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Making Supplemental Appropriations for Veterans Medical Services

Mr. HOLT. Mr. Speaker, I rise today in support of this supplemental, but not of the process that brought it to the floor.

Last Friday, the Washington Post reported that the Bush Administration acknowledged that it is short $1 billion for covering current needs at the Department of Veterans Affairs this year, despite repeated efforts by House Democrats to fund VA healthcare. In response, the Senate voted unanimously on Wednesday to give the VA an extra $1.5 billion this year to cover the health care shortfall. But House Republicans today offered just $975 million, meaning additional work will have to be done to correct this serious problem.

But the problem we face is larger than dollars and cents. There is an emerging credibility gap, one that Secretary of Veterans Affairs Nicholson would do well to address and quickly. It simply strains credulity to suggest, as some in the House have this week, that neither the Secretary nor his staff could have foreseen this problem. Mr. Nicholson's predecessor, former VA Secretary Anthony Principi, who is currently chairing the Base Realignment and Closure Commission, certainly had no difficulty giving the Congress honest assessments on the VA's needs. Indeed, Secretary Principi was too forthright for White House officials, who were undoubtedly both embarrassed and angered by his candor during the last Congress.

You remember the story, I'm sure. At the annual VA budget hearing on February 4, 2004, in response to a question by my friend and colleague from Illinois, Mr. Evans, then- Secretary Principi acknowledged that he needed at least $1.2 billion more to meet the medical needs of America's veterans than President Bush had requested in his Fiscal Year 2005 budget submission to Congress. My friend from Illinois showed his usual courage and tenacity, and fought to get Secretary Principi the money they both knew--the money we all knew--was needed to properly care for our veterans. And even if this supplemental funding is provided, there will still be at least a $600 million shortfall in VA funding this fiscal year.

What does this shortfall mean in human terms? It means not enough psychiatric nurses to care for veterans with post-traumatic stress disorder (PTSD) and other psychiatric disorders. It means some veterans will not get prosthetic devices they need to function in the real world. It means that hospital administrators will have to raid medical care accounts in order to pay for equipment repairs to keep air conditioners functioning and electrical systems working. It means longer clinic waiting times for veterans seeking appointments. All of these shortages are both unacceptable and avoidable.

If we can find the money to buy the hardware to send our men and women into battle, there's no excuse for us not to find the money to pay for their wounds of war after they come home. Shortchanging America's veterans on America's birthday is truly a manifestation of Tom Paine's sunshine patriotism. I urge my colleagues to not only support this supplemental, but to demand that the President and the House leadership provide the full funds the VA needs to care for our wounded warriors.