

Few predicted that this historic moment would occur so soon after a war of less than three weeks. President George W. Bush, in fact, warned Americans on March 23, "It is evident that it will take awhile to achieve our objective."

And in fact, more military action lies ahead. Parts of Baghdad are not secure. Coalition ground forces have not yet moved into other cities, including Tikrit, Saddam's birthplace 100 miles north of Baghdad. No one knows with certainty whether Saddam is alive or dead.

But Iraqis on Wednesday grasped that Saddam's 24-year rule of terror had come to an end.

Also abundantly clear is the new prowess of the U.S. military. The brilliant campaign to remove Saddam so far has produced a death toll far less than predictions and in fact less than the toll of the Desert Storm war in 1991.

The combination of smart weaponry, high-tech surveillance equipment and instantaneous communication turned coalition troops into a potent force capable of making split-second adjustments to battlefield conditions, even in urban environments.

Drone aircraft fed television images of streets and rooftops. Ground troops called for precision air strikes rather than fighting blind. Troops even used hand-held computerized translators that allowed them to communicate with Iraqis.

The advanced technology, training and updated strategy brought success at minimal cost more quickly than many dared hope.

So Wednesday was a day for celebration. "He's gone? He's gone?" chanted a group of boys in the Kurdish city of Irbil. "Bush No. 1 Bush No 1," shouted young men in Baghdad. Women held their babies for American troops to kiss. Women and children handed them flowers.

And coalition troops were making discoveries that showed why there was dancing in the streets at the realization that Saddam's grip was loosed forever. In Basra, Iraqis showed journalists the "White Lion" jail where they said Saddam's secret police tortured prisoners with beatings, mutilations, electric shocks and chemicals. Similar discoveries were being made elsewhere in Iraq.

The cheers of today might be soon forgotten as Iraqis begin the task of rebuilding their country and establishing a new government. And it must be acknowledged that this historic moment came despite objections from scores of nations around the globe.

Nonetheless, it was gratifying on Wednesday to witness the end of the brutal reign of Saddam Hussein.

HONORING THOMAS SACCO

HON. GINNY BROWN-WAITE

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 2003

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I rise today to honor Thomas Sacco, a veteran of World War II. After waiting 58 long years, he has finally been awarded the Purple Heart that he earned as a young private while serving his country in Europe.

Private Sacco was barely 18 years old when he volunteered to serve as a paratrooper in the famous and sometimes feared 101st Airborne division.

He was wounded in the town of Noville, Belgium. As his outfit advanced toward the Axis Army he was struck by shrapnel in his left arm and back and rendered unconscious.

58 years later his heroism and sacrifice is being recognized by the United States Government.

Mr. Speaker, I am proud to call Thomas Sacco a constituent and I ask you to join with me in thanking him for his service.

INTRODUCTION OF LEGISLATION DEALING WITH PRISON RAPE

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 2003

Mr. WOLF. Mr. Speaker, yesterday I introduced in the House legislation which concerns a problem that has been ignored by too many for too long: prison rape. I am pleased and grateful that my colleague from the Commonwealth of Virginia, Rep. ROBERT C. SCOTT is an original cosponsor of this legislation.

I believe in vigorous prosecution of criminals and tough sentences on offenders. However, prison rape has nothing to do with being tough on crime; it has to do with making our communities safer, reducing recidivism, and controlling the spread of communicable diseases. This bill would require prisons to establish tough standards to address the issue of prison rape. Experts have established that roughly 13 percent of the over 2 million prisoners in the United States have been victims of rape in prison. Many of these inmates who are raped contract HIV, hepatitis, and other diseases. Upon release, these individuals may then spread these diseases and their rage—contracted in prison as a result of prison rape—to individuals in their community.

Prison rape causes psychological trauma, which may lead its victims to act out in an aggressive manner upon leaving prison, possibly committing further crimes which will result in their reincarceration in an already overcrowded prison system. Additionally suicide is the leading cause of death behind bars and sexual harassment, such as rape, is the leading cause of prisoner suicide.

Last year on Capitol Hill, a mother of a 16-year-old-boy, who was repeatedly raped in a Texas prison, offered a grim tale of her son's abuse. She said her son reported the attacks to prison officials but was told "(rape) happens every day, learn to deal with it. It is no big deal." The boy ultimately hanged himself in his cell. He had been arrested for starting a fire in a dumpster.

The trauma caused by prison rape cannot be underestimated. No matter where the survivor ends up, severe psychosis is the most common outcome of prisoner rape. Sexual assault can often break a prisoner's spirit. In the advanced stages of rape trauma syndrome, for example, a survivor's mood often swings between deep depression and rage. Prisoner rape may be the quickest, most cost-effective way of producing a sociopath.

According to researchers, the fact that most men on death row were sexually abused earlier in life should come as no surprise. Indeed, it is a fact that society ignores at its own peril. Prison rape perpetuates a vicious cycle of violence and trauma which starts with a prisoner being raped and that prisoner often committing acts of aggression and sexual harassment either within prison or in the community upon his release. Indeed, prison rape survivors

often become rapists themselves in a demeaned attempt to regain what they think of as their "lost manhood."

Some prison rape victims retaliate by murdering their rapists, receiving added years to their sentence and further burden the prison system. Studies show that prison rape costs the taxpayer in recidivism and increased violent crime. Inmates—often nonviolent, first-time offenders—will come out of a prison rape experience severely traumatized and will often leave prison more violent than when they entered. Prison rape costs raped prisoners their dignity and costs society monetarily and psychologically.

Combating prison rape is also an issue of human rights and basic humanity. A nation cannot turn its back on thousands of people who are under the care of the state, and being raped and traumatized while under that care. Prison rape is a form of torture. The body of a rape victim may heal, but the emotional damage caused by prison rape may never be ameliorated. As a nation which rightfully stands up for human rights around the world, and which has the best human rights record in the world, we must act now to remove this blight from our record; we must act now to stop the inhumane and degrading practice of prison rape.

The nation has ignored prison rape for too long. The United States Supreme Court has ruled that deliberate indifference to prison rape is a violation of the Constitution. In order to be true to our nation's founding principles, in order to end the cycle of violence and degradation, in order to further the safety of our prisons and society, the passage of this legislation to address prison rape is vital.

I urge my colleagues to join in support of this legislation.

INTRODUCTION OF H.R. 1720, VETERANS HEALTH CARE FACILITIES CAPITAL IMPROVEMENT ACT

HON. ROB SIMMONS

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 2003

Mr. SIMMONS. Mr. Speaker, I am introducing a new measure, the "Veterans Health Care Facilities Capital Improvement Act," that I intend will begin to address what has become a troubling and lingering problem in our Nation's veterans health care facilities: a crumbling and substandard patient-care infrastructure.

Mr. Speaker, for the past several years, we have noted that the President's annual budget for VA health care has requested little or no funding for major medical facility construction projects for America's veterans. As we indicated last year in our report to the Committee on the Budget on the Administration's budget request for fiscal year 2004, VA has engaged in an effort through market-based research by independent organizations to determine whether the present VA facility infrastructures are meeting needs in the most appropriate manner, and whether services to veterans can be enhanced with alternative approaches. This process, called "Capital Assets Realignment for Enhanced Services," or "CARES," has entered into its second phase within the Department of Veterans Affairs. While VA has set an

aggressive schedule for completing this process, we believe it will require several years before bearing fruit.

Mr. Speaker, some VA hospitals, health care and research facilities need additional maintenance, repair and improvements to address immediate dangers and hazards, to promote safety and to sustain a reasonable standard of care for our Nation's veterans. In addition to reports from outside consultants and VA about the serious risk of seismic damage, VA has also identified \$57 million in improvements needed to address women's health care; another report concluded that VA should be spending (at a minimum) from 2 percent to 4 percent of its "plant replacement value" on upkeep and replacement of its health care facilities. This value in VA is at least \$35 billion; thus, VA should be spending from \$700 million to \$1.4 billion each year to keep pace with its capital needs. In fact, in fiscal year 2003, VA will spend \$137 million for these purposes.

While Congress authorized a number of major VA medical construction projects over the past three fiscal years, very few have received funding through the appropriations process. I understand that some of the more recent deferrals of major VA construction were intended to permit CARES to proceed in an orderly way, avoiding unnecessary spending on VA health care facilities that might not be needed by veterans in the future. I agree with this policy in general, especially for those larger facility projects, ones that ordinarily would be considered under our regular annual construction authorization measure. We need to resist wasteful spending, especially when overall funds are so precious. But I believe that I have a better plan.

Mr. Speaker, when I assumed the Chairmanship of the Veterans' Subcommittee on Health earlier this year, I asked what steps my colleagues and I might take immediately that could help veterans. The legislation that I am introducing today is part of this answer. This bill sets up a three-year program of delegated authorizations that would update, improve, establish, restore or replace VA health care facilities where needed. The Secretary would be given this authority to approve the individual facility projects, based on recommendations of an independent capital investments board and on criteria detailed in our bill that place a premium on projects to protect patient safety and privacy, improve seismic protection, provide barrier-free accommodations, and improve VA patient care facilities in several specialized areas of concern, such as privacy needs, specialized care programs and other high priorities of Congress, in order to meet the contemporary standard of care our veterans deserve and need.

The bill would require the Secretary at the end of the process to report his actions to this Committee and to the Committee on Appropriations as well. The bill would also mandate a review of this delegated-project approach by the General Accounting Office, to ensure this is an effective mechanism to advance some VA medical construction during and after the CARES process.

Mr. Speaker, our bill would authorize appropriations of \$500 million in fiscal year 2004, \$600 million in fiscal year 2005, and \$700 million in fiscal year 2006, to accommodate construction projects under the authority provided. The total amount authorized matches that rec-

ommended by the Committee on Veterans' Affairs to the Committee on the Budget earlier this year in our views and estimates for fiscal year 2004. I believe we can make the case for this approach by doing something urgently needed by veterans, in the best traditions of our commitment to them, while staying consistent with the intent of the CARES process. I want our work to assure all our veterans, that in as many situations as possible, their health care and research facilities, and the critical maintenance and repair needs of these facilities, will not go unnoticed and unfunded by this Congress.

Mr. Speaker, I trust that my colleagues will agree with me that this is a worthy bill. Last year, VA quickly identified 20 projects that would be appropriate for consideration under terms much like those contained in this bill. I am certain that in all sectors of the VA health care system there are more meritorious projects that need funding, and enactment of this bill would give the Secretary an opportunity to identify, consider, approve and develop them appropriately, with the authority and funds to do so. Many VA facilities need funds right now, on an emergency basis, for major construction and repair projects; other facilities have more chronic needs for restoration and capital improvements that have lingered unfunded for years. New VA health care and research facilities are also needed. In my judgment, we cannot afford to wait several years before beginning to meet these needs, when these projects confront the VA system, veterans, and Congress today.

I strongly urge my colleagues to support this bill and help enact it as a high priority early this year.

PERSONAL EXPLANATION

HON. LUIS V. GUTIERREZ

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 2003

Mr. GUTIERREZ. Mr. Speaker, I was absent from this chamber on January 27, 2003 and missed voting on rollcall vote Nos. 13 and 14. I want the RECORD to show that had I been present in this chamber, I would have voted "yea" on rollcall vote Nos. 13 and 14. Also, I was briefly absent from this chamber on January 28, 2003 and I would like the RECORD to show that had I been present in this chamber, I would have voted "yea" on rollcall vote No. 15. Also, I was absent from this chamber on February 25, 2003 and I would like the RECORD to show that had I been present in this chamber, I would have voted "yea" on rollcall vote Nos. 33 and 34. I was also absent from this chamber on March 4, 2003 and I would like the RECORD to show that had I been present in this chamber, I would have voted "yea" on rollcall vote Nos. 40, 41 and 42.

On March 18, 2003 I was absent from this chamber and I would like the RECORD to show that had I been present in this chamber, I would have voted "yea" on rollcall vote Nos. 65, 66 and 67. On April 3, 2003 I was briefly absent from this chamber and I would like the RECORD to show that had I been present in this chamber, I would have voted "no" on rollcall vote No. 105. On April 7, 2003 I was absent from this chamber and missed voting on

rollcall vote Nos. 109, 110 and 111. I want the RECORD to show that had I been present in this chamber, I would have voted "yea" on rollcall vote Nos. 109, 110 and 111.

INTRODUCTION OF THE SPOKANE TRIBE OF INDIANS SETTLEMENT ACT

HON. GEORGE R. NETHERCUTT, JR.

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 10, 2003

Mr. NETHERCUTT. Mr. Speaker, I am honored today to introduce legislation with my colleague from Washington [Mr. DICKS] that will provide an equitable settlement of the meritorious claims of the Spokane Tribe of Indians concerning its contribution to the production of hydropower by the Grand Coulee Dam.

Similar settlement legislation was enacted in 1994 to compensate the neighboring Confederated Colville Tribes as a consequence of the Grand Coulee Dam. That legislation, P.L. 103-436, provided for a \$53 million lump sum payment for past damages and roughly \$15 million annually from the ongoing proceeds from the sale of hydropower by the Bonneville Power Administration. The Spokane settlement legislation, which I am introducing today, would provide a settlement of the Spokane Tribe of Indians claims directly proportional to the settlement afforded the Colville Tribes based upon the percentage of lands appropriated from the respective tribes for the Grand Coulee Project, or approximately 39.4 percent of the past and future compensation awarded the Colville Tribes pursuant to the 1994 legislation. Though the proposed Spokane settlement is proportionately less, the losses sustained by the Spokane Tribe are substantially the same as those sustained by the Colville Tribes and arise from the same actions of the United States Government. The difference being that the Spokane Tribe lost its entire salmon fishery, the base of its economy.

Grand Coulee Dam is the largest concrete dam in the world, the largest electricity producer in the United States, and the third largest electricity producer in the world. It produces four times more electricity than Hoover Dam on the Colorado River and is three times its size. Grand Coulee is one mile in width; its spillway is twice the height of Niagara Falls. It provides electricity and water to one of the world's largest irrigation projects, the one million acre Columbia Basin Project. The Grand Coulee Project is the backbone of the Northwest's federal power grid and agricultural economy.

For more than half a century, the Grand Coulee Project has produced enormous revenues for the United States Government and brought prosperity to the Pacific Northwest. The construction of the dam and the electricity it produced, helped pull the Northwest out of the Great Depression. It provided electricity to the aluminum plants that built the air force that helped to defeat Germany and Japan in World War II.

To the Spokane Tribe of Indians, however, the dam is a monument to the destruction of their way of life. The Dam flooded their reservation on two sides. The Spokane River—the ancestral umbilical cord to Spokane existence and the heart of their reservation—was changed from a free flowing waterway that