State of the Union presentation made by this President. What had occurred was a lot of debate, a lot of involvement in the United Nations, but we had not gone at that time into Iraq.

It was a statement in the State of the Union, I believe, that framed for the American public the urgency of going. The words ''recently purchased uranium from a Nation in Africa'' caused the focal point to be on the fact that Saddam Hussein might have nuclear weapons that could be poised, if you will, directly at the United States of America.

That is why it is so extremely important that we have an independent commission, which I call for, and subsequently a special prosecutor, if necessary. That is why I have offered an amendment to the foreign operations appropriations bill to ensure that there be no funds blocking the creation of an independent commission, meaning no funds be used to block the creation of an independent commission.

□ 2100

I hope that this amendment will be debated fully on the floor of the House on the basis of truth, not on the basis of partisanship. I have included as well in that amendment, or in amendments that I will offer, the idea of promoting women to be engaged more so in the peace processes. Whether it is in the Mideast or whether it is in discussions dealing with Liberia, women have been effective proponents and/or crafters of peace in international agreements, and I hope that can be the case.

Madam Speaker, I think it is important to note that Americans are equally concerned about a bipartisan, nonpartisan independent commission that openly presents the facts in a public setting. I appreciate the fact that the Permanent Select Committee on Intelligence is now reviewing this issue, but the Permanent Select Committee on Intelligence, behind closed doors, does not represent the people's House. It does not represent the people of America being able to understand the trail of information that would cause statements to be made about the status of a purchase of uranium or the intelligence that would suggest to this Nation that we had to go in right at that moment unilaterally and not multilaterally.

Just a brief statement: ''I am looking to you and other Members of Congress to look beyond partisan politics and make the courageous choice to discover the truth about what the administration did and did not know about Iraqi weapons of mass destruction before sending our armed forces to Iraq.'' Lora Munsell, Jackson, Ohio.

Clearly this Congress must speak and must act. I would simply ask we allow an independent commission to go forward.

WEAPONS OF MASS DESTRUCTION IN IRAQ

The SPEAKER pro tempore (Ms. HARRIS). Under a previous order of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

Mr. BURGESS. Madam Speaker, I have been here for a while and listened to the remarks such as those just given by my colleagues from the great State of Texas, but quite honestly I cannot understand how it is possible to criticize the President for the action that he took in Operation Iraqi Freedom and at the same time ask the President to go forward in an action in Liberia.

That being said, I think it is incumbent upon us on the Republican side of this House to point out that after the terrorist attacks of September 11, 2001, it had become apparent that the United States needed, the United States was required to be more vigilant about terrorism and weapons proliferation and pay particular attention to the prospect of weapons of mass destruction falling into the hands of groups or states that would use them against American interests, American interests either here at home or abroad. And unfortunately, over the prior 10 years we have seen that with attacks in Saudi Arabia, the Khobar Towers, the bombing of the Cole and, of course, the attacks here on September 11.

The Bush administration, the Clinton administration, indeed, the United Nations all agreed that Saddam Hussein possessed a significant biological and chemical capability in 1998 when the inspectors were withdrawn. There is broad agreement that Saddam Hussein, different from any other leader, had proven himself capable of using these weapons for offensive purposes and not merely in a defensive posture.

Where those weapons are today falls into one of several categories. They may still be hidden. Saddam Hussein had become a master of concealment. Please remember that in 1995 the United Nations was preparing to lift sanctions believing that Iraq had disarmed. It was only the defection of Saddam's son-in-law, Hussein Jamal and the revelation that significant weapons were presented that halted the United Nations from lifting the sanctions in 1995.

Perhaps Hussein did destroy the weapons after the inspectors left in 1998. It seems preposterous on its face, but while this was unlikely given his other behavior, the burden of proof was clearly still on Saddam Hussein, not the United States, not President Bush and not the United Nations to demonstrate the destruction of the weapons had indeed occurred.

There is also the possibility that the weapons had degraded over time or were destroyed in the bombing or looted during the first combat phase in Iraqi Freedom. It does not really matter. The disorder and political uncertainty we are witnessing in post-war Iraq, while at one level unsettling, are to some extent a reflection of how completely Saddam Hussein's Baathist regime dominated and dictated Iraqi life.

There are efforts in the Congress to employ a full investigation into these difficult issues to understand whether any mistakes were made and to take action to fix them in fulfillment of Congress's important oversight responsibilities.

To date, the chairman of the Committee on Armed Services, the Senate Select Committee on Intelligence and the House Permanent Select Committee on Intelligence reject a broader probe of the weapons of mass destruction issue.

I believe that Congress is exercising its oversight authority and has set in place procedures to review comprehensively and on a bipartisan basis the intelligence surrounding Iraq prior to the outbreak of war and to take into account any dissenting views on the Iraqi threat within the intelligence community.

People who have lived in a police state with no freedom of speech are unlikely to volunteer information until stability and security are achieved in Iraq. We must remember 30 years of living under a dictatorship cannot be reversed overnight.

But the most important point is this: A free Iraq makes American and its allies safer by removing a destabilizing force in the region, removing a regime that pursued weapons of mass destruction, eliminating a state sponsor of terrorism and, ultimately, by serving as a living example to the people of the Middle East of the benefits of freedom and democracy.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

ASSURED FUNDING FOR VETERANS HEALTH CARE ACT OF 2003

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Illinois (Mr. EVANS) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mr. EVANS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order.

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

There was no objection.

Mr. EVANS. Madam Speaker, it is no secret to anyone in this body, nor to

the Nation's 25 million American veterans and their families, that the health care system is critically underfunded.

The result is that tens of thousands of veterans are being forced to work and one group of veterans is being denied access to VA care altogether. The current funding process for veterans' health care is broken. It simply does not work and, frankly, it never has.

The problem starts out at OMB where they consistently pare down the Department of Veterans Affair's budget requests to accommodate the other priorities of the White House. It moves on to this Capitol where Congress must squeeze the veterans' programs into funding for a myriad of other priorities of ill-advised tax cuts to the Space Station. It ends with veterans waiting in lines, sick and disabled and living with the year-to-year anxiety that comes from wondering if the VA will be there when they ask for help.

In short, Madam Speaker, veterans, the individuals who defended this country in time of war and kept us a free Nation, are forced by a cruel funding process to continue fighting for what is rightfully theirs.

I and 117 of my colleagues so far, some of whom join me today, believe enough is enough. There is no feasible alternative to permanently fix this problem. Only one. And that is mandatory funding of the VA spending, just like Medicare, just like the Department of Defense, TRICARE and just like the Federal Employees Health Benefits Program, the veterans deserve some consideration as the beneficiaries of their plans.

The Nation's veterans organizations strongly agree. The American Legion, AMVETS, Blinded Veterans Association, Disabled American Veterans, Military Order of the Purple Heart, Paralyzed Veterans of America, Veterans of Foreign Wars, Vietnam Veterans of America and others, including organizations that represent nearly 6 million members, are speaking up across the Nation. They too are saying enough is enough.

That is why I have introduced H.R. 2318, the Assured Funding for the Veterans Health Care Act of 2003. The bill would require the Secretary of Treasury annually to come before Congress to provide funding for the VA's care, based on the number of enrollees in the system and medical inflation.

What could be more appropriate than providing funding for veterans' health care, based on the number who will need it, the demand and the projected cost. Let us be absolutely clear. These projections and the subsequent funding of them should be based on care for all eligible veterans.

Madam Speaker, I yield to the gentleman from Ohio (Mr. STRICKLAND).

Mr. STRICKLAND. Madam Speaker, I want to thank my friend and the ranking Democrat on the House Committee on Veterans' Affairs, the gentleman from Illinois (Mr. EVANS). I want to thank the gentleman for being such an advocate for veterans, but I also want to thank him for introducing this legislation, the Assured Funding for the Veterans Health Care Act of 2003.

What we are talking about here is simply having mandatory funding for veterans programs so that the vets do not have to come to the Congress year after year after year with hat in hands and ask for what they need. But if this bill that the gentleman has introduced passes, and by the way, I think it has 117 cosponsors at the present time, if it were to pass, there would be a mandatory stream of funding. Veterans would be able to have assurance that what they needed in terms of benefits and health care would be there for them.

I would like to take a minute, if I can, just to put this debate about mandatory funding in context and talk about what is at stake here. We need to put mandatory funding in this budget because right now funding for veterans' benefits is inadequate.

This is what we have seen happen in recent months: There are hundreds of thousands of veterans who are waiting 6 months or more just to get an appointment to see a doctor. Think about that. Would any Member of this House of Representatives tolerate having to be put on a waiting list and to wait 6 months or longer to see a doctor? I think we would not. And I think it is a fair question to ask. Why should those of us who serve in this body have access to health care in a more timely manner than that which is made available to our veterans?

Another problem, veterans about a year and a half ago, had to pay $2 for each prescription they received. The VA increased that copayment from $2 to $7 a prescription. And now the President has requested that that copayment be increased from $7 a prescription up to $15 a prescription.

And one of the most outrageous things that has happened, the VA actually placed a gag order on their health care providers. The VA sent out a memo to all of their network health providers saying, you can no longer market VA services to veterans. In other words, you cannot proactively tell veterans what they are entitled to receive. Think about that. I mean, it is almost unbelievable that the Department that is supposed to be looking out for veterans, protecting veterans, servicing veterans, would actually put out a memo telling their doctors and nurses and social workers that they could not participate in health fairs, that they have could not send out newsletters telling veterans what they are entitled to receive under the laws that have been passed right here in this Chamber, that they could not make public service announcements urging veterans to come in for services. And that gag order is in effect tonight, and it is shameful. And it is in effect because we do not have sufficient funding to pay all the costs of veterans' benefits and veterans' health care.

Then something else that more and more veterans across this country are just becoming aware of, the VA created a new classification for veterans. They have call it Priority 8. And they say those who are in Priority 8 are of higher income. Now, quite frankly, one can make as little in my district as about $24,000 a year and be considered higher income. And so these are called Priority 8 veterans, and they are being told that they can not enroll in the VA health care system at all. Think about that.

These are men and women who have served our country admirably. They have been honorably discharged. Many of them are in great economic and financial need. And because they make about $24-, $25,000 a year, the VA is saying you are high income and so you do not qualify to participate in the VA system.

□ 2115

Does my colleague not think it is fair that the people in this country know that he and I earn about $150,000 a year? I think that is high income. I do not think $24,000 is high income. I think this is really shameful what the VA has done here.

Right now, the House Committee on Appropriations has been considering the fiscal year 2004 appropriations for the Department of Veterans Affairs, and it does not look good. Despite assurances from the leadership here in the House, in fact, they have held press conferences saying, oh, we are going to treat the veterans in the right way, despite those assurances, Republicans have abandoned their promises; and they are going to increase the cost of prescription drugs for a veteran.

The President asked for this in his budget. At a time when we were getting ready to send our young men and women into harm's way, the President sent a budget to this House, and he asked that veterans be required to pay more money for a prescription drug. In fact, he wanted that copayment to be doubled, more than doubled, from $7 to $15 a prescription; and he also asked that this Congress impose an annual enrollment fee on priority 7 and 8 veterans, an enrollment fee of $250 a year. Then the President asked that the cost of going to see a doctor at a clinic be increased from $15 a visit to $20 a visit, and this House is going along with that request.

Oh, but we were told, do not worry, because we have actually increased funding for veterans health care next year; and we were told it was going to be $3.4 billion, but it looks as if the Congress is reneging on that promise as well, and the increase has been cut about in half, down to $1.4 billion.

These are shameful acts in my judgment, and I want to tell my colleagues that all of the veterans organizations in this country, and I am talking about the American Legion, the VFW, the AMVETS, the Disabled American Veterans, Vietnam Vets, they are pretty

upset about this. I have a letter which they sent out last Friday, and it is from the National AMVETS, the Disabled American Veterans, the Paralyzed Veterans of America and the Veterans of Foreign Wars; and they say here: ''The VA-HUD Independent Agencies appropriations bill, which calls for a $1.4 billion increase over last year and approximately the President's request,'' basically this House is doing what the President has requested. These groups say that is wholly inadequate. It is inadequate to provide health care to sick and disabled veterans, and it represents a flagrant disregard of promises made to veterans by this Congress.

''So much for promises,'' they say in their letter. So much for promises. Providing a wholly inadequate $1.4 billion increase calls into question all the press conferences and the news releases touting this Congress' commitment to the men and women who have served this Nation.

So what we are asking for in the gentleman from Illinois' (Mr. EVANS) bill is that we make this funding mandatory. Just as other parts of our Federal Government call for mandatory spending, we want veterans to have the assurance that comes with mandatory funding.

These veterans service organizations that I mentioned tell me that this is their number one legislative priority. There are lots of things that veterans need; but nothing is more important to them than having mandatory funding, so that year after year we can know how much money our hospitals are going to get, our outpatient clinics, how much money is going to be there to take care of our aging population of veterans.

I would just close my remarks by reminding my colleagues and others once again that what this Congress is doing represents a following of the directions that came to us from President Bush. He sent his budget over here in January. As my colleague will recall, January was a time when we were preparing for war. Talk is cheap. The gentleman from Illinois (Mr. Evans) knows that.

But health care costs a lot of money, and it does cost a lot of money to provide needed health care to our veterans; but these are men and women who have paid the price. They have served our country. They have taken the oath. They have served honorably and admirably; and as they chose to do that, to provide the service to their country, promises were made to them, and our country has an obligation to keep those promises; and the best way to keep those promises, I think, is to pass my colleague's legislation, the legislation that he has entitled appropriately Assured Funding for Veterans Health Care Act of 2003.

Every Member of this House should sign on as cosponsors. We have, I think, 117 cosponsors now, thanks to the gentleman's leadership. We ought to have every Member, Democrat and Republican alike, in this House sign on to this act. It is H.R. 2318, and I repeat that just in case there may be some veterans who are listening and who would like to communicate with their Senator and their House Member, H.R. 2318. It is called the Assured Funding for Veterans Health Care Act of 2003.

Madam Speaker, I would hope that veterans across this country would recognize the importance of this legislation and would let their representatives know how important it is to them, and perhaps they will just decide to urge them to sign on as cosponsors.

I thank the gentleman from Illinois (Mr. EVANS) for his leadership. I admire him greatly. I was elected to this body for the first time, took office in January of 1993. He and I were both younger men then; but I admired him then for the dedication he had to serve our veterans, and across the years my admiration for him has only grown, and I thank him for introducing this vital legislation. I pledge to him that I will do everything in my power to see that we get as many cosponsors as possible, that we urge the leadership of this House to allow this legislation to move forward; and I thank him for allowing me to participate with him tonight.

Mr. EVANS. Madam Speaker, I appreciate the remarks, and at this time I yield to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Madam Speaker, I thank the distinguished gentleman for his yielding, and I thank him for his leadership. It is an honor to work with the gentleman from Illinois (Mr. EVANS) as he has worked for the issues of veterans not only because he is a passionate legislator and a member of this body, an honored and esteemed member of this body, but because he also is a Vietnam-era veteran and clearly knows the sensitivity of these issues and the great need in these issues.

Madam Speaker, I represent a veterans hospital and many veterans in the State of Texas in the 18th Congressional District. We are honored to have as one of our very fine medical institutions the veterans hospital, and it is particularly of great importance to my constituents and my community because during Tropical Storm Allison in 2001, when the medical center found itself flooded in and many of its patients were in need of transfer and need of additional assistance or many of its equipment was not working, who rose to the occasion? It was the veterans hospital, and of course, those who were committed to serving veterans, who had the mindset, the charitable mindset, they had the great knowledge and as well the caring attitude to open their doors and as well to take many of the staff, they were also veterans themselves, to be able to assist by providing beds for the patients who needed it. They rose to the occasion.

Tonight I think it is important that we are on this floor to rise to the occasion on their behalf. I support totally H.R. 2318 concerning mandatory funding for veterans health care and am proud to be a proud sponsor of this legislation, would encourage the Members of the House and the other body, who have not yet found their way to this legislation. I expect that it will be dropped by one of or our very fine Senators in the other body, of course, and hope that we will be able to move this legislation quickly through the Committee on Veterans' Affairs and as well bring it to the floor.

We know that the gentleman from Illinois (Mr. EVANS) and the gentleman from New Jersey (Mr. SMITH) work well together. I would hope that this would be the kind of legislation that has no problems, should have no obstacles. It should move. I think I would be optimistic, I would want it to be in the committee tomorrow or at the end of the week so that as soon as we get back here in September we could quickly move this legislation forward.

Let me tell my colleagues why, because there are many things that are happening to our veterans, and we are getting more veterans as we speak because, as my colleague well knows, we had a quarter of a million troops stationed in Iraq. Now we have 140,000. Clearly there is discussion as to whether or not we need more; but many of those troops are going to be veterans soon, and right now as we speak, even though they may not be retirees, we have several problems that are occurring.

We have problems with respect to veterans not being able to enroll in hospitals right now. We have problems about the concurrent receipt issue where veterans have to choose between disability pay and retirement pay, dollar for dollar. What an insult to our veterans, and there is H.R. 303 in which we are trying to correct that problem.

The work that the gentleman from Illinois (Mr. EVANS) is doing is crucial as relates to health care. So I rise today in support of H.R. 2318, the Assured Funding for Veterans Health Care Act of 2003. This legislation is key to addressing shortfalls in the fiscal year 2003 budget appropriations for veterans health that could prove injurious to our veterans. We have a duty to protect our veterans from misunderstanding as to the new veterans administration medical care budget proposed by the Bush administration.

About 25 million veterans, living veterans, nearly 19 million have served during times of war. There are 19 million stories to tell and 19 million histories to preserve. However, time is of the essence. There are only a few thousand World War I veterans left and World War II veterans left. These World War I veterans are all more than 100 years old. The average age of our World War II veterans is more than 77, and we are losing 1,500 of them a day. We need to preserve not only their tribute to us by fighting in World War II

and World War I, but certainly if they are in need of health care, obviously we know that they would be, that we certainly would not want to say no to those few remaining veterans of that era and then the veterans that are now coming from the Korean War and all of the conflicts that we have had through not only the Vietnam War but the Persian Gulf and now Iraq.

Republican tax cuts and the shortfalls to the veterans health plan will have a negative impact on the veteran community and the veterans health care service facility of Texas and of the Nation. In the State of Texas, there are approximately 1.721 million veterans. I believe my State has one of the highest numbers or the highest numbers. Certainly in my congressional district there are a large number of veterans with whom I work on a regular basis.

Currently, 3,400 veterans are on the waiting list; and due to the war in Iraq, we will have new veterans in need of services as relates to health care. The Veterans Administration Medical Center in the 18th Congressional District has seen an 18 percent increase in its need for its services this year already. There must be additional funding to meet that need.

I am adamantly opposed to any effort that would reduce accessibility or the extent of health care to our veterans. The Republican budget cuts also include cutting health care and education needs for our veterans.

It is really, I believe, a questionable practice to suggest that a veteran making $30,000 a year should have to be questioned regarding accessing the veterans hospital services. It just does not make sense, and the budget that we put forward would slash services to veterans who make $30,000 a year or more. Can my colleagues imagine, $30,000 a veteran, may have a family, needy in health care, people making $30,000 a year, may not have health insurance because of the cost and the amount it takes to raise their families.

□ 2130

If this present structure is in place now without this legislation, without the full funding that our ranking member, the gentleman from Illinois (Mr. EVANS), has put forward in this very, very important bill, then what we have are hundreds upon hundreds of thousands of veterans, maybe even millions, who are not able to access health care at the veterans hospitals, and this is what we promised them when they went into the United States military, in a volunteer military.

As it speaks right now, it says we will provide the kind of resources that are necessary for them. And yet here we are in 2003 denying them the right to have the resources that would allow the veterans hospitals to provide care if they make over 30,000 a year.

I am astonished and I am also appalled at the taking away of promises that we made to individuals who are willing to offer the ultimate sacrifice, and that is their life.

Someone said to me that we do not have conscription, we do not have a draft anymore. That occurred in the Vietnam War. Now we have a volunteer military. That means that most of those who are in today got up out of their hometown and went to the office where the military was, whether Army, Navy, Coast Guard, or any of the others, and signed up to be able to defend their country and to follow the orders of the Commander in Chief or if this Congress would declare war.

They are in a war now that there was no declaration of, but they are there fighting. They are there loyal to the United States. They have taken an oath and they are sacrificing both their life and limbs on behalf of the people of the United States of America. Those very young men and women will ultimately become veterans. God hope they will come home to their loved ones.

How dare we cut a budget and suggest that if they make $30,000 a year, they cannot get health care?

But, really, in my district, I see individuals that are not in that category, who cannot access health care because they are making moneys of $31,000, $32,000 and $33,000 a year. Some of these individuals are in desperate need. And I might add, even though we are talking about full funding, some of the very people that are penalized overall with the budget structure and the veteran structure in the hospital are my homeless veterans, homeless veterans who because of the trials and tribulations of war, yes, they came back to us, but even though they came back to us they came back broken in mind and spirit. So, today, we find thousands upon thousands of homeless veterans who also cannot get resources because of the cuts in the veterans budget that impacts on the veterans hospitals and thereby impacts on veterans' health care.

So this bill by the gentleman from Illinois (Mr. EVANS) for full funding makes a lot of common sense. In fact, it upholds the tradition of this Nation that we care and love and nurture those veterans who care about us; we care and love those individuals who are willing to sign up on the bottom line, take the oath, and say I, swear loyalty to the United States of America and so I am going into the United States military; and if I am called to a place that would jeopardize my life, I am willing to give the ultimate sacrifice.

Yet we here in the United States are failing to provide the kind of regulations that would ensure that they could enroll, here we are de-enrolling and not allowing veterans to get the kind of health care that they need to take care of themselves.

This legislation being put forward, with 117 sponsors, assures funding for veterans' health care. It ensures that there are no signs at veterans hospitals that say ''No room at the inn.'' Can we do less than to provide the opportunity for veterans to have full funding?

Let me close by simply acknowledging that my good friends will say that they have given an increase in funding for health care, and yet I think it should be acknowledged that that funding is $400 million short of meeting veterans' needs. It is $400 million short of meeting veterans' needs. That is why we have in place a policy that requires veterans to be denied coverage or denied coverage of health care at these hospitals if they make over $30,000 a year. I understand there is also a proposal to impose a new $1,500 annual copayment on higher income nonservice connected veterans who receive medical care from the VA.

But let me just reinforce the fact these veterans have served their Nation and their country. These veterans may have health problems now, like diabetes and stroke and heart condition, they may have Alzheimer's, and there is always this fine line of whether or not this was service connected. We do not know if it is service connected. We took 20 years to find out about Agent Orange from Vietnam. We are still trying to find out about the Persian Gulf illness, and there have been denials upon denials about whether it was related or connected. All of that occurred.

If we are still trying to find out about Agent Orange, if we are still trying to find out about the Persian Gulf, how do we know whether diabetes, stroke and heart disease may not have been service connected. So, therefore, we are denying these veterans the kinds of services they need.

Let me also cite, Madam Speaker, that in a January, 2003, letter the Disabled American Veterans, the Veterans of Foreign Wars of the U.S., Paralyzed Veterans of America, and AMVETS called on President Bush to propose a veterans medical care appropriation of $25.4 billion. However, the administration has not heeded this budget advice from these veterans organizations.

We have paralyzed veterans who are paralyzed from the neck down. These are individuals who need a high degree of health care. Many of them are my constituents. And let me give a special tribute to the Disabled Veterans of America and, as well, the U.S. Paralyzed Veterans of America who come into my office every single year. And every single year I make a commitment to them that we have got to do better by them.

This legislation, I believe, is the kind of legislation that clearly speaks to the needs of veterans. It is sensitive and sympathetic. And I do want to thank the gentleman from Illinois (Mr. EVANS) for his wisdom in helping to provide for those veterans who cannot provide or speak for themselves.

And may I remind my colleagues that as we discuss these veterans, the toll of those dying in Iraq is going up, one by one by one. And those who will come back will have been subjected to the trauma of war for a long period of time. Some will reenlist but some will

become veterans. I would be appalled if they went to one of our veterans hospitals and they said, ''There is no room at the inn.''

How can we be a Nation who believes in the equality of all, how can we be a Nation that adheres to the Constitution that says we have organized this Nation to create a more perfect union, and not support in totality H.R. 2318? I rise to support this effort, and would hope that someone is listening and that the leadership of this House will come to the gentleman from Illinois immediately and ask that this bill be brought to the floor of the House, and that we will provide for the veterans who have provided for us.

I thank the gentleman for his service and thank him for giving me the opportunity to share with my colleagues the importance of passage of H.R. 2318.

Madam Speaker, I rise today in support of H.R. 2318, the Assured Funding for Veterans Health Care Act of 2003. This legislation is before us to address shortfalls in the FY 2003 budget appropriations for veterans health care that could prove quite injurious. We have a duty to protect our veterans from misunderstanding as to the new Veterans Administration (VA) medical care budget proposed by the Bush administration. Of our 25 million living veterans, nearly 19 million have served during times of war. There are 19 million stories to tell and 19 million histories to preserve. However, time is of the essence. There are only a few thousand World War I veterans left and they are all more than 100 years old. The average age of our World War II veterans is more than 77 and we are losing 1,500 of them a day. We need to preserve their great legacy now.

Republican tax cuts and the shortfalls to the veterans' health plan will have a negative impact on the veteran community and the veteran-service healthcare facilities of Texas. In the State of Texas, there are approximately 1.721 million veterans. Currently, 3,400 veterans are on the waiting list and due to the war in Iraq we will have new veterans in need of services. The Veterans' Administration Medical Center in the 18th Congressional District of Texas has seen an 18 percent increase in its need for its services this year already. There must be additional funding to meet that need. I am adamantly opposed to any efforts that would reduce the accessibility or the extent of health care to our veterans. The House Republican budget cuts veterans' benefits, including health care and education, by $14.6 billion. The Republican budget cuts veterans programs in order to finance additional tax cuts that we cannot afford. To pay for those tax cuts, we will be leaving thousands of veterans who were disabled during their brave service to this country without the medical services they require—which is an atrocity and a national embarrassment. At a time when our economy is suffering, the Republican Party wants to take from the poor and disabled to give to the rich. The Republican budget would slash services to veterans who make $30,000 a year or more. If there budget stands without prophylactic measures like H.R. 2318, a large economic burden would befall thousands of veterans who will then be forced to bear their medical expenses on their limited incomes. We must renew our commitment to our Nation's veterans who have already given to us.

The Bush administration claimed that the proposed veterans budget requests a record-setting ''$25.5 billion for medical programs.'' Unfortunately, in reality, the administration really asks Congress to appropriate $22.75 billion for veterans' medical care, which is $2.75 billion less than the reported record-setting reported total. Of the $25.5 billion the Bush administration claims the budget will provide for veterans' medical care, $794 million will only shift administrative costs to the VA from the Office of Personnel Management (OPM). In Congressional District 18, Harris County alone in for 1998, total Veterans Administration patient care costs rose to $240,868,665 and $1,071,793,244 for of all of Texas. An extrapolation of this figure with inflationary factors gives but a glimpse of the national shortfall for our veterans. Another $1.28 billion of the administration's request is intended to offset unavoidable cost increases like inflation, higher pharmaceutical prices, and federal pay raises. In sum, the supposed $2 billion ''increase'' won't give our veterans any health care relief as promised.

The proposed increase in the medical care appropriation for fiscal year 2003 is approximately $100 million more than the $1.3 billion Congress appropriated for fiscal year 2002 which the administration acknowledges is $400 million short of meeting veterans' needs. This paints a dismal picture in light of the fact that five of the VA's 22 networks have already projected shortfalls in funding for veterans' medical care by the year's end. The administration already plans to request a $142 million supplement for funding to continue to treat non-service connected, higher income veterans. It plans to find another $300 million in ''management efficiencies.'' As also proposed by the administration, the FY 2003 VA medical care budget will require the VA to find an additional $316 million in management savings in order to meet veterans' demand for health care. This prospect promises to cause funds to be taken away from another weakly budgeted project to cover the gaping holes created by this scheme.

The administration budget also assumes Congress will pass a Bush proposal to impose a new $1,500 annual co-payment on higher income, non-service connected veterans who receive medical care from the VA. If Congress were to reject this proposal, the VA would require an additional $1.15 billion in appropriations to cover the cost of providing this care. More than $400 million of the reported budget increase for veterans' medical care is projected to come from increased collections by the VA, particularly veterans' co-payments. With the recent increase from $2 to $7 in the amount veterans are charged by the VA for a prescription, much of this ''increase'' in funding for medical care is being paid by veterans themselves. This is outrageous. The Bush administration veterans' medical care appropriation falls short of the request made to President Bush by veterans' organizations by nearly $2 billion. In a January 2003 letter, the Disabled American Veterans, the Veterans of Foreign Wars of the U.S., Paralyzed Veterans of America and AMVETS, called on President Bush to propose a veterans' medical care appropriation of $24.5 billion. However, the administration has not heeded this budget advice from our veterans' organizations.

The administration's budget emphasizes the need to reduce the huge backlog in claims for benefits submitted by veterans. During the first 4 months of fiscal year 2002, the number of rating cases awaiting a decision for over 180 days increased from 172,294 to 204,006. Our veterans are waiting for the VA to reduce claims processing time without sacrificing decision-making quality or the shirking of the VA's statutory duty to assist veterans in developing their claims.

The current administration's budget needs re-examination of its misguided priorities that will cause us to provide inadequate funding for health care for the men and women who have served our Nation in uniform in order to allow tax cuts that will primarily benefit wealthier Americans.

Unfortunately, too often the President is simply unwilling to work with Congress to develop a fair budget. This means veterans' programs consistently fall prey to political considerations that have little to do with veterans. This year, funding lost to the tax cut will have a direct effect upon the amount of funds that remain available for discretionary priorities, like veterans' health care. H.R. 2318 will provide a veritable bandage for the scar that the administration's budget will create on the brow of our Nation's heroes.

Absent protective legislation to provide mandatory funding and the concurrent passage of the Republican's budget would mean there would be no additional funds available to implement the Homeless Veterans Comprehensive Assistance Act to work toward the goal of eliminating chronic homelessness in a decade. Furthermore, the Capital Assets Realignment for Enhanced Services (CARES) program, a comprehensive planning and evaluation process undertaken by the VA to assess the best use of its physical infrastructure would become a ''de facto'' closure commission with no ability to respond to veterans' needs for primary care, long-term care, and mental health projected by its own models. There would be little money leftover for any of the system's desperately needed construction and improvement projects.

Even more horrifying than the simple health care system problems, the scheduled cuts for veterans' benefits would carry far-reaching negative implications. The administration's budget for 2004 makes no provision for additional service-connected disability benefits resulting from the present war with Iraq. As we know from the last war in the Persian Gulf, war results in adverse health effects and justifiable claims for service-connected disability compensation. It does acknowledge the expected increase in veteran's claims and an expected worsening of the disabilities of some service-connected veterans. Under these circumstances, cuts in mandatory spending can only be made by cutting benefits to veterans with service-connected disabilities. With a death toll of 152 U.S. troops since the start of the Iraqi War that is rising on a daily basis, it is incumbent upon our government to plan ahead for expenses that will stem from these deaths—as a courtesy to our fallen heroes at the very least.

Madam Speaker, I urge my colleagues to support H.R. 2318 and the mandatory funding called for to bandage the wound to be caused by the administration's misguided budget proposal.

Mr. FILNER. Madam Speaker and colleagues, I rise today in support of guaranteed funding for veterans' health care as found in H.R. 2318.

This bill replaces the current ''discretionary'' funding process with a reliable, predictable, and rational way to assure that the funding that is needed for our veterans will be there! Guaranteed funding takes into account inflation and increased enrollment for VA health care and provides the money to meet these needs.

Currently, the Members of the Veterans' Affairs Committee and many of our other colleagues must join together with organizations like the Disabled American Veterans, the Paralyzed Veterans of America, the Veterans of Foreign Wars, AMVETS, the American Legion and others to fight for a budget to provide health care for veterans—a budget that is worthy of our veterans. And we must do this every year!

And unfortunately, every year we fall far short of our goal. Veterans' health care needs are pitted against many other priorities of Congress and the administration, and we end up with less money than we need. The result, as many of you know, is disastrous. Right now, an entire group of veterans is being denied access to the VA health care system. And over 200,000 other veterans are waiting for a first appointment or an initial follow-up for health care, many waiting for more than 6 months.

This year, the House passed a budget resolution that cut $25 billion from veterans' benefits. Twenty-five billion dollars! Although the final budget resolution is better, it is unclear how veteran's health care will fare when pitted against all the other programs in the VA-HUD-Independent Agencies Appropriations bill—programs like low-income housing, the space program, environmental protections, urban development, and inner-city projects. These are worthy, but we should not have to limit services to veterans in order to fund them. That is why this legislation is so vital.

Other federal health care programs like Medicare, the Defense Department's Tricare for Life, and the Federal Employees Health Benefits Program are being provided with guaranteed funding. Why not our Nation's veterans?

Not only is the current ''discretionary'' funding unfair to veterans of past wars, but the lack of guaranteed funding sends an alarming message to current and future members of the Armed Forces. Recruitment and retention of service members is vital to the security of our country.

This bill responds to the recommendations of the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans. This task force recently testified before the House Veterans' Affairs Committee to the ''growing mismatch between funding and demand in VA health care''.

H.R. 2318 will address this mismatch, and will help the VA to keep pace with increasing medical costs and an increasing patient population.

Mr. EVANS. Madam Speaker, I thank the gentlewoman for her charitable remarks. I appreciate working with her and will be engaged with her in fighting these cuts that have been announced by the administration and look forward to working with her in this regard.

SOCIAL SECURITY

The SPEAKER pro tempore (Ms. HARRIS). Under the Speaker's announced policy of January 7, 2003, the gentleman from Michigan (Mr. SMITH) is recognized for 60 minutes as the designee of the majority leader.

Mr. SMITH of Michigan. Madam Speaker, I am going to present sort of a tutorial on Social Security, and if my audience listens up, if they can stick with me for the next 25 or 30 minutes, they might know as much about Social Security as a lot of individuals in Washington, which is probably one of our most successful programs, but probably one of the programs that is most at risk as we continue to overspend, as we continue to have government take the surplus coming in from the Social Security taxes and spend them on other programs.

Social Security is the largest Federal expenditure. As we view this chart, we can see Social Security is now spending 22 percent of the total Federal budget, 22 percent. This is more than defense, more than all of the discretionary programs of the 13 appropriation bills that we are agonizing over, more than all of the other entitlements put together, more than Medicare and Medicaid combined. Social Security is spending $475 billion this year in 2003.

The risk to Social Security is that we are faced in the demographics of having the baby boomers retire. So 76 million baby boomers are going to start retiring in 2010, and that means they stop paying into the Social Security tax and they start taking out at the highest rate.

Now, the next chart represents the predicament. As we see, the overall gross Federal debt between now and 2013 continues to increase to approximately $10 trillion in the next 10 years. Where the debt held by the public eventually, starting 10 years from now, diminishes a little bit, the overall debt is continuing to increase. And that is because government is borrowing every penny coming in in surplus from all the trust funds, from the Medicare Trust Funds, from the Medicaid A and B Trust Funds, from the Social Security Trust Fund, from the Federal Retiree Pension Trust Funds; government is taking this extra money, not saving it, but spending it on other government programs.

So the challenge is, how is government going to pay this money back? In this case that we are talking about tonight, how is government going to come up with the money to pay back what is now $1.7 trillion that it owes Social Security, plus the unfunded liability of Social Security in the future?

If we take how much money we would have to put in in investment accounts today, over and above the tax revenues coming in from Social Security, it would take $9 trillion invested today, and remember our Federal budget is about $2 trillion a year, it would take about $9 trillion invested today to accommodate the demands and needs of Social Security if we are going to keep our current promises.

This chart sort of represents in the short term surpluses that end about 2017; and the future deficits are in red at the bottom right hand of the page. This represents the trillions of dollars that are going to be needed in the future over and above tax revenues. So what do we do about it?

One of the problems is that every time Democrats might suggest a solution, Republicans suggest, well, they are trying to ruin Social Security. More often, every time a Republican offers a solution, which have been several since I have been in Congress, starting in 1993, the Democrats have demagogued it the next election and scared seniors; and so everybody has sort of kept their hands off. They have been afraid to deal with this problem of saving Social Security.

Let me go through some of these charts. Our pay-as-you-go retirement system will not meet the challenge of the demographic change. The demographic change is twofold: one, a slowing down of the birthrate and an increase in the length of time people live. So since more people are retiring, that means there are more people going to be taking out from Social Security than are putting into it. And make no mistake, there is no savings account with our name on it. There are no savings in Social Security. The money comes in from the Social Security FICA tax one week and within the next 10 days it is sent out to recipients.

In terms of the demographics, in 1940 there were 42 people working, paying in their Social Security tax, for every one retiree. By the year 2000, there were three people working, paying in their Social Security tax for every one retiree. And the estimate is, by 2025 there will only be two people working for every individual that is taking out Social Security benefits. So what we have done, of course, is increase the taxes on those working to make it tougher and tougher. So right now we have most working people in the United States paying more in the Social Security tax than they do in the income tax.

Insolvency is certain. The actuaries know how many people there are in this country and they know when they are going to retire. We know people will live longer in retirement. In 1934, the average age of death was 62, but the retirement benefits started for full benefits at 65. So most people did not live long enough to collect Social Security. So the system went along very handily. And then people started living longer and longer, and today the average age of death is about 80 years old for a female and about 76 years old for a male. We know how much these individuals will pay into Social Security. We know how much they are going to take out.

Payroll taxes will not cover benefits starting in the year 2017, and the shortfalls will add up to $120 trillion between 2017 and 2775. That means $120