a chance to somehow address some of the problems and demonstrate our concerns for our veterans.

H.R. 4110 provides a much needed re-adjustment of benefits and compensation. This bill, among others, focuses upon improvements of the current veterans educational benefits system, better adjudication of V.A. claims, the adjustment survivor annuities and burial entitlements, and the extension of certain benefits to reservists.

Guardsmen and reservists currently comprise almost half of our nation's military forces. As we tend to rely and place more demands upon reserve components for our nation's defense, we are continually faced with the challenge of providing benefits commensurate to the demands placed on these men and woman. Provisions on H.R. 4110 extending V.A. loan benefits and some burial entitlement for members of the Selected Reserves would definitely go towards recognizing the vital role of ''citizen soldiers'' in our nation's defense.

Amid accusations that our veterans are being ''sold out'' and that we have reneged on our promises, I urge my colleagues to take a step towards reassuring our commitment to the brave men and women who served and made great sacrifices for this nation.

Mr. EVERETT. Mr. Speaker, I rise in strong support of H.R. 4110, the Veterans Benefits Improvement Act of 1998. I am very pleased that, once again, veterans with service-connected disabilities and the families of veterans who died from service-connected causes should receive a full cost of living adjustment (COLA) for 1999.

This Congress is maintaining America's commitment to those who have answered the call to defend our great country and its freedoms. H.R. 4110 would provide a COLA commensurate with the Social Security COLA, which will be calculated at the end of this September. The increased benefit rate would begin on December 1, 1998. If it were calculated right now, it would be about 1.6 percent.

As my colleagues have already described, this pro-veteran legislation would also improve several veterans programs. It would improve education benefits by giving veterans greater flexibility on payment of work-study allowances and by allowing credit for life and work experiences to establish eligibility for the GI Bill.

This legislation would allow Federal, State and local governments to waive wage increase requirements and minimum payment rates for certain government on-the-job training programs, thereby making these programs more accessible to veterans. The VA and military services would also be required to provide service members and veterans better information about their GI Bill benefits.

Recognizing the increasing importance of our Nation's Reserve and National Guard forces, H.R. 4110 would establish their permanent eligibility for veterans housing loans and would authorize the VA to furnish burial flags for deceased members of the reserve components even before they are eligible for retirement.

This bill has too many good provisions in it for complete discussion here, so I have chosen only a few. Certainly, I support all of the bill.

Mr. Speaker, I want to commend Chairman STUMP of the full Committee, Mr. EVANS, the Ranking Minority Member, Chairman QUINN of the Subcommittee on Benefits, and Mr. FILNER, the Subcommittee's Ranking Minority Member, for their hard work and bipartisan approach on the bill. I am pleased to join them in cosponsoring the bill.

And finally, Mr. Speaker, I urge all of my colleagues to act favorably on this measure.

Mr. GILMAN. Mr. Speaker, I rise today in strong support of H.R. 4110, the Veterans' Benefits Improvement Act.

H.R. 4110 authorizes a full cost-of-living adjustment for veterans with service connected disabilities and the rates of dependency and indemnity compensation (DIC) for the survivors of certain disabled veterans, for FY 1999. It also simplifies VA education programs, makes reservists and National Guard members permanently eligible for the VA Home Loan Program, and makes internal improvements to the operation of the U.S. Court of Veterans Appeals.

The disability compensation program is intended to provide some relief for those veterans whose earning potential has been adversely impacted as a result of disabilities incurred during military service.

The survivors benefit program is intended to provide partial compensation to the appropriate survivors for a loss of financial support due to a service-connected death.

Congress has provided an annual cost-of-living adjustment to these veterans and survivors since 1976.

This legislation also addresses a potential future problem for the Court of Veterans Appeals. Beginning in 2004, five of the six original appointees on this court will be eligible for retirement. Moreover, the last two years have seen a substantial increase in the workload and backlog of cases pending before the court.

This legislation permits the Court of Veterans Appeals to operate in a manner similar to other Federal courts, whereby retired judges are permitted to volunteer their services in a limited capacity, typically 25% of a normal workload. These judges receive retired pay equal to that of an active judge in exchange for their services.

This goal of this provision is to provide an effective measure to help reduce overall workload and shorten the time that veterans must wait for decisions on their appeals.

Finally, H.R. 4110 makes permanent the authority of the VA to guarantee home loans for National Guard and Reserve members. This authority was previously set to expire on September 30, 1999.

Mr. Speaker, I believe this is worthy legislation and an appropriate response of this legislative body to the sacrifices made by our Nation's veterans and their families.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of this bill, which makes substantial improvements to our national policy as it relates to veterans. The special contributions that veterans have made to the history of this country are under-appreciated and this bill, I believe, tries to bring much needed satisfaction to our real-life heroes.

H.R. 4110 contains several provisions posed to improve current policy. First and foremost, it amends Title 38 to require the Department of Veterans Affairs to use free and open competition in the award of Veteran's housing contracts. We have opened the doors of privatization in other segments of our society, and it is about time that we start to let market forces work for us in our military expenditures.

This bill also raises the cost of living allowances given to veterans and survivors who are receiving funds from the VA, which should give immediate relief to families who have had a hard time dealing with the modern economy. This provision is especially important because, many times, these funds are the sole source of income for these families.

Other important provisions in the bill improve the quality of life for veterans by providing valuable services for their families, for instance, by improving the way home loan guarantees are issued. Another important change in this bill makes it easier for individuals attending schools on the GI Bill to receive their degrees, an always important goal. Although these changes may seem insignificant to some, I have no doubt that the veterans of this great country will appreciate each and every change made on their behalf in this bill.

I applaud the efforts of the Committee on Veterans' Affairs, who reported this bill favorably with a unanimous vote, for their hard work, and I urge my colleagues here today to do H.R. 4110 similar justice by passing it unanimously as well.

Mr. STUMP. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BARRETT of Nebraska). The question is on the motion offered by the gentleman from Arizona (Mr. STUMP) that the House suspend the rules and pass the bill, H.R. 4110, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PERSIAN GULF WAR VETERANS HEALTH CARE AND RESEARCH ACT OF 1998

Mr. STUMP. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3980) to amend title 38, United States Code, to extend the authority for the Secretary of Veterans Affairs to treat illnesses of Persian Gulf War veterans, to provide authority to treat illnesses of veterans which may be attributable to future combat service, and to revise the process for determining priorities for research relative to the health consequences of service in the Persian Gulf War, and for other purposes, as amended.

The Clerk read as follows:

H.R. 3980

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Persian Gulf War Veterans Health Care and Research Act of 1998''.

SEC. 2. HEALTH CARE FOR VETERANS OF WAR.

(a) AUTHORITY TO PROVIDE PRIORITY CARE.—Section 1710(e) of title 38, United States Code, is amended—

(1) by adding at the end of paragraph (1) the following new subparagraph:

''(D) Subject to paragraphs (2) and (3), a veteran who served on active duty in a theater of combat operations (as determined by

the Secretary in consultation with the Secretary of Defense) during a period of war after the Vietnam era, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after the date of the enactment of this subparagraph, is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness, notwithstanding that there is insufficient medical evidence to conclude that such condition is attributable to such service.'';

(2) in paragraph (2)(B), by inserting ''or (1)(D)'' after ''paragraph (1)(C)'';

(3) in paragraph (3)—

(A) by striking out ''and'' at the end of subparagraph (A);

(B) by striking out ''December 31, 1998.'' in subparagraph (B) and inserting in lieu thereof ''December 31, 2001; and''; and

(C) by adding at the end the following new subparagraph:

''(C) in the case of care for a veteran described in paragraph (1)(D), after a period of five years beginning on the date of the veteran's discharge or release from active military, naval, or air service.''; and

(4) by adding at the end the following new paragraph:

''(5) When the Secretary first provides care for veterans using the authority provided in paragraph (1)(D), the Secretary shall submit to Congress a report on the experience under that authority. The report shall cover the period of the first three years during which that authority is used and shall be submitted not later than nine months after the end of that three-year period. The Secretary shall include in the report any recommendations of the Secretary for extension of that authority.''.

(b) ENROLLMENT PRIORITY.—Section 1705(a)(4) of such title is amended—

(1) by striking out ''and'' after ''permanently housebound'' and inserting in lieu thereof a comma; and

(2) by inserting '', and veterans described in subparagraph (F) of section 1710(a)(2) of this title'' after ''disabled''.

SEC. 3. NATIONAL CENTER FOR THE STUDY OF WAR-RELATED ILLNESSES.

(a) IN GENERAL.—(1) Chapter 73 of title 38, United States Code, is amended by inserting after section 7322 the following new section:

''§ 7323. National Center for the Study of War-Related Illnesses

''(a) ESTABLISHMENT.—The Secretary, acting through the Under Secretary for Health, shall establish and operate in the Veterans Health Administration a National Center for the Study of War-Related Illnesses (hereinafter in this section referred to as the 'Center'). The Center shall, as appropriate, coordinate its activities with those of the National Center on Post-Traumatic-Stress Disorder established pursuant to section 110(c) of the Veterans' Health Care Act of 1984 (Public Law 98–528).

''(b) PURPOSES.—The purposes of the Center shall be to promote improvement of clinical, research, and educational activities of the Veterans Health Administration with respect to war-related illnesses, including medically unexplained illnesses.

''(c) FUNCTIONS.—In carrying out the purposes of the Center, the Under Secretary shall ensure that the Center—

''(1) promotes the training of health care and related personnel in, and research into, the causes, mechanisms, and treatment of war-related illnesses;

''(2) serves as a resource center for, and promotes and seeks to coordinate the exchange of information regarding, research and training activities carried out by the Department, the Department of Defense, and other Federal and non-Federal entities; and

''(3) coordinates with the Department of Defense and other interested Federal departments and agencies in the conduct of research, training, and treatment and the dissemination of information pertaining to war-related illnesses.

''(d) STAFF.—The Under Secretary shall ensure that the staff of the Center has an appropriate range and breadth of expertise so as to enable the Center to bring an interdisciplinary approach to the study and treatment of war-related illnesses.

''(e) COORDINATION BETWEEN DEPARTMENTS.—(1) In order to ensure needed coordination between the Department and the Department of Defense in carrying out the mission of the Center, the officials identified in subparagraphs (A) and (B) of section 8111(b)(2) of this title shall—

''(A) meet regularly to review pertinent policies, procedures, and practices of their respective departments relating to such coordination and to identify actions that could be taken to change policies, procedures, and practices to improve such coordination; and

''(B) take all appropriate steps to carry out those actions identified under paragraph (1).

''(2) The Secretary and the Secretary of Defense shall submit to the appropriate committees of Congress an annual joint report, not later than April 1 each year, on the activities under paragraph (1) during the preceding year.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7322 the following new item:

''7323. National Center for the Study of War-Related Illnesses.''.

(b) EFFECTIVE DATE.—The National Center for the Study of War-Related Illnesses required to be established by section 7323 of title 38, United States Code, as added by subsection (a), shall be established not later than October 1, 1999.

SEC. 4. ASSESSMENT OF EFFECTIVENESS OF CARE OF PERSIAN GULF WAR VETERANS.

(a) ASSESSMENT BY NATIONAL ACADEMY OF SCIENCES.—Not later than November 1, 1998, the Secretary of Veterans Affairs shall enter into a contract with the National Academy of Sciences for the conduct of a review of a methodology which could be used by the Department of Veterans Affairs for determining the efficacy of treatments furnished to, and health outcomes (to include functional status) of, Persian Gulf War veterans who have been treated for illnesses which may be associated with their service in the Persian Gulf War.

(b) ACTION ON REPORT.—Not later than 180 days after receiving the final report of the National Academy of Sciences under subsection (a), the Secretary shall—

(1) if scientifically feasible, develop an appropriate mechanism to monitor and study the effectiveness of treatments furnished to, and health outcomes of, Persian Gulf War veterans who suffer from diagnosed and undiagnosed illnesses which may be associated with their service in the Persian Gulf War; and

(2) submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the implementation of this subsection.

SEC. 5. CONTRACT FOR INDEPENDENT RECOMMENDATIONS ON RESEARCH AND FOR DEVELOPMENT OF CURRICULUM ON CARE OF PERSIAN GULF WAR VETERANS.

Section 706 of the Persian Gulf War Veterans' Health Status Act (title VII of Public Law 102–585; 38 U.S.C. 527 note) is amended by adding at the end thereof the following new subsection:

''(d) RESEARCH REVIEW AND DEVELOPMENT OF MEDICAL EDUCATION CURRICULUM.—(1) In order to further understanding of the health consequences of military service in the Persian Gulf theater of operations and of new research findings with implications for improving the provision of care for veterans of such service, the Secretary of Veterans Affairs and the Secretary of Defense shall seek to enter into an agreement with the National Academy of Sciences under which the Institute of Medicine of the Academy would—

''(A) develop a curriculum pertaining to the care and treatment of veterans of such service who have ill-defined or undiagnosed illnesses for use in the continuing medical education of both general and specialty physicians who provide care for such veterans; and

''(B) periodically review and provide recommendations regarding the research plans and research strategies of the Departments relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War, including recommendations that the Academy considers appropriate for additional scientific studies to resolve areas of continuing scientific uncertainty relating to the health consequences of any aspects of such military service.

''(2) Not later than six months after the Institute of Medicine provides the Secretaries the curriculum developed under paragraph (1), the Secretaries shall provide for the conduct of continuing education programs using the curriculum developed under paragraph (1). Such programs shall include instruction which seeks to emphasize use of appropriate protocols of diagnosis, referral, and treatment of such veterans.''.

SEC. 6. REVISION TO PROCESS FOR DETERMINING PRIORITIES FOR HEALTH-RELATED RESEARCH ON THE PERSIAN GULF WAR.

Section 707 of the Persian Gulf War Veterans' Health Status Act (title VII of Public Law 102–585; 38 U.S.C. 527 note) is amended by striking out subsection (b) and inserting in lieu thereof the following:

''(b) PUBLIC ADVISORY COMMITTEE.—Not later than January 1, 1999, the head of the department or agency designated under subsection (a) shall establish an advisory committee consisting of members of the general public, to include Persian Gulf War veterans and representatives of such veterans, to provide advice to the head of that department or agency on proposed research studies, research plans, or research strategies relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War. The department or agency head shall consult with such advisory committee on a regular basis.

''(c) REPORTS.—(1) Not later than March 1 of each year, the head of the department or agency designated under subsection (a) shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on—

''(A) the status and results of all such research activities undertaken by the executive branch during the previous year;

''(B) research priorities identified during that year; and

''(C) recommendations of the public advisory committee established under subsection (b) that were not adopted during that year and the reasons for not adopting each such recommendation.

''(2)(A) Not later than 120 days after submission of the epidemiological research study conducted by the Department of Veterans Affairs entitled 'VA National Survey of Persian Gulf Veterans—Phase III', the head of the department or agency designated

under subsection (a) shall submit to the congressional committees specified in paragraph (1) a report on the findings under that study.

''(B) With respect to any findings of that study which identify scientific evidence of a greater relative risk of illness or illnesses in family members of veterans who served in the Persian Gulf War theater of operations than in family members of veterans who did not so serve, the head of the department or agency designated under subsection (a) shall seek to ensure that appropriate research studies are designed to follow up on such findings.

''(d) PUBLIC AVAILABILITY OF RESEARCH FINDINGS.—The head of the department or agency designated under subsection (a) shall ensure that the findings of all research conducted by or for the executive branch relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War (including information pertinent to improving provision of care for veterans of such service) are made available to the public through peer-reviewed medical journals, the Internet World Wide Web, and other appropriate media.''.

SEC. 7. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER IN ASPINWALL, PENNSYLVANIA.

The Department of Veterans Affairs medical center in Aspinwall, Pennsylvania, is hereby designated as the ''H. John Heinz III Department of Veterans Affairs Medical Center''. Any reference to that medical center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the ''H. John Heinz III Department of Veterans Affairs Medical Center''.

SEC. 8. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER IN GAINESVILLE, FLORIDA.

The Department of Veterans Affairs medical center in Gainesville, Florida, is hereby designated as the ''Malcom Randall Department of Veterans Affairs Medical Center''. Any reference to that medical center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the ''Malcom Randall Department of Veterans Affairs Medical Center''.

SEC. 9. MANAGEMENT OF SPECIALIZED TREATMENT AND REHABILITATIVE PROGRAMS.

(a) STANDARDS OF JOB PERFORMANCE.—Section 1706(b) of title 38, United States Code, is amended—

(1) in paragraph (2), by striking out ''April 1, 1997, April 1, 1998, and April 1, 1999'', and inserting in lieu thereof ''April 1, 1999, April 1, 2000, and April 1, 2001''; and

(2) by adding at the end the following new paragraph:

''(3)(A) To ensure compliance with paragraph (1), the Under Secretary for Health shall prescribe objective standards of job performance for employees in positions described in subparagraph (B) with respect to the job performance of those employees in carrying out the requirements of paragraph (1). Those job performance standards shall include measures of workload, allocation of resources, and quality-of-care indicators.

''(B) Positions described in this subparagraph are positions in the Veterans Health Administration that have responsibility for allocating and managing resources applicable to the requirements of paragraph (1).

''(C) The Under Secretary shall develop the job performance standards under subparagraph (A) in consultation with the Advisory Committee on Prosthetics and Special Disabilities Programs and the Committee on Care of Severely Chronically Mentally Ill Veterans.''.

(b) EFFECTIVE DATE.—The standards of job performance required by paragraph (3) of section 1706(b) of title 38, United States Code, as added by subsection (a), shall be prescribed not later than January 1, 1999.

SEC. 10. EXTENSION OF AUTHORITY TO COUNSEL AND TREAT VETERANS FOR SEXUAL TRAUMA.

Section 1720D(a) of title 38, United States Code, is amended by striking out ''December 31, 1998'' in paragraphs (1) and (3) and inserting in lieu thereof ''December 31, 2001''.

SEC. 11. AUTHORIZATION OF CONSTRUCTION OF A SPINAL CORD INJURY CENTER AT THE TAMPA, FLORIDA, VAMC.

(a) AUTHORIZATION.—The Secretary of Veterans Affairs may carry out a major medical facility project for construction of a spinal cord injury center at the Department of Veterans Affairs Medical Center, Tampa, Florida, in an amount not to exceed $46,300,000.

(b) FUNDING.—There are authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 1999 for the Construction, Major Projects, account $20,000,000 to be available for the project authorized in subsection (a).

(c) SOURCE OF FUNDS.—The project authorized in subsection (a) may be carried out using —

(A) funds appropriated pursuant to the authorization of appropriations in subsection (b);

(B) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 1999 that remain available for obligation; and

(C) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 1999 for a category of activity not specific to a project.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. STUMP) and the gentleman from Illinois (Mr. EVANS) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona (Mr. STUMP).

Mr. STUMP. Mr. Speaker, I yield myself such time as I may consume.

(Mr. STUMP asked and was given permission to revise and extend his remarks.)

GENERAL LEAVE

Mr. STUMP. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3980.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. STUMP. Mr. Speaker, H.R. 3980 is the Persian Gulf War Veterans Health Care and Research Act of 1998. H.R. 3980 addresses the most pressing concerns facing our Persian Gulf War veterans today. It does so by extending and expanding the VA's treatment authority for Persian Gulf veterans; by taking major steps to improve the effectiveness of that treatment; and by strengthening the process by which the government sets its Persian Gulf research agenda.

This legislation is also forward looking in providing broad treatment authority for veterans of any future combat situations, and requiring the VA to establish a center for the study of war-related illnesses.

The bill also extends VA's authority to provide counseling for sexual trauma to the year 2001.

I would like to thank and acknowledge the leadership and work of the gentleman from Florida (Mr. STEARNS), our subcommittee chairman, and also commend the gentleman from Illinois (Mr. EVANS), the ranking member of the full committee, and the gentleman from Massachusetts (Mr. KENNEDY) for initiating legislation of their own and for their work on this bill.

H.R. 3980 addresses the concerns that many have raised, including the General Accounting Office, the Presidential Advisory Committee on Persian Gulf Illnesses, and the Committee on Government Reform and Oversight, as well as many members of the Committee on Veterans' Affairs. In my view, the solutions that H.R. 3980 proposes are responsible and offer the promise of improved care for Persian Gulf veterans, and greater confidence in the agenda for research on Persian Gulf illnesses.

Mr. Speaker, I reserve the balance of my time.

Mr. EVANS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 3980. I want to thank the chairman, the gentleman from Arizona (Mr. STUMP), and the chairman and ranking Democratic member of the Subcommittee on Health, the gentleman from Florida (Mr. STEARNS) and the gentleman from Illinois (Mr. GUTIERREZ), for their work on this important legislation. I join the chairman in voicing my strong support for this far-reaching legislation.

The bill offers the VA a better means of assuring the quality of care provided to veterans of the Persian Gulf War and lays a foundation for understanding health care needs of veterans of future conflicts.

I am particularly pleased that this bill incorporates H.R. 3571 that I introduced in March to extend VA's authority to provide health care treatment for Persian Gulf veterans. In addition, I am pleased that provisions of another measure, H.R. 3279, which I introduced to provide compensation for veterans with Persian Gulf illnesses and to improve their health care treatment, was also included in H.R. 3980.

More than a year ago, I requested that the GAO determine whether VA is maintaining its capacity in certain special emphasis programs as required by law. Preliminary findings from this report and other sources indicate that the expensive specialized services, those once considered the crown jewels of the system, have indeed become increasingly vulnerable to programmatic shifts and funding cuts that now threaten their integrity. These programs serve veterans with catastrophic disabilities, conditions such as spinal cord injury, blindness, severe mental illness, amputations, traumatic brain injury and posttraumatic stress disorder, conditions that I believe most

Americans would agree the VA system exists to treat.

H.R. 3980, as amended, will require the VA to assess its resource managers' performance and, in part, base merit pay on ensuring that special programs receive programmatic and resource support veterans served by them deserve. This will better ensure that VA managers are not rewarded for dumping their patients who are most difficult and most costly to treat.

There are a number of other important provisions in this bill, Mr. Speaker, which my longer statement for the record addresses. I want to thank the gentleman from Arizona (Mr. STUMP), the chairman, again for his work on this important legislation. I encourage my colleagues to support H.R. 3980, as amended.

Mr. Speaker, I rise in support of H.R. 3980. I want to thank Chairman STUMP and the Chairman and Ranking Democratic Member of the Health Subcommittee, CLIFF STEARNS and LUIS GUTIERREZ, for their work on this legislation. As a result of their efforts and the efforts of others, H.R. 3980, as now before the House, deserves the support of every member of this body. I join the Chairman in voicing my strong support for this far-reaching health care legislation. The bill offers VA a better means of assuring the quality of care provided to veterans who served in the Persian Gulf War and lays the foundation for understanding health care needs of veterans of future conflicts. In so doing, the legislation will undoubtedly benefit not only Gulf War veterans, but also those combat veterans that follow in their footsteps.

I am particularly pleased that this bill incorporates the measure I introduced this past March, H.R. 3571, to extend VA's authority to provide health care treatment for Persian Gulf veterans. H.R. 3980 also includes provisions from a bill I introduced, H.R. 3279 (Persian Gulf War Veterans Act of 1998), to provide compensation for veterans with illnesses attributable to service in the Persian Gulf. For example, the bill requires VA to commission a study from the National Academy of Sciences to identify associations between exposures service members likely encountered as a result of Gulf War service and their health outcomes.

VA has, on its own initiative, entered into a two-year contract with the Institute to review and evaluate the research and medical literature available to assess associations between exposures and health effects on Gulf War veterans. While the contract is not as expansive as that which is required in the Persian Gulf War Veterans Act of 1998, it lays the groundwork for research that could identify probable clinical associations and areas where more work is needed. I commend VA for taking the initiative to respond to the recommendation made by the Presidential Advisory Committee on Gulf War Illnesses and reaffirm my commitment to making this a longer-term partnership in the future.

This measure further ensures that the federal government is accountable for its research agenda by establishing a Veterans Advisory Panel. The Advisory Panel will recommend areas where VA should do additional research, advise on strategies for research, and suggest improvements in study designs. This measure further ensures that the Research Working Group is accountable to Persian Gulf Veterans by requiring the Working Group to either implement the Panel's recommendations or to justify not incorporating their recommendations.

The Committee has built on the relationship VA has already established with the Institute of Medicine. Assessing health care effectiveness was a concern of many of our members, so this measure asks VA to work with the Institute of Medicine to identify the outcome measures that would be useful in helping us understand which treatments are most beneficial to veterans. Outcomes would include measures of both health and functional status. Having both types of measures would allow us not only to assess if veterans' physical symptoms are improving, but if the veteran is also better able to engage in productive activities and social relationships.

Mr. KENNEDY's original Persian Gulf bill supported a measure for training VA clinicians to provide better health care to those with poorly defined symptoms or undiagnosed illnesses. I recognized the value in such a proposal immediately and I support the measure included in the legislation before us today to ask the Institute of Medicine to develop a recommended curriculum for VA primary and specialty physicians involved with Gulf War veterans' care.

H.R. 3980 also establishes a new plan for addressing the spouses and children of Gulf War veterans. The current program is expiring but is clearly not meeting the needs of veterans' dependents. It offers a medical examination at only 18 sites around the country with no follow-up treatment if a problem is found. VA is now in the third phase of an important epidemiological study to identify prevalence of symptoms or conditions in veterans and their families. As the findings of this study become available, this legislation will require VA to engage in additional studies of those conditions veterans' families exhibit more than their peers. I will pledge that to the degree there are clinically significant associations found in this study, I will offer legislation to assure veterans' families have access to treatment for the conditions they suffer.

My friends, KAREN THURMAN of Florida and MIKE DOYLE of Pennsylvania have each introduced bills to rename VA facilities in their states. These bills have been incorporated into H.R. 3980 and just last week, companion bills were reported favorably by the Senate Veterans' Affairs Committee. Representative THURMAN's measure will rename the Gainesville VA Medical Center after a long-time public servant, Malcom Randall, who served as the facility's director for more than 30 years. Congressman DOYLE's provision will rename the Aspinwall VA Medical Center in Pittsburgh after the late Senator, H. John Heinz III. I thank the Members for their commitment to ensuring enactment of these two provisions and thank my colleagues on the Committee for favorably considering the renaming measures on behalf of these two worthy individuals.

Recently, the Subcommittee on Health held a hearing on the record of the Veterans' Health Administration's special programs meeting the treatment and rehabilitation needs of disabled veterans. Specifically, the Committee wanted to ensure that the VHA was obeying a provision of the law Congress enacted as part of its comprehensive Eligibility Reform Act in 1994. The Act, along with the sweeping administrative changes being made, transformed the delivery of VA medical care. At the time the law was enacted, Congress realized there would be far reaching changes, many of which would be positive, but was prescient enough to recognize that authorizing VA to become a more efficient provider could adversely affect some successful programs. Our concerns were based, at least in part, upon watching the experience of private sector medicine, as it became more cost-effective. Specialty care for people with chronic conditions was more adversely affected than care in other areas, largely because it cost more to deliver. Accordingly, Congress required VA to maintain its capacity to meet veterans' health care and rehabilitation needs in the special programs.

More than a year ago, I requested the General Accounting Office to determine whether VA is maintaining its capacity in certain special emphasis programs as required by law. The Veterans' Health Administration developed these special programs to treat combat injuries or other conditions disproportionately experienced by veterans. These programs treat and rehabilitate veterans with catastrophic illnesses or disabilities—conditions such as Spinal Cord Injury, blindness, severe mental illness, amputations, traumatic brain injury and Post-traumatic Stress Disorder—conditions I believe most Americans would agree the VA medical system exists to treat.

It appears the expensive specialized services—the crowned jewels of the system—have indeed become increasingly vulnerable to programmatic shifts and funding cuts which threaten their integrity. I must sadly report that the hearing elicited some of the most disturbing testimony our Committee has heard this year. Witnesses made it clear that Congress must continue to collect data from VA to assess these programs and to improve the data VA collects. It is apparent that too many psychiatric inpatient settings are discharging veterans with severe mental illness onto the streets without community resources to support them; too many spinal cord injury centers lack the resources they need to operate and have no medical leadership for months on end; and the increasing demands on the prosthetics programs are not being met with new resources to support them. Worst of all, witnesses allege that VA officials are encouraging employees to underreport important measures designed to help Congress understand how well the programs are operating! Without these important measures or with faulty and inaccurate measures, which are required by law, we are unable to provide effective oversight of these critical programs.

To address this concern, H.R. 3980, as amended, will require VA to assess its resource managers' performance in ensuring that special programs receive the programmatic and resource support veterans served by them deserve. Any merit pay managers receive based on their performance must assess how well these important programs are maintained. This will better ensure VA managers are not rewarded for ''dumping'' their patients who are the hardest and most costly to treat and is an important test in further protecting the programs which make VA a unique and essential provider.

Also in the interest of special programs, for the third time, this Committee will put forward a measure to authorize a major construction project to replace the Spinal Cord Injury center

in Tampa, Florida. There are major deficiencies in the current structure and the new wards this project will create are absolutely essential. My good friend, MIKE BILIRAKIS, has been a tireless champion of this project for more than 10 years—neither the need, nor his devotion, to fulfilling it has diminished over this time.

I am pleased H.R. 3980 is reauthorizing the sexual trauma counseling program that is helping so many of our women service members move on with their lives after being subject to traumatic physical or verbal abuse during military service. During a recent Committee hearing, we received unequivocal testimony from VA and veterans' service organizations about the value of this important program. In a perfect world we would hope that the problem of sexual harassment and abuse in our armed forces would diminish and, in time, be eliminated, but, in fact, all signs point to just the opposite happening. In this not so perfect world, it is essential that we maintain this program.

I, again, want to thank Chairman STUMP for working with me and others on this important legislation. I recommend and encourage our colleagues to support this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. STUMP. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. STEARNS), chairman of the Subcommittee on Health.

(Mr. STEARNS asked and was given permission to revise and extend his remarks.)

Mr. STEARNS. Mr. Speaker, I appreciate the recognition from the distinguished chairman of the full committee. I also want to thank the gentleman from Illinois (Mr. EVANS), the ranking member, and the gentleman from Illinois (Mr. GUTIERREZ), the ranking member on the Subcommittee on Health. Mr. Speaker, I am going to take a few moments just to outline some of the broad understanding of this Gulf War syndrome for the record.

Mr. Speaker, in January and early February of 1991, the United States stood on the brink of what many people anticipated would be a protracted military campaign against the forces of an aggressor nation. Many lawmakers, some in this Chamber, opposed military action, of course, fearing heavy losses.

Thankfully our armed forces proved vastly superior to Saddam Hussein's army, and in a matter of days the conflict was over.

Appropriately, much of the credit for our swift, decisive action went to the approximately 700,000 American men and women who served in the Gulf War during that operation. As a Nation, of course, we salute their heroism.

In one month after the war's close, however, it became apparent that many Persian Gulf veterans who had escaped the hazards of enemy rockets, tanks, mines and gunfire were not left untouched. Increasingly veterans who returned home uninjured began to experience illnesses with multiple symptoms which their doctors really could not explain.

Almost as soon as the reports of these problems reached Congress, our committee, the House Committee on Veterans' Affairs, began investigating. We held two hearings in 1992 exploring the possible link between these illnesses and the troops' exposure to the chemical soot of Iraqi-set oil well fires. With continued reports of veterans' health problems, the committee continued its review, seeking to explore the possible effects of an ever-growing number of risk factors. In all, the committee has held 17 hearings relating to the health effects of service in the Persian Gulf War. While answers to these many questions remained elusive, the committee over the years has nevertheless initiated the passage of unprecedented legislation to address health care problems experienced by Persian Gulf veterans, research on risk factors associated with such service, and provision of compensation for veterans with unexplained or undiagnosed conditions.

In the course of its oversight, the committee has heard from individual veterans and their dependents and representatives, as well as clinicians, researchers and auditors.

□ 1230

We have met with and taken testimony from officials of numerous government agencies and representatives of each of the expert panels which have studied Persian Gulf War veterans' health problems, including scientists from the Institute of Medicine and the Presidential Advisory Committee on Gulf War Illnesses. The committee has led efforts to ensure that lack of definitive answers not be a barrier to provision of health care and compensation for health problems which appear to have their origin in service. At the same time we have pushed and pursued funding for research to ascertain the nature of these illnesses and determine the most effective means of treatment.

Mr. Speaker, numbers and statistics do not adequately explain the problems that have led us to develop the bill we bring to the floor today. However, the plain-spoken words of a former Marine, Carl Wickline, who testified at one of our hearings, graphically convey the kind of health problems veterans have encountered:

> Multiple symptoms began to become noticeable shortly after I returned to the United States. Symptoms have included severe headaches, chronic fatigue, recurring neuromuscular back pain, short-term memory loss, lapses in concentration, severe rash, depression which medication has not successfully treated, night sweats, insomnia, severe gastrointestinal problems, blurred vision, photosensitivity, bleeding gums, immune system inefficiencies and multiple chemical sensitivities.

Describing VA attempts to treat him as having been unsuccessful, he stated that,

> I end up in the same place each time I attempt to contact the VA concerning my illnesses. Mental health must be the dead end for all cases which the VA has no knowledge or interest in treating.

Mr. Speaker, his experiences echo those of many veterans. In fact, in my district Michael Adcock of Ocala, Florida, who had many of the symptoms Mr. Wickline reported, he died at the age of 22, shortly after returning home to Ocala from the Gulf.

Another spouse, Deborah Smith, testified as to how little trust these veterans have.

> For 5 years veterans questioned the likelihood that they had been exposed to chemical weapons during the Gulf War. For 5 years the Pentagon denied that possibility. When indisputable evidence was presented in 1996, those denials were turned to affirmation. Sensitivity is needed to grasp the betrayal these soldiers experienced due to this incident.

What has become clear, Mr. Speaker, is that scientists do not believe there is any one single illness or any single exposure which would explain all these problems. It seems equally clear that many veterans who have undergone VA or DOD clinical examinations or participated in the research programs have very real illnesses which are likely connected to the service in the Gulf.

Well, we have reviewed these, and that is why this bill is presented today.

In a June of 1997 report on Gulf War illness and testimony before our Subcommittee on Health, the General Accounting Office criticized the Federal research effort as, quote, lacking a coherent approach, and questioned the emphasis Federal departments have given on epidemiological research rather than research on diagnosis, treatment and prevention of Gulf War veterans' illnesses. Our committee initiated legislation last year to foster more clinical research in this area.

It is clear that many Persian Gulf veterans are unsatisfied. They are frustrated that research has not provided the full answers, and they perhaps have lost confidence in departments managing that research, and I share their concern. That is why this committee, in developing the legislation we are bringing to the floor today, has sought to bring to attention these concerns to the public and pass legislation that will solve these problems.

H.R. 3980 would address all these concerns directly. It would provide both for independent expert oversight of the Federal research program relating to the Gulf War illnesses and a mechanism for, quote, consumer participation in Persian Gulf research agenda-setting. It is not all the military, it is not all the Veterans Affairs. For the first time we bring the consumer in. An independent voice is now available.

H.R. 3980 would effectively carry out the recommendation that Congress provide for independent oversight. It would do so by requiring the VA and DOD to enter into contract with the National Academy of Sciences, under which the Academy Institute of Medicine would periodically review and provide recommendations to the departments on their plans and strategies for Persian Gulf research. Such review

would involve both assessing and making recommendations on the DOD and other departments' research plan.

While the research agenda is the key to resolving long simmering questions, many veterans continue to experience disabling health problems. To that end this bill today would extend VA special treatment authority for Persian Gulf War veterans and to assure that the promise of ''priority health care'' is not compromised.

The bill would also elevate the ''enrollment priority'' of the veterans. At the same time the committee recognized that health care issues for Persian Gulf veterans are not just issues of access. Lack of understanding of these issues and lack of tools available to resolve these symptoms have certainly been the perception out there that many veterans have, and we seek to change that in this bill. Evaluations of VA care for the veterans has not been altogether good.

The American Legion, for example, testified that, quote, there is little evidence that VA's overall approach provides effective medical treatment for Gulf War veterans with difficult-to-diagnose and ill-defined conditions. The structure of VA's medical system, the lack of treatment protocols to guide physicians in the treatment of this illness, the nature of the illness and the site visit conducted by the American Legion suggests that on the whole VA does not effectively treat these illnesses. Our bill attempts to correct that.

There remains questions, I understand, regarding the effectiveness, but the important concerns we have are addressed in this bill. In H.R. 3980 there is a provision to require VA to enter into a contract with the National Academy of Sciences to remedy these problems.

We have, Mr. Speaker, to apply the lessons that we have learned from the Persian Gulf War experience and not just continue to hearken on the past. Just as our committee has worked to resolve the health problems, we believe it is critical to apply the lessons in the future.

Early this year, for example, the country again faced the possibility of committing our armed forces to military intervention in Iraq with the potential for renewed combat in the Persian Gulf theater we have to be prepared, and we have to have in place legislation to care for these soldiers that might go to fight again.

The findings that we provided in our hearings underscores the importance both of increasing understanding of war-related illness generally and of ensuring that the Department of Veterans Affairs is better prepared to treat veterans in future wars or military combat.

So, Mr. Speaker, I think this bill takes a long step forward, and let me again say that H.R. 3980 is an important bill, not just for Persian Gulf veterans, but for those now in military service and in the future. I believe the American Legion has best described the significance of these provisions in this bill when they talk about it by saying, ''The best contribution that Congress can make in the search for the cause and medical treatment of Gulf War illnesses, they refer to this bill.''

So, Mr. Speaker, I believe that H.R. 3980 is an important bill that all Members should support, and I urge all my colleagues to do so.

Mr. EVANS. Mr. Speaker, I yield as much time as he may consume to the gentleman from California (Mr. FILNER).

Mr. FILNER. Mr. Speaker, I thank the gentleman for yielding this time to me, and I rise today to speak about two bills, H.R. 3980, the Persian Gulf War Veterans Health Care and Research Act of 1998, the measure that is before us today, and H.R. 4036, the Persian Gulf War Veterans Health Act of 1998 that I hope will be before us at a later date. I certainly appreciate the work of the Committee on Veterans' Affairs' Subcommittee on Health as well as our full committee on this issue. I think we have heard the eloquent statement of the gentleman from Florida (Mr. STEARNS), the chairman, that he is attempting to get at the root of our problems with the Persian Gulf War illness. The gentleman from Illinois (Mr. GUTIERREZ), his ranking member, and the gentleman from Arizona (Mr. STUMP), chairman of the full committee, and the gentleman from Illinois (Mr. EVANS), the ranking member, have spent countless hours in crafting this legislation, and as the gentleman from Florida said, I think this will address many of the concerns of our Persian Gulf War veterans.

I will be voting for this bill. But I think the statement that the gentleman from Florida (Mr. STEARNS) so eloquently gave and the compassion which he feels for our veterans should logically lead to a bill which would go a little further, and let me make my concerns clear about that by spending a few minutes on a bill that was later introduced, H.R. 4036, introduced by the gentleman from Connecticut (Mr. SHAYS), who was chairman of the Subcommittee on Human Resources for the Committee on Government Reform and Oversight of our House. That is a bill which also enjoys bipartisan support in Congress, widespread support in both the Gulf War veterans' community and the veterans' community at large. The Shays bill does three things more than the bill before us:

Number 1, it assumes that our fighting men and women were indeed exposed to toxins found in the Gulf War, including chemical warfare agents, experimental drugs and depleted uranium. Thus this legislation provides researchers with a blueprint of where to begin. It creates a definitive toxic exposure list, one that can be added to with new information. Given dramatic failures at the Department of Defense and the Department of Veterans' Affairs to begin, even begin, research on oil well fire pollution, depleted uranium or combinations of exposures creating this sort of list is a clear step in the right direction, and passage of such a bill has strong precedent. The Agent Orange Act of 1991, for example, contained a listing of herbicide toxic exposures. If we never actually list the toxins, as H.R. 4036 does, then the suspected causes are left open for endless future debate with little possibility of action or treatment for our veterans.

Secondly, what I find most disturbing about the bill before us is that the Veterans Administration and the Department of Defense remain basically in charge of the medical research, research the Committee on Government Reform and Oversight of this House has found, and I quote, irreparably flawed, hobbled by institutional inertia, plagued by arrogant incuriosity and a pervasive myopia. In my view, these agencies, condemned by their own stonewalling and lack of forthrightness to the American people, have forfeited the right to direct this research effort.

H.R. 4036, the bill that I hope will come before us, would establish an independent research body to investigate toxic exposures and true, true independent oversight of government research. With this kind of expanded research scientists would have a better chance of discovering treatment programs that Gulf War veterans desperately need, contrasted with most of the research done by the VA and DOD up to this point. The General Accounting Office, as already pointed out by the gentleman from Florida (Mr. STEARNS), characterized those efforts as lacking focus and putting little or no emphasis on developing treatment programs. It is time for a radical change in the structure by which we carry out this research.

Thirdly, under H.R. 4036, when scientists find an association between the exposure and illness, the ill Gulf War veteran becomes classified as service connected; that is, eligible for not only health care but compensation and other benefits. This is a health crisis, Mr. Speaker, not a political football to be decided by the public relations and turf-conscious referees in those departments. This issue should be in the hands of scientists.

As I said earlier, I will vote in favor of H.R. 3980. The gentleman from Florida (Mr. STEARNS) has made an excellent case for how it will make improvements in our treatment of Persian Gulf War veterans. But I do not believe that this should be the final vote on this issue. It gets us closer to the goal, but it does not score the goal. Why I ask, Mr. Speaker, after 7 years should Gulf War veterans settle for anything less than a full accountability and full responsibility from their government? H.R. 4036 goes all the way and addresses the core problems at issue. Congress can do no less than to support those who have allowed this great Nation to remain free and prosperous.

All Gulf War veterans want to know is how they got sick, how they are going to get better and how this country is going to prevent future comrades from getting the same sickness. This is the essence of the written as well as the unwritten contracts between those who lay their lives on the line for our people. Our Persian Gulf War veterans gave their best, they deserve the best from their country: the best in research, the best in treatments. We should be doing nothing less.

□ 1245

Mr. EVANS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida (Mrs. THURMAN).

Mrs. THURMAN. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, I rise in support of the Persian Gulf Veterans Health Care and Research Act of 1998. Seven years and hundreds of billions of dollars later, our Nation's Gulf War veterans still do not have the answer to their most pressing question, what is causing Persian Gulf War syndrome.

While I continue to find this troubling, I believe that Congress is on the right track by continuing to elevate the priority for access to VA health care for Persian Gulf War veterans. The symptoms associated with Gulf War syndrome are often so complex and obscured that it can be difficult to continuously prove service-connected disability. Furthermore, Congress should be encouraging early intervention and treating these illnesses, often made difficult by current eligibility requirements. This legislation would provide priority health care to treat illness that may be attributable to a veteran's service in combat.

Unfortunately, our Nation's troops may be needed again in a region where chemical warfare is a possibility. When they put their lives on the line to protect our freedoms, we should hold nothing back to ensure their safety. We owe our veterans, present and future, this investment.

I would also like to thank the gentleman from Arizona (Chairman STUMP) for all of his help over the last couple of months, and the ranking member, the gentleman from Illinois (Mr. EVANS) and the entire Florida delegation, including the gentlewoman from Florida (Ms. BROWN) and the gentleman from Florida (Mr. STEARNS), for including in this comprehensive bill my legislation, H.R. 3336, renaming the VA Medical Center in Gainesville, Florida, the Malcolm Randall VA Medical Center.

After 32 years of service, on April 27 of this year Mr. Malcolm Randall retired as director of the Gainesville VA Medical Center. Mr. Randall has devoted his life to serving our country bravely and meritoriously. His long and honorable career is recognized worldwide.

Not only did Mr. Randall serve on PT boats and battleships in the South Pacific in World War II, he was formerly Air Staff Commander of the Naval Air Reserve Unit in Jacksonville, Florida, and holds the rank of Captain in the U.S. Naval Reserve.

In addition, he was awarded the two highest awards the VA offers, the Meritorious Service Award and Exceptional Service Award. Throughout Florida, Mr. Randall is regarded as a leader in introducing medical technology and techniques that have resulted in higher quality medical care being delivered to greater numbers of veterans.

It is altogether fitting that one of the premier VA medical centers in this country, one that symbolizes innovation and excellence in medical care, should bear his name. With passage of this bill, not only the entire Florida delegation but the Nation can take pride in Mr. Randall's achievements.

Again, I want to thank the gentleman from Arizona (Chairman STUMP) for all of his help.

Mr. STUMP. Mr. Speaker, I yield one minute to the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. Mr. Speaker, I just want to echo the comments of my colleague, the gentlewoman from Florida (Mrs. THURMAN). We did indeed recognize Malcolm Randall for his efforts, the 40 years of hard work he has done at that hospital. I had the privilege to represent that hospital for 4 years in Congress, and I wanted to echo the sentiments of my colleague.

Mr. Randall has been an outstanding administrator, and, more importantly, he has been there for 40 years. He developed this hospital from a very small facility to a very prestigious institution. I have toured that facility many times and I have spoken at their dedications and veterans' ceremonies, so I feel a special akin to that institution.

So I am pleased to recognize the naming of the institution, as the gentlewoman from Florida (Mrs. THURMAN) has mentioned. I am glad we included this initiative as part of our bill. I wanted to thank the gentlewoman for her efforts, because she is the one that spearheaded this effort and got it going in the early stages. She also got the Florida delegation to all sign on. The gentlewoman is to be recognized, and that is another reason I stand. I stand also to recognize the gentlewoman from Florida (Mrs. THURMAN) for her efforts.

Mr. EVANS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. STUMP. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would like to again commend the gentle man from Florida (Mr. STEARNS), the chairman of the Subcommittee on Health, the gentleman from Illinois (Mr. EVANS), the ranking member on the committee, and the gentleman from Illinois (Mr. GUTIERREZ), for their work in drafting this bill. I am pleased to be able to accommodate the gentlewoman from Florida (Mrs. THURMAN), and I thank her.

Mr. DOYLE. Mr. Speaker, I rise today in support of H.R. 3980, the Persian Gulf War Veterans Health Care and Research Act. Incorporated as part of H.R. 3980, is legislation I introduced, H.R. 2775, which designates the Department of Veterans Affairs medical center in Aspinwall, Pennsylvania as the H. John Heinz, III Veterans Affairs Medical Center.

As the Chairman of the Senate VA–HUD Appropriations Subcommittee, the late Senator Heinz made a top priority of ensuring that the federal government maintained its commitment to our nation's veterans. In keeping with this legacy, I am confident Senator Heinz would be honored to have his name associated with legislation that reinforces our commitment to those who served in the Persian Gulf War.

In the area of southwestern Pennsylvania where both Senator Heinz and I were born and raised, young men and women have served in our nation's armed forces at a greater rate than almost anywhere in our country. Because of this, the VA has been a major part of life in our communities for generations, and the benefits and services provided by the VA have improved the lives of countless families in our area. As the son of a fully disabled World War II veteran, I can personally attest to this fact.

Without question, the Aspinwall facility was constructed as a direct result of Senator Heinz' recognition of the critical need for increased VA health care services in Pittsburgh. Thus, it is fitting and appropriate that the Aspinwall facility be renamed to acknowledge his dedication to all those who have benefited from the hospital's medical care. I can assure all members of the House that renaming the Aspinwall VA facility is no small tribute.

The tragic death of Senator Heinz in 1991 was, and continues to be, a heartfelt loss for not only the veterans of Pennsylvania, but for all of its residents. The gratitude that Pennsylvanians have for Senator Heinz is evident in the overwhelming support my bill has received from members of the Pennsylvania delegation and veterans organizations from across the Commonwealth.

I am pleased that the House is considering H.R. 2775 as part of the Persian Gulf War Veterans Health Care and Research Act. I want to extend my sincere thanks to Veterans' Affairs Committee Chairman STUMP and Ranking Member EVANS for their support of my efforts to rename the Aspinwall VA facility in honor of the life and achievements of Senator John Heinz. I urge support for H.R. 3980.

Mr. EVERETT. Mr. Speaker, I rise in strong support of H.R. 3980. Eight years after 700,000 American troops were deployed to the Persian Gulf, many disturbing questions remain unanswered about their residual medical conditions. As I said at our joint Subcommittee on Health and Oversight Hearings on Persian Gulf War Veterans' Health Concerns in April 1997, ''It is clearly evident that our government was aware of the presence of chemical weapons in Iraq since at least 1986. The CIA and the Defense Department's long denial of the possibility of chemical weapons exposure was a great disservice to thousands of Gulf War veterans who believe their tour of duty in the Persian Gulf has adversely affected their health.''

While DoD and the VA have improved their research, a more disciplined approach is required to address the unresolved questions regarding Persian Gulf veterans health problems

as well as applying these lessons learned from the Persian Gulf experience to assist veterans who may deploy in future conflicts.

As my colleagues have mentioned before me, this legislation would authorize the VA to provide priority health care to treat illnesses that may be attributable to a veteran's service in combat during any period of war after the Vietnam War or during any other future period of hostilities.

This legislation would require the VA to establish a multi-disciplinary National Center for the Study of War-Related Illnesses to carry out and foster research, education and improved clinical care of war-related illnesses.

This bill contains many requirements for accountability and openness, so I have chosen to address only a few. I fully support all provisions of this bill.

Mr. Speaker, I want to commend Chairman STUMP of the full Committee, Mr. EVANS, the Ranking Minority Member, Chairman STEARNS of the Subcommittee on Health, and Mr. GUTIERREZ, the Subcommittee's Ranking Minority Member, for their hard work and bipartisan approach on the bill. I am pleased to join them in cosponsoring the bill.

And finally, Mr. Speaker, when we send American troops into the hostile physical and military environment of war and they come back wounded or ill, we need to do all we can to heal the wounds of war. I urge all of my colleagues to approve this bill.

Mr. GILMAN. Mr. Speaker, I am pleased to rise today in strong support of H.R. 3980, the Persian Gulf War Veterans Health Care and Research Act.

HR. 3980 establishes priority VA health care enrollment to treat illnesses that may have been caused by a veterans service in any combat period after the Vietnam war or for any future combat service. This treatment will be available for five years after a veterans discharge from service.

This legislation also directs the VA to establish a multi-disciplinary center to support research, education and improved treatment of war-related illnesses. Furthermore, the VA must establish a joint research project with the national academy of sciences to study the efficacy of treatments given to Gulf war veterans for possible service-connected illness. Finally, the emphasis of public input on gulf war illness efforts is increased.

Mr. Speaker, in my view this legislation is long overdue. As we all know, the track record of the Department of Defense and the Pentagon regarding Gulf War illness research is sorely lacking. For years, the VA was all too happy to accept the overly optimistic findings of DOD that no veterans had been exposed to toxic chemicals or other materials. Consequently, research on Gulf-war illness did not truly begin until 1995, four years after the war ended.

Moreover, Mr. Speaker, this research effort has been slow to get off the ground and lacks, a uniform approach. The General Accounting Office has been sharply critical of the VA research efforts, and the VA has chosen to contest GAO findings, rather than adopt more of them.

In the interim, our Gulf-war veterans, have not been getting any healthier, their symptoms are real, they are debilitating, and they are most definitely not products of the veterans' imaginations, I hope that this legislation will continue to make their lives, and their coping with their symptoms, a somewhat easier.

According, I urge my colleagues to support this worthwhile legislation.

Mr. STUMP. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BARRETT of Nebraska). The question is on the motion offered by the gentleman from Arizona (Mr. STUMP) that the House suspend the rules and pass the bill, H.R. 3980, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

AUTHORIZING ADMINISTRATIVE ASSISTANT TO CHIEF JUSTICE TO ACCEPT VOLUNTARY SERVICES

Mr. COBLE. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 2143) to amend chapter 45 of title 28, United States Code, to authorize the Administrative Assistant to the Chief Justice to accept voluntary services, and for other purposes.

The Clerk read as follows:

S. 2143

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. AUTHORIZATION FOR VOLUNTARY SERVICES.

Section 677 of title 28, United States Code, is amended by adding at the end the following:

''(c)(1) Notwithstanding section 1342 of title 31, the Administrative Assistant, with the approval of the Chief Justice, may accept voluntary personal services to assist with public and visitor programs.

''(2) No person may volunteer personal services under this subsection unless the person has first agreed, in writing, to waive any claim against the United States arising out of or in connection with such services, other than a claim under chapter 81 of title 5.

''(3) No person volunteering personal services under this subsection shall be considered an employee of the United States for any purpose other than for purposes of—

''(A) chapter 81 of title 5; or

''(B) chapter 171 of this title.

''(4) In the administration of this subsection, the Administrative Assistant shall ensure that the acceptance of personal services shall not result in the reduction of pay or displacement of any employee of the Supreme Court.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from North Carolina (Mr. COBLE) and the gentlewoman from California (Ms. LOFGREN) each will control 20 minutes.

The Chair recognizes the gentleman from North Carolina (Mr. COBLE).

GENERAL LEAVE

Mr. COBLE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on S. 2143.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

Mr. COBLE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill was passed by unanimous consent in the other body. It is an innocuous measure that will benefit the Supreme Court in its day-to-day operations, as well as the estimated 1 million visitors who tour the building annually.

The Supreme Court, Mr. Speaker, as all of us no doubt know, is inundated with visitors. Now, this is perhaps a mixed blessing. On the one hand, it is a good thing, because it demonstrates the interest that the American people have in the history of our national jurisprudence. On the other hand, it means that the small group of men and women who conduct tours and deliver lectures at the facility cannot accommodate all these visitors in an orderly fashion.

This bill simply authorizes the Administrative Assistant to the Chief Justice of the Supreme Court to accept voluntary personal services to assist with public and visitor programs. Importantly, S. 2143, the bill before us, contains a proviso to ensure that the acceptance of these personal services will not result in the reduction of pay or displacement of any employee of the Court. This restriction is similar to the one which applies to the operations of the Capitol tour guide service.

Mr. Speaker, I reserve the balance of my time.

Ms. LOFGREN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, over 1 million tourists visit the Supreme Court building each year, and, because of budgetary pressures, the Court has asked Congress to enact legislation permitting volunteers in the Supreme Court Historical Society to conduct public tours of the Court.

As we know, here at the Capitol, the Capitol Guide Service is assisted by 35 volunteers who help with Capitol visitors, and the volunteers have expanded the service to increase the number of tours to the Capitol by approximately 25 percent.

As the chairman has indicated, this bill authorizes the Supreme Court to accept volunteers to assist the public with the visitor program. The volunteers could not be hired unless they waive all claims against the Federal Government arising out of their service, and the bill specifies that the volunteers would not be considered Federal employees. Importantly, the bill prevents paid Supreme Court employees from being fired or having their salary reduced as a result of increased volunteer services.

Having said that, I must point out that concern has been raised about this bill. If adopted, the Supreme Court could accept the services. However, we have not had a hearing on the House side, and I note that apparently no hearing was held on the Senate side either. Because of that and concerns expressed by the gentleman from Michigan (Mr. CONYERS), the ranking member of the full committee, and the gentleman from Massachusetts (Mr.