

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.

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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.