drugs to veterans, particularly for senior veterans.

Further evidence of the urgent funding needs of VA health care comes from a new report issued this month by VA measuring the amount of time veterans are waiting for medical services. According to VA's report, there are at least 300,000 veterans waiting for medical appointments, half of whom are waiting 6 months or more; and the other half having no appointment at all. This is the first attempt to measure a situation about which we have all heard from our constituents, and we suspect that the scale of the problem is actually greater, since this estimate only counts those veterans already enrolled in the VA health care system.

Mr. Speaker, we have a sacred obligation to ensure that our nation's veterans receive the honors and benefits that they have earned through their service to this nation. In the past decade, more and more veterans have turned to the Department of Veterans Affairs for medical services, particularly World War II and Korean War veterans. We have attempted to meet our obligation to them by passing record VA budgets for two years in a row. As our colleagues may recall, the House-approved budget resolution for fiscal year 2003 contained a substantial \$2.6 billion increase in the funding of medical care for our nation's veterans.

However, the demand for services continues to outpace the supply of federal funding of VA health care. In the supplemental appropriations bill we passed, Congress included \$417 million for additional health care funding to try to meet the current year's shortfall, and that was based upon the older workload estimates.

Mr. Speaker, it is becoming increasingly clear that Congress needs to look at new methods and sources for veterans' health care funding, and the Committee on Veterans' Affairs has been seeking additional ways to match resources to the growing demand. Working with the Committee on Armed Services, we attached an amendment to the Department of Defense (DOD) authorization bill that would seek to increase health care resources sharing between the DOD and VA health care systems, and we hope it will see final passage this year. Also we have sought to increase third-party collections through the VA Medical Care Collections Fund with more aggressive oversight and legislative improvements.

In addition, earlier this month the Committee examined ways to improve coordination and allocation of resources between Medicare and VA, since about half of the veterans receiving VA health services are also Medicare-eligible. Yet, despite all of these efforts, VA continues to struggle each year to provide all the funds needed for the tasks it faces in caring for millions of frail, elderly veterans.

Mr. Speaker, with the introduction of H.R. 5250 we hope to begin an important debate on the future of veterans' health care and its funding needs. We will shortly request Administration views on the bill, and cost information from the Congressional Budget Office. We intend to meet with colleagues on both the Committees on the Budget and on Appropriations to obtain their views; and it goes without saying that we will be consulting with veterans organizations in the months ahead in order to learn whether this approach or a combination of other changes will solve this vexing problem confronting America's veterans and the health care system serving them.

We urge all our colleagues to examine H.R. 5250 and work with us to find a means to provide dependable, stable and sustained funding for the health care needs of veterans of our armed forces. They deserve no less from a grateful nation.

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RECOGNIZING THE SERVICE OF  
TONY HALL

**HON. JOHN S. TANNER**

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

*Friday, July 26, 2002*

Mr. TANNER. Mr. Speaker, I wish to join our colleagues today in recognizing the work of my friend, the Honorable TONY HALL, as he prepares to leave this House of Representatives to pursue a great endeavor that will call on his practiced leadership skills to help people around the world.

Over the years, Mr. HALL's work in this body has proven that his compassion stretches far beyond the Third District of Ohio. He has shown through his tireless fight against world hunger that he possesses a genuine concern for his fellow man, and I know that quality will continue to guide his work from this point forward.

I am honored to have had this opportunity to work with TONY, who is an exceptional leader, an honorable man and a good friend. All our best wishes go with TONY as he continues his noble work in this new capacity.

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HONORING THE 150TH ANNIVERSARY OF THE CITY OF FERNDALE, CALIFORNIA

**HON. MIKE THOMPSON**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, July 26, 2002*

Mr. THOMPSON of California. Mr. Speaker, I rise today in recognition of the 150th anniversary of the founding of the Victorian Village of Ferndale, Humboldt County, California.

In 1852, brothers Seth and Stephen Shaw and their companion Willard Allen, traveled through the Eel River plain exploring a wilderness of ferns and redwood trees. Desiring to farm the fertile land, they constructed cabins which eventually became the village of Ferndale.

Situated near the Pacific Ocean, surrounded by dairy farms, Ferndale has preserved its architectural heritage, attracting thousands of tourists who cross the historic Fernbridge over the Eel River and step back into another era.

Named one of America's "Dozen Distinctive Destinations," the National Trust for Historic Preservation added Ferndale to its 2002 list of the best-preserved and unique communities in the nation. The Trust cited well-managed growth, a commitment to historic preservation and interesting and attractive architecture as influential in its choice of The Cream City for the designation.

Seeking historically accurate locations, filmmakers have discovered that Ferndale is an ideal place to make motion pictures. The citizens of Ferndale have enthusiastically supported the use of their city as a film site and fill the scenes as "extras."