

INTERNATIONAL DAY OF PEACE

Ms. WOOLSEY. Mr. Speaker, I ask unanimous consent to speak out of order.

The SPEAKER pro tempore. Without objection, the gentlewoman from California is recognized for 5 minutes.

There was no objection.

Ms. WOOLSEY. Mr. Speaker, this Thursday, September 21, is the International Day of Peace, as established by the United Nations a quarter century ago. To recognize it, a coalition of peace and religious organizations are mobilizing thousands upon thousands of people around the country in a week's worth of marches, vigils, and rallies. Their goal: an end to the Iraq occupation and the safe return of our troops back home to the United States.

I have signed their Declaration of Peace Congressional Pledge, and I strongly urge my colleagues to do the same. In addition to troop withdrawal, the pledge calls for important post-occupation steps that I and many of my colleagues have been pushing for some time now: among other things, no permanent U.S. military bases in Iraq; a reconciliation process led by the Iraqis which may include an international peacekeeping presence; Iraqi control over its internal affairs and its rich oil supply; increased support for veterans of the Iraq conflict; the establishment of a peace dividend with the money being spent on occupying Iraq being re-invested in our people so they will have more jobs, stronger schools, better housing, and more efficient and affordable health care.

So how is the Bush administration celebrating International Peace Day? By promising us a semipermanent state of war, an open-ended occupation of Iraq. General Abizaid said today that we will maintain our current troop levels for at least the next 9 months. There you have it. The ultimate expression of "stay the course." So much for last year's predictions by General Casey and others that there would be a significant drawdown in the year 2006.

Keeping 147,000 American soldiers as occupation forces in Iraq through the middle of next year and beyond, what will that mean? It will mean more American casualties. It will mean billions more of the people's dollars sunk in a failed policy. It will mean Iraq will become an even more fertile terrorist training ground. It will mean more violence and venom directed toward Americans by radical jihadists. It will mean that the sectarian strife, the civil war in Iraq will continue unabated.

If that is not bad enough, there is convincing evidence that our finger is on the trigger when it comes to launching a strike against Iran. Retired Air Force Colonel Sam Gardner, who has taught at the Army's National War College, said on CNN yesterday that "we are conducting military operations inside Iran right now. The evidence is overwhelming."

Mr. Speaker, there has to be a better way to manage global conflict. Actually, as he so often did, Martin Luther King, Jr. put it best. He said: "The ultimate weakness of violence is that it is a descending spiral, begetting the very thing it seeks to destroy. Instead of diminishing evil, it multiplies it. Through violence you may murder the liar, but you cannot murder the lie nor establish the truth. Through violence you may murder the hater, but you do not murder hate. Returning violence for violence multiplies violence, adding deeper darkness to a night already devoid of stars."

He continued: "The chain reaction . . . hate begetting hate, wars producing more wars, must be broken or we shall be plunged into a dark a business."

Mr. Speaker, I believe we need to go beyond ending the occupation of Iraq to an entirely new national security paradigm, one that emphasizes diplomacy, multilateralism, strong intelligence, containment strategies, weapons inspections, real democracy building, and humanitarian aid. But we must avoid war, rather than making it our default national security strategy.

On this year's International Day of Peace, Mr. Speaker, let us rededicate ourselves to protect the country we love, not by relying on our basest impulses, but on the most honorable and humane of American values.

H.R. 5555, TRAUMA BILL

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

Mr. BURGESS. Mr. Speaker, tonight I would like to take a little time and speak about the state of our trauma system here in the United States.

I recently introduced a bill, H.R. 5555, the Trauma Care Systems Planning and Development Act of 2006. H.R. 5555 would provide grants to State trauma systems to improve the coordination of emergency departments and bolster the safety net from point of injury, transportation, to triage and treatment.

Mr. Speaker, traumatic injury is the leading cause of death in the United States for people under the age of 45. It is the third leading cause of death in the general American population, and each day more than 170,000 men, women, and children are injured severely enough to seek medical care. About 400 of these people will die and another 200 will sustain long-term disability as a result of their injuries. The total cost of traumatic injury in the United States is largely due to motor vehicle trauma, an estimated cost of \$260 billion.

Experts estimate that many injury-related deaths could be prevented if a minimum standard of trauma care were available to all Americans. Many areas in the United States do not have appropriate emergency medical services. Several areas report large gaps in

transportation coverage and lack of access to emergency nurses and doctors.

To illustrate this point, I have a map that shows the areas of the country where residents can reach a trauma center within 60 minutes by flying or driving. This map was created by the Trauma Resource Allocation Model for Ambulances and Hospitals, which is a computer model designed to aid State and regional planners in their decisions to locate or relocate designated trauma centers and helicopter pads. It is designed to help maximize access to life-saving trauma care for our constituents.

Mr. Speaker, the blue areas are within 1-hour driving distance; the pink areas are within 1-hour flying distance. The 1-hour time limit is not arbitrary. In emergency medicine, the first hour after injury is referred to as the golden hour. Patients treated within this timespan are more likely to recover or have less long-term effects of their injury. The longer a person waits for treatment, the worse the outcome is likely to be.

Mr. Speaker, I represent an area of north Texas around the Dallas Fort Worth Metroplex, and if you drive from Dallas to Los Angeles, you travel about half of that distance in Texas.

□ 2015

Well, that distance in Texas from the Dallas-Ft. Worth area to El Paso is a 10-hour trip. And you can easily make that trip and be outside the range of trauma service almost the entire time. That is a long drive with the potential for an accident throughout.

In fact, it would be possible to drive from Mexico to Canada and always be more than an hour away from a trauma center. Members might find that parts of their districts fall outside the 1-hour marker.

The Institute of Medicine recently put out a report in June of this year titled *The Future of Emergency Care*. They found four things. First, many emergency rooms and trauma centers are overcrowded. Demand is growing; supply is dwindling. Ambulances are often diverted from crowded hospitals to others that may be farther away, delaying treatment time and providing less optimal care. Patients end up boarded in the emergency room while they wait for a hospital room.

Secondly, emergency care is highly fragmented. Cities and regions are often served by multiple 9/11 call centers. Emergency medical services agencies do not coordinate with their emergency rooms and trauma centers. And some emergency rooms are overcrowded, while others remain nearly empty.

There is not effective communication between public safety agencies and public health departments. They often use different radio frequencies and have different emergency plans. Interoperability, which was a big issue during Katrina, is still an ongoing concern.

There is no nationwide standard for training and certification of emergency medical personnel, and Federal responsibility for oversight is scattered across multiple Federal agencies.

Thirdly, critical specialists are often unavailable to provide emergency trauma care. Three-quarters of hospitals report difficulty finding specialists to take emergency and trauma calls. Key specialties are in short supply. Specialists often treat emergency room patients without compensation. And there is extremely high medical liability.

Fourthly, the emergency system is ill-prepared to handle a major disaster. There is little surge capacity. The emergency medical services received only 4 percent of Department of Homeland Security first responder funding in 2002 and 2003. Emergency medical technicians in nonfire-based services have less than 1 hour of training in disaster response, and hospital and EMS personnel lack protective equipment to effectively respond to chemical, biological or nuclear threats.

In response to these four deficiencies, the Institute of Medicine made the following recommendations. One, create a coordinated, regionalized and accountable system. Two, create a lead agency. Three, end emergency department boarding and diversion. Fourthly, increase funding for emergency care. Fifthly, enhance emergency care research. And finally, promote the EMS workforce standards.

I have sought with the bill, H.R. 5555, the Trauma Care Systems Planning and Development Act, to address this issue. A coordinated and thoughtful plan must be applied to improve our trauma care system in this country.

Anyone or their family member could need trauma care in the blink of an eye. Wouldn't we all want to know that we are receiving the very best trauma care available quickly and efficiently?

□ 2015

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Missouri (Mr. SKELTON) is recognized for 5 minutes.

(Mr. SKELTON addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

DEMOCRATS AND THE BUDGET DEFICIT

Mr. DAVIS of Alabama. Permission to speak out of turn, Mr. Speaker.

The SPEAKER pro tempore. Without objection, the gentleman from Alabama is recognized for 5 minutes.

There was no objection.

Mr. DAVIS of Alabama. Mr. Speaker, I have the honor of being the first of a series of Democratic speakers tonight about the budget. And my colleagues will talk in some detail about the deficit and the debt and its consequence on the country.

But, if I can, I want to begin with a memory of a 10-year-old child growing

up in Montgomery, Alabama. I remember being 10 years old and listening to a very conservative radio commentator talking about the liberal government in Washington, D.C., spending too much money.

I remember hearing this very skilled radio commentator talk about the fact that amazingly the Government of the United States of America was running a \$36 billion deficit, and that it might rise to \$100 billion the next year.

And I remember hearing that very conservative radio commentator say: If we do not get our hands on our budget, if we do not figure out a way to restore fiscal discipline, there was no way that we can have a strong and solvent economy.

Well, that radio commentator was named Ronald Reagan. He would be elected to the Presidency 2 years later; would forget a lot of what he said. He ended up running up massive deficits during his own time in office.

I begin with that observation, Mr. Speaker, because for the next, what is it, 51 days between now and November 7, we will hear a lot of talk about which party can be trusted to better manage the money of the American people. We will hear a lot of talk in this 51 days about the danger of Democrats being fiscally reckless and irresponsible, and we will be told that all we will do is we will tax people too much, and we will spend too much.

And I looked in the paper today, Mr. Speaker. The President's approval ratings are rising, we are told, and they are rising for one reason. He has gone from a 70 percent approval rating among Republicans to 86 percent.

And when I read the various political reports that we are regularly favored with in this city, I read the Republican's strategy on November 7 hinges on one factor: bringing home the base. Bringing home those Republicans in Tennessee and Missouri and Ohio who drifted away, getting them to come back and to believe again.

So I want to direct my remarks, if I can, at the Republican base for a minute. I am not a member of it. We have got a lot of conservatives in Alabama, and I think I can speak to them. It is interesting, Mr. Speaker, I want them to know a few basic facts.

I want them to know that fiscal conservatism has changed its meaning in this city, and the government in which they put their votes and in which they put so much faith is now running up these massive deficits, and the Chairman of the President's Council of Economic Advisors went before a group of Republican-leaning businessmen last week and said, you know what, it doesn't even matter. Deficits are just things that the statisticians worry about.

I want all of the conservative people who are listening tonight, again, many of whom are in my great State of Alabama, to know that, well, you may be a conservative, I bet you care about the security of your border. One of the

reasons we cannot put enough money around enforcing border security is because of these debts and deficits your government is running up.

To all of the conservatives who are listening tonight, you may be a conservative, but I will bet you would love to see the veterans of this country given adequate health care. Well, the government that you value so much, the government to which you have given your votes the last several cycles cannot do it because they cannot afford it.

We had a debate on this floor, Mr. Speaker, just 1 year ago, September of 2005. The subject was whether we were going to provide full funding for health care for Guards and reservists. And our esteemed colleagues on the other side of the aisle rose in the Chamber and said, we just cannot afford it; it has got to be health care for veterans and reservists, or it has got to be helicopters. We cannot afford to do both. In part, that is because of the debt and the deficits that we have.

I want to say finally to these conservatives, Mr. Speaker, before you go back home so easily, before you go back to your base, understand what your party has become, a conservative party that says the debt does not matter, a conservative party that says that red ink is not important, and a conservative party that cannot find enough money to secure the border or provide benefits for veterans. It is enough to prevent you from going home. It is enough to make you look at an alternative.

Now, my colleagues will talk tonight, Mr. Speaker, about a lot of other lost opportunities. They will talk about the fact that if we could get our fiscal house in order, we could do all kinds of things that we thought we could do just a short time ago. You remember the debates, Mr. Speaker, when there was a \$236 billion surplus. Republicans had ideas on what they could do. They talked about middle-class tax cuts instead of upper-end tax cuts. People on my side of the aisle talked about a refurbished commitment to veterans and the health care and education. We cannot debate any of those things right now because of this debt and these deficits.

So I end with that point. The conservatism that is on the ballot on November 7 is a conservatism of missed opportunities. It is a conservatism that has totally changed the notion of what it means to be fiscally responsible. It is a conservatism that is fading and failing for a reason.

I think a lot of people will come home on November 7, Mr. Speaker, but it will not be to a party that used to call itself conservative, it will be to common sense, it will be to a notion of reasonable sacrifice in this country, of shared sacrifice. And that is why I think the ranks will change so much on November 7.