

President within 120 days of enactment of the act. The act was signed on October 29, 2002. 120 days expired on February 26 of this year, and the Commission was not appointed. The White House sent the nominations to the Senate on October 3—219 days late. Hearings on the nominations are scheduled for October 28—244 days late. By the time confirmations are completed and officials are in place, it will be basically 1 year late.

So, while our local election officials are counting on \$3 billion to help them improve election systems, the administration has not requested nor has the Congress provided the amount authorized by the act.

We authorized \$1.4 billion for title II activities for fiscal year 2003, but appropriated only \$830 million—only 59.26 percent of the authorization.

We authorized \$1 billion for fiscal 2004. The administration requested only \$490 million. The FY'04 Treasury/Transportation appropriations bill provides a little more—\$495 million. But it is only 49.5 percent of the authorized amount.

Meanwhile, in the absence of sufficient guidance from the Federal level, States have put together election improvement plans and are looking to buy machines that will impact our elections for decades to come without sufficient guidance from the yet-to-be appointed Election Commission. Localities are scrambling to keep up with the requirements of these State plans.

What has it meant? Recent studies have come out that seriously question the security of these electronic voting machines, especially the Diebold machines which are being purchased in Ohio, and in other States. The manufacturers have dismissed these studies, but this dismissal cannot be accepted.

The integrity of our voting system was the reason we adopted HAVA, and is at the core of our election system.

Where is the Federal oversight that we are supposed to have?

What has the State of Ohio done to be sure that it is providing adequate guidance to localities regarding secure equipment?

Several stories in the Cleveland Plain Dealer, the Columbus Dispatch, and the Toledo Blade have highlighted ethical concerns regarding gifts and favors provided by vendors trying to sell \$100 million in high-tech voting machines to 88 county election offices;

Stories have also highlighted the disturbing fact that Waledn O'Dell, chief executive of Diebold, Inc., in the words of the Cleveland Plain Dealer, "The head of a company vying to sell voting machines in Ohio told Republicans in a recent fund-raising letter that he is "committed to helping Ohio deliver its electoral votes to the President next year."

Integrity—voters need to have voting devices that are beyond reproach;

Dependability—we need systems that will work time and time again;

Sufficiency—funds must be available to provide the technical assistance that our election systems need to achieve the goals that were set out by HAVA while recovering from the loss of credibility created by the 2000 election experience.

Integrity, Dependability, and Sufficiency are what we need. Instead we have gotten

Half measures—funding that barely meets 50 percent of the authorization requested by this administration and sanctioned by the Congress;

Empty promises—an Election Assistance Commission that exists in name only;

Confusion—our local officials do not know where to turn or exactly what is expected of them;

Ethical lapses and suspect activities—selling voting machines like we are at the Bazaar in Baghdad instead of the credible and demanding American marketplace.

America deserves better. If we can afford to spend \$3.9 billion a month to "secure democracy in Iraq," and can approve a supplemental which contains more funding than might be available for several Federal departments, can't we afford to spend \$3 billion over 3 years to help secure democracy here at home? Mr. HOYER has said that he hopes to see this amount of funding added to the final omnibus appropriations bill. I will support him on it, and our leadership should as well. In order to assure integrity in the election of 2004, we must pass legislation to require (1) audible paper trail of votes at every precinct that can be counted and verified, no fault absentee voting if a voter wishes to use that option. (2) no fault absentee voting if a voter wishes to use that option.

#### STATE OF MEDICINE IN AMERICA

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

Mr. BURGESS. Mr. Speaker, I rise tonight to speak once more about the state of medicine in America brought on by an overly-litigious environment that pits patients against doctors and lines the pockets of special interest lawyers.

This crisis reduces the access to care and ultimately increases the cost of health care for all Americans. This is a situation that must be resolved. And in fact, in March this House took a big step toward that resolution when we passed H.R. 5 that will take great strides to address this glowing national crisis.

At a time, Mr. Speaker, that we are debating costs in health care, in 1996 the Quarterly Journal of Economics published a study on the cost of the current medical liability system and the cost of that system on the overall cost of health care in our country. That report, written by Dr. Daniel Kessler and Dr. Mark McClellan, shows that States where liability reform had occurred and had placed a cap on damage awards, if they would abolish mandatory prejudgment interest and place limits on the amount of lawyers' contingency fees, hospitals' expenditures could be reduced by 5 to 9 percent within 3 to 5 years of adoption of those reforms.

The costs incurred by the current environment are borne by the entire system, from the family purchasing their own health insurance to the businessperson trying to provide coverage for his employees, to the American taxpayer who supports medical services through Medicare, Medicaid, and CHIPs.

And how does this 5 to 9 percent savings translate in terms of real dollars? McClellan and Kessler's model showed that in States with effective tort reform, Medicare costs were 5.3 percent less for a new diagnosis of acute myocardial infarction, that is heart attack, and 9 percent less for ischemic heart disease. If applied nationally, this would mean that the direct liability reforms would save \$600 million a year in the Medicare program. Extrapolating these costs across America's health care system, this amount would come to an average savings of \$50 billion a year.

Why are costs higher in States that have not enacted reforms such as those we passed in H.R. 5? Because doctors have become accustomed to practicing defensive medicine, ordering tests they know their patients do not need, but, gosh, it could save their practice should a lawyer file suit against them. This unnecessary type of health care spending drives up the cost of health care for everyone. In fact, Mr. Speaker, it even drives it up for trial lawyers. So average Americans are saddled with the additional cost to the system when they go to the doctor.

Now, some will argue additional medical services are a good thing. They may say a doctor performing more tests will save more lives. However, the study did show between reform States and nonreform States mortality rates remain constant, indicating that a litigious environment does not improve health outcomes. The current environment is not conducive to low-cost quality health care and must be changed. In fact, it is our duty to change this environment. The Congressional Budget Office has concluded that reform would lead to "an increase in the number of employers offering health insurance to their employees."

As we have already seen in California, health care costs in that State are an estimated 6 percent lower than in other States, saving California patients \$6 billion a year on health care, all because California had the foresight in 1975 to adopt meaningful medical liability reforms. Now the Congress has the same opportunity to positively impact the cost of health care in the United States by adopting much-needed medical liability reform.

Today, in an address to the American College of Surgeons, Senator FRIST, the Senate majority leader, spoke to this issue. He spoke and described the miracle of American medicine. And the miracle of American medicine is a gift. Not just to our Nation, but in fact to the world. And lest there be any doubt about this question, just look at the incredible story of the separation of the Egyptian twins in Dallas last weekend.

Truly, American medicine is an incredible gift; and we cannot, we should not, we must not allow that gift to be wasted. I urge my colleagues in the other body to make a commitment to

the health of American families. Preserve the gift and the miracle of American medicine, and pass this very necessary liability reform.

ANNOUNCEMENT BY THE SPEAKER  
PRO TEMPORE

The SPEAKER pro tempore. The Chair must remind all Members not to make adjurations to the other body.

GUARD AND RESERVISTS TREATED AS THIRD-CLASS CITIZENS

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

Mr. McDERMOTT. Mr. Speaker, at the conclusion of my remarks, I will be entering into the RECORD an article entitled, "Sick, wounded U.S. troops held in squalor." This is a story that comes out of UPI. The author is Mark Benjamin, who is a UPI investigator editor, and he reports that 1 month after President Bush greeted the soldiers at Fort Stewart, the home of the famed Third Infantry Division, as heroes on their return from Iraq, approximately 600 sick or injured members of the Army Reserve and National Guard are warehoused in rows of spare, steamy, and dark cement barracks in a sandy field, waiting for doctors to treat their wounds or illnesses.

Now, these National Guard and Army Reserve soldiers' living conditions are so substandard and the medical care so poor that many of them believe the Army is trying to push them out with reduced benefits for their ailments. One document showed to this reporter stated that no more doctor appointments are available from October 14 through November 11. These Reserve and National Guard people are on what are called medical hold. If you are wounded and you are badly injured, you are in the hospital. But after you get to a certain point, they can do it on an outpatient basis. So you are put into a medical hold status.

As one member of the Guard said, there are two armies, one is the regular army and the other is the reserve army, and we are second class citizens. We are being ignored. Now, Mr. Speaker, 40 percent of the people now on medical hold are people who served in Iraq. Those who went described clusters of strange ailments, like heart and lung problems, among previously healthy troops. They said the Army has tried to refuse them benefits and claims the injuries and illnesses were due to preexisting conditions prior to military service.

One particular case caught my eye. First Sergeant Gerry Mosley. He crossed into Iraq from Kuwait on March 19 with the 296th Transportation Company, hauling fuel while under fire from the Iraqis as they traveled north alongside combat vehicles. Mosley said he was healthy before the war. He

could run 2 miles in 17 minutes. Pretty good. Those are 8½ minute miles, at 48 years of age. He also developed a series of symptoms: lung problems; shortness of breath; vertigo, that means he was dizzy; migraines; and tinnitus, that is ringing in his ears; and he thinks maybe the anthrax vaccine had something to do with it. He also has a torn shoulder from an injury there.

Mosely said he has never been depressed before, but he found himself looking at shotguns recently and thinking about suicide. Sergeant Mosely is paying \$300 a month to get better housing than the cinder block barracks. He has a notice from the base that appears to show that there are no more doctor appointments available for Reservists from October 14 to November 11. He said he had never been treated like this in 30 years in the Army Reserves and his quote was, "Now I won't go back to war for the Army."

Mr. Speaker, it is shameful that this kind of article appears in the newspapers in the United States at a time when we are sending people over to a war for very unclear reasons. No one really knows why they are over there. We have called up Reservists for months on end. What started out as 6 months has now been extended to a year.

I recently spoke at the retirement of one my Reservists in the State of Washington up at Everett at the naval base. Before I went up to speak about him, I asked him about their deployment. He told me all about it. And I asked if everybody came back to their job. He said 25 percent of the people in his unit came back to no job. They lost their job while they were gone.

This is an unacceptable situation. Those people who voted and said they care about the troops ought to be asking some very tough questions of the Army.

Mr. Speaker, the article I referred to above is as follows:

[From United Press International, Oct. 17, 2003]

SICK, WOUNDED U.S. TROOPS HELD IN  
SQUALOR

(By Mark Benjamin)

FORT STEWART, GA., Oct. 17 (UPI).—Hundreds of sick and wounded U.S. soldiers including many who served in the Iraq war are languishing in hot cement barracks here while they wait—sometimes for months—to see doctors.

The National Guard and Army Reserve soldiers' living conditions are so substandard, and the medical care so poor, that many of them believe the Army is trying to push them out with reduced benefits for their ailments. One document shown to UPI states that no more doctor appointments are available from Oct. 14 through Nov. 11—Veterans Day. "I have loved the Army. I have served the Army faithfully and I have done everything the Army has asked me to do," said Sgt. 1st Class Willie Buckels, a truck master with the 296th Transportation Company. Buckels served in the Army Reserves for 27 years, including Operation Iraqi Freedom and the first Gulf War. "Now my whole idea about the U.S. Army has changed. I am treated like a third-class citizen."

Since getting back from Iraq in May, Buckels, 52, has been trying to get doctors to find out why he has intense pain in the side of his abdomen since doubling over in pain there.

After waiting since May for a diagnosis, Buckels has accepted 20 percent of his benefits for bad knees and is going home to his family in Mississippi. "They have not found out what my side is doing yet, but they are still trying," Buckels said.

One month after President Bush greeted soldiers at Fort Stewart—home of the famed Third Infantry Division—as heroes on their return from Iraq, approximately 600 sick or injured members of the Army Reserves and National Guard are warehoused in rows of spare, steamy and dark cement barracks in a sandy field, waiting for doctors to treat their wounds or illnesses.

The Reserve and National Guard soldiers are on what the Army calls "medical hold," while the Army decides how sick or disabled they are and what benefits—if any—they should get as a result.

Some of the soldiers said they have waited six hours a day for an appointment without seeing a doctor. Others described waiting weeks or months without getting a diagnosis or proper treatment.

The soldiers said professional active duty personnel are getting better treatment while troops who serve in the National Guard or Army reserve are left to wallow in medical hold.

"It is not an Army of One. It is the Army of two—Army and Reserves," said one soldier who served in Operation Iraqi Freedom, during which she developed a serious heart condition and strange skin ailment.

A half-dozen calls by UPI seeking comment from Fort Stewart public affairs officials and U.S. Forces Command in Atlanta were not returned.

Soldiers here estimate that nearly 40 percent of the personnel now in medical hold were deployed to Iraq. Of those who went, many described clusters of strange ailments, like heart and lung problems, among previously healthy troops. They said the Army has tried to refuse them benefits, claiming the injuries and illnesses were due to a "pre-existing condition," prior to military service.

Most soldiers in medical hold at Fort Stewart stay in rows of rectangular, gray, single-story cinder block barracks without bathrooms or air conditioning. They are dark and sweltering in the southern Georgia heat and humidity. Around 60 soldiers cram in the bunk beds in each barrack.

Soldiers make their way by walking or using crutches through the sandy dirt to a communal bathroom, where they have propped office partitions between otherwise open toilets for privacy. A row of leaky sinks sits on an opposite wall. The latrine smells of urine and is full of bugs, because many windows have no screens. Showering is in a communal, cinder block room. Soldiers say they have to buy their own toilet paper.

They said the conditions are fine for training, but not for sick people.

"I think it is disgusting," said one Army Reserve member who went to Iraq and asked that his name not be used.

That soldier said that after being deployed in March he suffered onset of neurological symptoms in Baghdad that has gotten steadily worse. He shakes uncontrollably.

He said the Army has told him he has Parkinson's Disease and it was a pre-existing condition, but he thinks it was something in the anthrax shots the Army gave him.

"They say I have Parkinson's but it is developing too rapidly," he said. "I did not have a problem until I got those shots."

First Sgt. Gerry Mosley crossed into Iraq from Kuwait on March 19 with the 296th