

the Senate, and DIANE FEINSTEIN from California threatened to hold hearings on what was going on in the Western energy market, suddenly the Federal Energy Regulatory Commission reviewed its records and found, lo and behold, there was a scandal.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman will refrain from referencing individual Senators.

Mr. DEFAZIO. Madam Speaker, certainly, I would not want to mention any individual Senators.

So the Federal Energy Regulatory Commission then suddenly said, oh, no, there is something wrong here. It is a little bit weird that prices are up to 100 times normal. And they reimposed the price caps, which we had during the Clinton administration.

Now we have the tapes of the Enron Corporation, and Ken Lay says he did nothing wrong. The tapes are incredible. The marketers talk about shutting off plants to drive up prices. They talk about gouging Grandma Milly. They talk about getting rid of the Clinton administration, price caps are gone, and Ken Lay is going to run things in this country, and, by God, they are going to make a lot of money. And they did for a while at tremendous pain and cost to the Western United States, all while the Bush administration looked the other way.

Pat Wood of Texas is still in charge of the Federal Energy Regulatory Commission. The Bush administration is continuing to push for more deregulation. They think the only thing that Enron did wrong and the only thing wrong with deregulation is that Enron got caught, because they were having a wonderful time making a bunch of money.

Now it comes that Ken Lay of Texas is the largest single, individual, lifetime contributor to George Bush of Texas, the President of the United States, and he has contributed over his life \$139,500 to President Bush. His company contributed \$625,000 to President Bush.

I would call upon the President to return these ill-gotten gains, the money that Ken Lay stole from Grandma Milly and others in the Western United States, and to show that he understands and has compassion. He could contribute the money to low-income energy funds in the Western United States to help Grandma Milly, who was taken to the cleaners by Ken Lay of Texas, of Enron, Mr. Bush's best friend, "Ken Boy" Lay.

□ 1830

The SPEAKER pro tempore (Mrs. MILLER of Michigan). Under a previous order of the House, the gentleman from New Mexico (Mr. PEARCE) is recognized for 5 minutes.

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

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

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

#### ORDER OF BUSINESS

Mr. McDERMOTT. Madam Speaker, I ask unanimous consent to speak out of order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Washington?

There was no objection.

#### WAR WITHOUT END

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

Mr. McDERMOTT. Madam Speaker, another four soldiers died today in Iraq. Families mourn the loss of loved ones. Our Nation mourns the loss of brave soldiers. Over 900 Americans have died in Iraq so far. As many as 10 times that number have been injured. Americans spent \$150 billion, and we know tens of billions dollars more will be spent this year. If only one soldier had died, the number would be too high, but the casualties and the grief are much worse.

The truth is we have not even begun to see the casualties of the Iraq war. The truth is that thousands of soldiers will face a lifetime of injury from the war. The truth is we will have not even begun to count the casualties that will come from post-traumatic stress disorder.

The magnitude of the coming casualties among returning U.S. soldiers is staggering. The prestigious New England Journal of Medicine in its most recent issue, which I will enter into the RECORD, gives a glimpse into the coming medical crisis facing our soldiers, families, and the Nation. The journal is known for credibility, thoughtful and factual reporting and analysis. The journal conservatively estimates that one in five soldiers will be afflicted with PTSD. In many cases, the symptoms will not even surface for a year or more. The casualties from the President's war of choice will affect tens of thousands of soldiers. There are 160,000 soldiers in Iraq today. Using the journal's conservative estimate, 30,000 U.S. soldiers will become post-traumatic stress disorder casualties in this war. Most do not even know that they are sick yet. Most do not exhibit any symptoms outwardly and will not for months or years. Tragically, when symptoms do appear, many soldiers will not ask for help.

Call it the tough-guy stigma. Soldiers are trained to be fearless no matter what the danger. Too many consider it a sign of weakness to need help. They will try to suffer in silence, but

PTSD is as powerful as an artillery shell. Without help, PTSD can tear too many brave military men and women to shreds psychologically. I know. I was a Navy doctor and psychiatrist who treated soldiers returning from Vietnam with the post-traumatic stress disorder. Gut-wrenching is the only polite way to describe the anguish and suffering these soldiers experienced. Many of them still struggle against the demons of this disease.

As a doctor, you can do everything you can to help. All too often it is not enough, and all too often the only thing you can do is comfort the afflicted. You realize just how inadequate modern medicine is.

Some wonder why I strongly oppose the President's war of choice. Because I have seen the casualties. I have seen the pain inside the mind that no bandage can cover. I have treated the wounded, only to know in the dead of night just how little I and every doctor could do. We wanted to end the suffering. Who would not? We wanted to heal their wounds. Who would not?

Years later, long after the Vietnam War, years later after the media moved on to other issues, PTSD was still there haunting soldiers' minds. I saw it when I was a doctor working and treating prisoners in the King County jail. They include former soldiers who got into trouble because they struggled keeping their emotions under control. They struggled with PTSD. People who had served their country with no prior history of mental illness suddenly found themselves on the wrong side of the law. Were they felons or fallen heroes in need of help? I know what I think.

PTSD preys on the peace and happiness every American deserves, especially those who were drafted to fight in a war which this country came to loathe. After Vietnam, soldiers did not even have the thanks of a grateful Nation. We blamed them for the government's arrogance. It took decades before the wounds of the Nation began to heal. Thousands of names on a wall made us realize how much we had lost, how little we had gained, and how wrong it all was.

At least today America honors our soldiers, even as the opposition to the President's war grows. And it should. We are just beginning to realize the consequences of the President's war of choice. America has about 10,000 soldiers already dead or wounded. We face another 30,000 casualties. The wounds have already been inflicted. They are just not visible yet.

And they wonder why I strongly oppose the President's war of choice. The administration keeps inventing new reasons why we had to invade Iraq. They cannot even explain why 10,000 have already suffered or why 30,000 more will.

This is not about my opposition to the war, though. This is about preparing to help the men and women coming home from war. This is about

honoring our soldiers by facing the truth about the coming wave of casualties here at home from PTSD. This is about a call to action in every city and town across America and in every home and every workplace. We must help them.

This is about a call to action in every city and town across America, in every home, in every workplace, PTSD is as real, as painful, as devastating as any shrapnel wound. If the effects could be seen like a bullet wound, we'd race the patient to the hospital for immediate care.

But PTSD doesn't work that way. It's silent. It's almost invisible. It's a war raging inside a person and we have to help. We can help by debunking the tough guy stigma. We can help by talking, listening and watching for signs of stress as our loved ones come home. We must help by demanding that the Veteran's Administration receives the funding to treat our returning soldiers. It's not a one-year supplement.

It is the recognition of the long-term consequences of the Iraq War. It is the commitment to treat our soldiers afflicted with PTSD with the best possible care for as long as necessary—and it will be years for many.

Every night the evening news graphically shows us the latest casualties and consequences of this war. It's awful. It didn't have to happen. And the overwhelming number of casualties are ahead of us, not mission accomplished. Before it is over, Iraq's casualties will top 40,000 U.S. soldiers. For what? Nothing at all.

[From The New England Journal of Medicine, July 1, 2004]

#### ACKNOWLEDGING THE PSYCHIATRIC COST OF WAR

(By Matthew J. Friedman, M.D., Ph.D.)

The date presented by Hoge and associates in this issue of the Journal about members of the Army and the Marine Corps returning from Operation Iraqi Freedom or Operation Enduring Freedom in Afghanistan force us to acknowledge the psychiatric cost of sending young men and women to war. It is possible that these early findings underestimate the eventual magnitude of this clinical problem. The report is unprecedented in several respects. First, this is the first time there has been such an early assessment of the prevalence of war-related psychiatric disorders reported while the fighting continues. Second, there are predeployment data, albeit cross-sectional, against which to evaluate the psychiatric problems that develop after deployment. Third, the authors report important data showing that the perception of stigmatization has the power to deter active-duty personnel from seeking mental health care even when they recognize the severity of their psychiatric problems. These findings raise a number of questions for policy and practice. I focus here on post-traumatic stress disorder (PTSD), because there is better information about this disorder than about others and because PTSD was the biggest problem noted in the responses to an anonymous survey among those returning from active duty in Iraq or Afghanistan.

The rigorous evaluation of war-related psychiatric disorders is relatively new, having begun with the National Vietnam Veterans Readjustment Study. This national epidemiologic survey of male and female veterans of Vietnam was conducted in the mid-1980s. The veterans were therefore assessed 10 to 20 years after their service in Vietnam. The prevalence of current PTSD was 15 per-

cent among men and 8 percent among women. The lifetime prevalence of PTSD was higher—30 percent among male veterans and 25 percent among female veterans.

A retrospective cohort study of veterans of the Gulf War that was conducted between 1995 and 1997 showed a prevalence rate of 10.1 percent for PTSD among those who had experienced combat duty, in contrast to a prevalence rate of 4.2 percent in a matched cohort of Gulf War-era veterans who had not seen combat. The adjusted odds ratio for PTSD for those who had been in combat was 3.1; this is similar to the odds ratios in the present study of 2.84 for soldiers and 2.66 for Marines after deployment to active duty, as compared with soldiers before deployment.

In a longitudinal study of New England veterans of the Gulf War, the prevalence of PTSD more than doubled between the initial assessment performed immediately after their return to Fort Devens, Massachusetts, and the follow-up assessment performed two years later. The rates increased from 3 percent to 8 percent among male veterans and from 7 percent to 16 percent among female veterans. Higher levels of symptoms have been reported among members of the National Guard and the Reserves than among active-duty personnel.

Finally, a retrospective survey of American male and female soldiers deployed to Somalia between 1992 and 1994 showed an estimated prevalence of PTSD of approximately 8 percent, with no difference according to sex. When the focus of this mission shifted from a United Nations' humanitarian peacekeeping operation to a more traditional military deployment to subdue to Somali warlords, there was greater exposure to traumatic situations and a higher prevalence of PTSD among the American troops.

It is unclear at this time whether the prevalence of PTSD among those returning from Operation Iraqi Freedom or Operation Enduring Freedom will increase or decrease. On the one hand, it is encouraging that the Department of Defense has been active in providing mental health care in the war zone and psychiatric resources in the United States and has demonstrated a commitment to monitor psychiatric disorders, as reflected by the present report. Furthermore, the findings of the National Vietnam Veterans Readjustment Study suggest that considerable recovery for PTSD among veterans is possible, as shown by the difference between the lifetime and the current prevalence of this disorder.

On the other hand, the National Vietnam Veterans Readjustment Study cannot tell us whether the onset of PTSD occurred while Vietnam veterans were still in uniform or at some time later, during the 10 to 20 years between their exposure to war and the survey for the study. Indeed, there is reason for concern that the reported prevalence of PTSD of 15.6 to 17.1 percent among those returning from Operation Iraqi Freedom or Operation Enduring Freedom will increase in coming years, for two reasons. First, on the basis of the findings of the Fort Devens study, the prevalence of PTSD may increase considerably during the two years after veterans return from combat duty. Second, on the basis of studies of military personnel who served in Somalia, it is possible that psychiatric disorders will increase now that the conduct of war has shifted from a campaign for liberation to an ongoing armed conflict with dissident combatants. In short, the estimates of PTSD report by Hoge and associates may be conservative not only because of the methods used in their study but also because it may simply be too early to assess the eventual magnitude of the mental health problems related to deployment to Operation Iraqi Freedom or Operation Enduring Freedom.

A recent reanalysis of the data from the National Vietnam Veterans Readjustment Study and the Hawaii Vietnam Veterans Project suggest that after the development of PTSD, the risk factors for persistent PTSD are "primarily associated with variables relating to the current time frame: current emotional sustenance, current structural social support, and recent life events." This information is clearly useful for mental health policy and planning, because it raises the hopeful possibility that PTSD may be reversible if patients can be helped to cope with stresses in their current life.

There are obviously important distinctions between the period after the Vietnam War and the present. Americans no longer confuse war with the warrior, those returning from Iraq or Afghanistan enjoy nation support, despite sharp political disagreement about the war itself. In addition, the field of study of PTSD has matured to the point where effective evidence-based treatment and practice guidelines are available for use by the Departments of Defense and Veterans Affairs and by civilian mental health practitioners. Cognitive-behavioral therapies have been successful in the treatment of PTSD, and two selective serotonin-reuptake inhibitors have been approved by the Food and Drug Administration. Practitioners in the Departments of Defense and Veterans Affairs are sophisticated and strongly motivated to continue to improve their skills in treating PTSD. Collaboration between mental health professionals in the Department of Defense and those in the Department of Veterans Affairs is at an all-time high. For example, the Veterans Affairs National Center for PTSD and the Defense Department's Walter Reed Army Medical Center collaborated to develop the Iraq War Clinician Guide (available at [www.ncptsd.org/topics/war.html](http://www.ncptsd.org/topics/war.html)) and to conduct a multisite, randomized trial of cognitive-behavioral therapy for PTSD among female veterans and female active-duty personnel.

In the best-case scenario, active-duty, Reserve, and National Guard personnel as well as veterans of Operation Iraqi Freedom or Operation Enduring Freedom with symptoms of PTSD will take advantage of the many mental health services available through the Departments of Defense and Veterans Affairs. Educational initiatives will be implemented to help veterans and active-duty personnel recognize that the loss of social support or the effect of recent adverse life events may precipitate a return of the symptoms of PTSD. Veterans and active-duty personnel will also be encouraged to monitor their psychological health and to seek treatment if and when it becomes necessary.

Alas, there is also a worst-case scenario that demands immediate attention. Hoge and associates report that concern about possible stigmatization was disproportionately greatest among the soldiers and Marines most in need of mental health care. Owing to such concern, those returning from Operation Iraqi Freedom or Operation Enduring Freedom who reported the greatest number of the most severe symptoms were the least likely to seek treatment for fear that it could harm their careers, cause difficulties with their peers and with unit leadership, and become an embarrassment in that they would be seen as weak.

These findings are consistent with those in an earlier report that showed low use of mental health services among Navy and Marine Corps personnel. In contrast to a rate of 28.5 percent among male civilians with a psychiatric disorder who sought

treatment, only 19 percent of servicemen with a psychiatric disorder sought treatment. Furthermore, among military personnel with PTSD, the rate of seeking treatment was only 4.1 percent, which is substantially lower than that for other psychiatric disorders. This finding may indicate that within the military culture, "succumbing" to PTSD is seen as a failure, a weakness, and as evidence of and innate deficiency of the right stuff.

Hoge and associates suggests that the perception of stigmatization can be reduced only by means of concerted outreach—that is, by providing more mental health services in primary care clinics and confidential counseling through employee-assistance programs. The sticking point is skepticism among military personnel that the use of mental health services can remain confidential. Although the soldiers and Marines in the study by Hoge and colleagues were able to acknowledge PTSD-related problems in an anonymous survey, they apparently were afraid to seek assistance for fear that scarlet P could doom their careers.

Our acknowledgment of the psychiatric costs of war has promoted the establishment of better methods of detecting and treating war-related psychiatric disorders. It is now time to take the next step and provide effective treatment to distressed men and women, along with credible safeguards of confidentiality.

#### SOURCE INFORMATION

From the National Center for PTSD, Department of Veterans Affairs, White River Junction, Vt.; and the Departments of Psychiatry and Pharmacology and Toxicology, Dartmouth Medical School, Hanover, N.H.

#### HONORING RACHEL GRANGER AND KYLE BAKER

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

Mr. BRADLEY of New Hampshire. Madam Speaker, I rise this evening to pay tribute to two New Hampshire residents. First, I pay tribute to a New Hampshire resident who recently passed away after fighting a long battle against a tough and debilitating illness. Rachel Granger died on Saturday, June 5, after a brave fight with Lou Gehrig's disease, or ALS. ALS is a fatal neurodegenerative disease that leaves its victims paralyzed, but still mentally alert.

On average, a person who has been diagnosed with ALS will die within 2 to 5 years of diagnosis, and 50 percent of patients die within 18 months. ALS is truly one of the most debilitating diseases to affect patients and their families.

In the last few months of her life, Rachel was unable to speak and to enjoy many of the activities she once loved, such as needlepoint and boating on Lake Winnepesaukee.

Rachel showed tremendous courage in attending a town meeting I hosted in Wolfeboro last year. Though she was afflicted with ALS and had many difficulties with mobility, she wanted to attend the meeting in order to shed light on a problem that affects thousands of other terminally ill patients. Rachel was having trouble getting her

Social Security disability claim processed in enough time to actually receive any benefits before she passed away.

Her courage to bring this problem to my attention has encouraged me to work with my colleagues and the Social Security Administration to address this situation for all terminally ill patients. Rachel's determination to help others who face the same situation is commendable and inspiring. Rachel's friends remember her as someone who was full of life and always made others laugh, despite her physical handicap.

I am fortunate to have met Rachel during her lifetime and have been able to share in some of her triumphs and tragedies. Her courage and determination should not, and will not, be forgotten.

Madam Speaker, the second New Hampshire resident I rise tonight to honor is Kyle Baker of Milton. Mr. Baker is the national winner in the 2004 Veterans of Foreign Wars' Voice of Democracy Scholarship contest. This contest is held each year to give high school students the opportunity to voice their opinion on their responsibility to our country. The following is Mr. Baker's essay:

"It is a bright summer day, and a soft breeze gently whispers through the maple leaves. A little boy is playing alone in the driveway at his grandmother's house. Above him the American flag billows and waves, trying to remove itself from its anchor at the top of the flagpole and drift down in front of him to make its presence known. The boy plays on, not realizing what it took to keep that flag flying high.

"A few years later, on the 11th of September, 2001, the same boy, now a bit older, stares at the television in shock and disbelief. He watches as the towers collapse, ending so many lives and bringing anguish to so many families. The boy's classmates sitting all around him reflect in their eyes the desperation, sorrow and helplessness the boy himself feels. He realizes at that moment how precious the freedoms are that he sometimes takes for granted. He realizes what a privilege it is to live in America, and that the future of his country is now changed forever. He goes home that night wondering what he can do for his country at such a time of loss, what commitment can he possibly make to the future of America after such a tragedy:

"Now it is July of 2003, and the boy stands in front of the Vietnam Memorial seeing 'The Wall' for the very first time. He is overcome by how many names there are. He walks solemnly and slowly, passing by the countless flowers, letters, photographs, even teddy bears left at the wall by the families of the fallen. He wonders if some of the people walking near him are searching for one of the names, an uncle maybe, or even a father. He can picture a young man only a few years

older than himself, crouching, frightened in the thick jungle brush, wondering if he will ever come home. He can picture this young man removing a photograph wrapped in plastic from his pocket. It is a photograph of the young man's high school girlfriend, the same girl this man had decided he would ask to marry as soon as he came home from the war. 'Be mine forever,' he would have undoubtedly said as he kissed her good-bye. 'Was it their last good-bye,' the boy wonders? 'Was this young man's name engraved here on the wall somewhere?'

"The boy walks on, gazing at panel after panel, feeling sadness, but also an immense gratitude with the passing of each and every name. He reads the names, trying to imagine what each man might have looked like. He wonders how many children they might have had or whether or not they, like the other young men he pictured, left a sweetheart behind when they went to fight for their country. So many names. So many faceless reminders of the highest commitment one can fulfill.

"The boy keeps moving slowly, when something at the foot of the wall catches his eye. He bends down to look, and there sits a small American flag, resting amongst a bouquet of flowers. Tears well up inside of him for a moment, and the boy can think of only one thing that he can do to show his appreciation for those lives reflected in the marble. He places one hand on a panel, closes his eye, and whispers 'thank you.'

It is October 22, 2003, and that same little boy who used to play in the driveway at his Grandma's house underneath a billowing American flag sits in a classroom, wondering how he can write about his commitment to America's future. He wonders whether or not he should promise to do great things with his life, or whether or not he should tell the story of someone else who had. Yes. That little boy is me.

Upon preparing for this essay I realized that it would not do to recite the words of our country's great leaders or prominent citizens, regardless of how moving and profound those words may be. I realized that this essay was not about how much research I had done, or how much I knew about the political structure of our nation. No. I realized that this time I needed to convey what I considered to be my commitment to America's future, using my own words, and expressing my own feelings. Well, here is what my commitment to America's future is. My commitment to America's future is simply to remember America's past.

I will remember our fallen heroes, those brave souls who paid the ultimate price to ensure the safety of future generations. I will remember those that live on, continuing with the task bestowed upon them by the voices of days gone by. I will never lose sight of all that it took to provide me with the freedoms that I once took for granted, and I do not, and should not, stand alone with my commitment. When I see the flag in Grandma's driveway