

many of the provisions in the bill I am introducing with my colleague, the ranking member of the Health Subcommittee of the Committee on Veterans' Affairs, Mr. RODRIGUEZ, are supported by the administration and have been offered to us previously in its request for draft legislation. Specifically, sections 2 through 6 of this bill are found in the draft bill, Omnibus Veterans Health Care and Benefits Act of 2003 requested by Secretary Principi on August 15, 2003.

Other provisions of this bill extend authorities or reports which already exist in law, but which are expiring. I believe it is critical that some of these activities continue to be mandated and carefully overseen by Congress.

VA has asked for the authority to provide up to 14 days of care to the newborn infants of women veterans. This allows VA to provide a more complete spectrum of care to women—particularly the younger women who are now serving in the military in record numbers. VA may, under current law, offer all maternity care, including labor, delivery and recovery, but once the infant is born, VA is forced to find other payers—often Medicaid if the mother has no other health care benefits—to finance the care of the child. The cost of providing this benefit to the newborn infants of women veterans is negligible.

VA has also asked for authority to provide certain rehabilitative services under its medical care authority. A vital part of therapy for many of VA's homeless, psychiatric, and substance use disorder recovery programs is the vocational activity. Successfully engaging in productive activity is viewed as a critical part of therapy and integral to complete rehabilitation. Although VA does offer a range of training programs, often VA must shuttle veterans between programs to meet all the veterans' needs. This makes case management difficult. Instead of allowing one person to work through job training, placement and support, veterans could be forced to work through several agencies and multiple points-of-contact adding complexity and confusion when veterans are already at a vulnerable turning point in their rehabilitation. This provision allows VA medical personnel to provide continuous care throughout vocational training.

Last year the clock ran out on special health care eligibility for herbicide-exposed veterans of the Vietnam-era and also for our Persian Gulf veterans. I spent much of my early tenure here fighting for compensation for veterans who believed their illnesses were associated with exposure to Agent Orange and other herbicides. Learning from that experience, Congress gave veterans who served in the first Gulf war more of the benefit of the doubt by allowing them to be compensated for vaguely defined conditions and illnesses that are not generally related to military service, but for which they seem to be at high risk. There seems to be a pretty serious schism between what we are doing to compensate veterans and the provision of care for conditions which they believe may be associated to their service. Without this special priority, some veterans who have not previously sought VA health care, may never be able to receive it. VA wants to continue to offer priority specialized treatment to veterans in these special priorities, and I fully support them in this effort.

VA would also like to require veterans to provide information from their health insurers. Too often these private-sector payers are rak-

ing in the cost-sharing from veterans or their spouses without paying toward their VA treatment. Veterans should be willing to share this information if they are receiving care at VA facilities and their health plans should be willing to reimburse VA as the veterans' provider-of-choice. It is only fair to ask veterans to offer this information as VA continues to mull tough choices of limiting services and those it will serve.

Finally, VA also requested permission to extend its authority to provide acquired properties to homeless service providers. These partners can purchase VA-acquired properties at discounts ranging from 20 to 50 percent. Through fiscal year 2002, 188 properties have been sold to homeless providers under the program, including two that were sold to a VA medical center for the compensated work therapy program. The shelters established in these properties have provided approximately 372,000 nights of shelter to homeless veterans. The VA has also entered into 52 leases with homeless providers. Most of these were subsequently converted into sales to homeless providers. I hope that we can support VA's efforts to continue to offer these properties to homeless providers.

In addition to the VA-requested provisions, I am proposing several extensions of reports and additional authorities that I strongly believe we must continue. Congress created two advisory committees—one that advises the Under Secretary on Health exclusively about Post-Traumatic Stress Disorder and one that makes recommendations for a variety of programs serving Severely Mentally Ill veterans. We have relied on the reports of these Committees to ensure Congress that these mental health programs are receiving adequate attention as VA continues to reform its health care delivery. It has become clear that since 1996, and likely before, VA has continued to pare back the resources it commits to its mental health programs. Congress is still awaiting the report due last Spring that demonstrates VA's maintenance of these programs' capacity in fiscal year 2002. These Committees serve as much needed internal spokespeople and advocates for their programs and are particularly vital in more fiscally constrained times. I am hopeful that my colleagues will agree that we continue to require the oversight of these internal watchdogs.

In addition to extending these reporting requirements, I would like to see Congress committed to allowing Vietnam-era veterans to continue to seek readjustment counseling at Vet Centers. As a Vietnam-era veteran myself, I have seen too many of my peers have significantly delayed reactions to the traumatic events of long ago. Many World War II veterans continue to struggle with the past we might have suspected they left long ago—look at how many veterans from that war had strong emotional reactions to Saving Private Ryan. As we all recall, there were unique challenges to returning home from service during the Vietnam War—a war that did not enjoy public support. While we've learned from this experience to "love the warrior, if not the war" I would like to ensure that Vet Centers remain accessible to Vietnam-era veterans who had unique adjustment challenges upon their return to service.

Finally, my bill would eliminate the sunset of authority for VA's sexual trauma counseling program currently set to expire December 31,

2004. Surveys from a few years ago continued to demonstrate that women in the Armed Services are at a high risk for sexual harassment and, even sexual assault. Sadly, it is apparent that sexual trauma will continue occurring in military service and elsewhere. VA has served as a valuable outlet to women who have believed the military and the government had otherwise abandoned them. We must ensure that VA's programs continue to exist to serve for the indefinite future.

Mr. Speaker, this bill supports proven programs that are already offering invaluable assistance to the veterans that are able to avail themselves of them. I want veterans to continue to be able to rely upon them.

REPUDIATING ANTI-SEMITIC SENTIMENTS EXPRESSED BY DR. MAHATHIR MOHAMAD, OUTGOING PRIME MINISTER OF MALAYSIA

SPEECH OF

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 28, 2003

Mr. PALLONE. Madam Speaker, I rise today in support of H. Res. 409 that condemns recent anti-Semitic remarks by the Prime Minister Dr. Mahathir Mohamad of Malaysia.

Unfortunately, rather than openly condemn the Prime Minister for his remarks, many in the global community have remained largely silent on this issue. By not taking a stand against hateful speech, the international community is showing that it is okay for world leaders to promote bigotry and violence. By not taking a stand, members of the European Union and other world leaders are showing that other acts of hate speech will be allowed to continue without consequence.

That is why it is critical that Congress takes a stand and denounces these remarks and I urge my colleagues to support this resolution. It is important that we go on record to show that this type of hatred and bigotry is unacceptable—especially by world leaders who are expected to set an example for their people.

By allowing these hateful remarks to go unacknowledged, that makes it that much more difficult to bring opposing sides together in the Middle East and puts us that much further from an eventual peace agreement.

Madam Speaker, I urge my colleagues to support H. Res. 409.

HONORING DR. JOHN ATANASOFF ON THE ONE HUNDREDTH ANNIVERSARY OF HIS BIRTH

HON. TOM LATHAM

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 29, 2003

Mr. LATHAM. Mr. Speaker, on October 30, 31 and November 1, 2003, Iowa State University in Ames, Iowa, will hold a landmark event that will be the Nation's tribute to the late John Vincent Atanasoff's 100th birthday (October 4, 2003). Dr. Atanasoff, along with electrical engineering graduate student, Clifford Berry, developed the world's first electronic digital computer from 1939 to 1942 while serving as a