breathtaking implications for the future relationship between the Federal judiciary and public education. For one thing, any disenchanted parent similarly offended by what their children are taught in public schools could run to the Federal courts and clog the system with litigation. Mr. Newdow's objection to the Pledge of Allegiance is that it supports the historical fact that this Nation was founded on a belief in monotheism; the Pledge of Allegiance simply reflects that singular and important fact about this Nation and about us. As a matter of law, injury of the kind alleged by Mr. Newdow must be direct and palpable. Having an unorthodox interpretation of historical fact certainly does not rise to a level which would confer article III standing.

But even if we assume that Mr. Newdow had standing, the merits of Newdow's case are nonexistent as Chief Justice Rhenquist, O'Connor, and Thomas argues in their minority opinion. Recitation of the Pledge of allegiance in public schools is fully consistent with and appropriate within the context of the establishment clause of the first amendment to the United States Constitution. The words of the pledge simply convey the conviction held by the Founders of this Nation that our freedoms come from God. Congress inserted the phrase ''One Nation Under God'' in the Pledge of Allegiance for the express purpose of reaffirming America's unique understanding of this truth, and to distinguish America from atheistic nations who recognize no higher authority than the State. The Ninth Circuit's decision was problematic on several fronts.

Let me point out a few specifics. First, the court ignored the distinction that the Supreme Court historically has drawn between religious exercises in public schools and patriotic exercises with religious references. The Court repeatedly has said that the latter are consistent with the establishment clause. The voluntary recitation of the Pledge of allegiance is not a coerced religious act, and the Ninth Circuit's conclusion to the contrary is insupportable.

Second, the Ninth Circuit ignored the numerous pronouncements by past and present members of the Court that the phrase ''under God'' in the Pledge of Allegiance poses no Establishment Clause problems. It is one thing to identify isolated dicta with no precedential weight; it is something quite different to ignore, as the Ninth Circuit did, consistent and numerous statements from the Court's opinions all pointing to a single conclusion. The Ninth Circuit's refusal to heed the Court's previous statements about the pledge is simply inexcusable and is a glaring and continuing example of judicial activism run amok.

A decision to affirm the Ninth Circuit could have had ramifications extending far beyond the recitation of the Pledge of Allegiance in public schools. There is no principled means of distinguishing between recitation of the pledge, and recitation of passages from other historical documents reflecting the same truth. The Declaration of Independence and the Gettysburg Address that every student in this Nation is familiar with contain the same recognition that the Nation was founded upon a belief in God.

Should we, in a recitation of those seminal speeches, similarly delete any references to God? In fact, had the Ninth Circuit's decision been allowed to stand, it could have cast doubt about whether a public school teacher could require students to memorize portions of either one.

Additionally, much in the world of choral music would become constitutionally suspect, if it is performed by public school students. If the optional recitation of the Pledge of Allegiance violates the establishment clause, what would be the basis by which music teachers can have students perform any classical choral pieces with a religious message? The phrase ''under God'' in the Pledge of Allegiance is descriptive only. In contrast, much in classical choral music is explicitly religious. They would, under the Ninth Circuit's decision have a greater chance of being rejected.

In ruling that Michael Newdow could not sue to ban the Pledge of Allegiance from his daughter's school and others because he did not have legal authority to speak for her, the Court avoided the larger question of whether or not recitation of the pledge in a public school is an unconstitutional violation of the First Amendment proscription against the establishment of religion.

However, restrictions on religious freedom in the guise of preventing the establishment of religion have been eroding our freedoms and adversely affecting our culture. This began in 1962 in the Engel v. Vitale case, when 39 million students were forbidden to do what they and students had been doing since the founding of our Nation, and only a year later in the School District of Abington Township v. Schempp, the Court held that Bible readings in public schools also violated the first amendment's establishment clause. Then 1992, Lee v. Weisman removed prayer from graduation exercises, and the 2000 ruling in Santa Fe Independent School District v. Doe, prohibited student-initiated, student-led prayer at high school football games.

No legislative body affirmatively adopted any of these restrictions. In fact, the people's representatives—at both the Federal and State level—did precisely the opposite. For example, when Congress added the phase ''under God'' in 1954 to the Pledge of Allegiance, it did so with the explicit intention of fostering patriotism and piety. It was done to reflect the values of the American people.

Those values, Mr. President, have not changed. And the Court's ruling yesterday simply confirms what the American people have always known: acknowledging God in the public square is patriotic, wise, and good. It is not in conflict with our founding principles, or with our Constitution.

COMBAT CASUALTY CARE

Mr. INOUYE. Mr. President, I rise today to recognize the courageous men and women of military medicine, whose efforts to preserve life on the battlefield must not go unnoticed. Since World War II, I have followed the advances in personal protection and combat casualty care which have changed the fate of thousands of our military men and women.

The improvements in battlefield protection have given our military the lowest levels of combat deaths in history. While there is still regrettable loss of life in Iraq and Afghanistan, the fact that we are savings hundreds of lives which could not have been saved in past operations is proof that these advances are paying off.

Historically, 20 percent of all war casualties resulted in death. Today, that rate has been cut in half. Additionally, the rate of total battlefield casualties has also declined by half.

Many advances have led to these decreases. Improved body armor, the placement of forward surgical teams, improved medical training and evacuations, in theatre assessments of unforeseen medical complications, and superior medical technology are just a few of the changes I want to address.

As we read about casualties in the press, one might not realize that much has changed. We read about injury or death by mortar or improvised explosive device. And, as in the past, when soldiers are injured, the first person they call out for is not their mother, not their sweetheart, or even God, but for a medic. But circumstances are different when that medic arrives today. Training of our medics has improved drastically. Today every medic is certified as an emergency medical technician. They are provided with improved medical kits with state-of-the-art medical equipment. The military unit on the ground has these additional capabilities and life saving techniques to improve combat care from the moment of injury.

A second major development in treating battlefield injuries is the placement of forward surgical teams closer to the front lines. These teams target the 15–20 percent of wounded who, without care within the first hour after wounding, would die before seeing the inside of a combat support hospital. Uncontrollable hemorrhage has been a major cause of death in previous wars. Today, the forward surgical teams are well equipped to identify and stop bleeding using a hand held ultrasound machine to identify internal bleeding. Advances in hemorrhage control dressings have also had a substantial impact on saving lives.

Circumstances were definitely a little different when I served during

World War II. After I was injured, it took 9 hours to get to a field hospital where they performed military trauma surgery and over 3 months before I made it back to the United States. I spent 11 months in a hospital that was essentially a converted hotel in Atlantic City waiting for my final surgery and another 9 months in a rehabilitation facility in Battle Creek, MI. All told, it was almost 2 years from the time I was injured until I was able to return home to Hawaii.

Today, military personnel injured on the battlefield can be transported from theatre to a military hospital in Europe in a matter of hours. Depending on the extent of the wounds, they can be flown back to the United States within days. The rapid, sophisticated treatment on the battlefield and expedited transfer to safety are two of the most striking differences between military medicine today and World War II.

The story of Private Jessica Lynch is an excellent example. Following her rescue from the Iraqi hospital, Army medics, Air Force aeromedical evacuation troops and Special Operations forces transported her thousands of miles, used three different aircraft, and provided care during her entire journey, until she reached the safety of an Army hospital in Landstuhl, Germany. This was all accomplished in fewer than 15 hours. This same approach has saved the lives of many other courageous, young heroes.

What remains a mystery is how to treat the unexpected. Many deaths are the result of disease or non-battle injuries. In March 2004, there were 595 evacuations from Iraq for disease or other non-battlefield injuries. The Army Medical Department has deployed special teams with expertise in areas such as leishmaniasis, pneumonia, mental health and environmental surveillance to respond to these types of injuries. Having their critical assessments and recommendations while our troops are still in theatre will hopefully enable the command to decrease these illnesses.

The good news is that we have already improved our rates on this front. In the Civil War, twice as many people died of disease than of battle wounds. In World War I, about 56,000 U.S. soldiers died of disease, 14,000 during World War II, but only 930 during the Vietnam War. And we continue to make progress.

Press reports have highlighted the suicide rates of our troops serving overseas, but little acknowledgement has surfaced on how the military is addressing this concern. In July 2003, the Army sent a team of mental health experts to study the issues facing our troops in Iraq. This team was assembled to assess the increase in suicides in Operation Iraqi Freedom, evaluate the patient flow of mental health patients from theater, and analyze the stress-related issues Soldiers experience in combat.

This was the first time a mental health assessment was ever conducted with soldiers in combat. I cannot stress the importance of the collection and analysis of this data and its potential to help the military address these issues at the earliest stages.

We have also learned a great deal about providing better protection to our forces. We are now experiencing less than half of the theatre evacuations for chest and abdomen wounds than was seen during World War II, Korea, and Vietnam because of body armor.

The 1991 Gulf War was the first major conflict in which all U.S. troops were provided body armor. At that time, the vests were made of Kevlar. They were capable of stopping shell and grenade fragments, but were a heavy 25 pounds to carry. The lighter interceptor body armor now used in Afghanistan and Iraq weighs only sixteen pounds and stops grenade fragments, 9mm slugs, and some rifle ammunition. The efforts placed in these advancements have paid off and should continue with renewed commitment.

But while these advances have drastically improved our casualty rates, injuries to the limbs are increasing. Historically, 3 percent of those wounded in action required some amputation. Today that rate has jumped to 6 percent in Iraq. This requires our attention. We must focus on technology to reverse this trend.

These are just a few of the advances in medical technology and treatment that are responsible for saving the lives of our military.

As we think about today's improvements, we should remember the men and women that served before this conflict. Nearly half a million men were permanently disabled by wounds during the Civil War. Their sacrifices led others to develop improvements in orthopedic surgery and the design of prosthetic limbs. It is important that we recognize these sacrifices and contributions and continue our commitment to further advances.

It is said that my generation was the greatest generation. But I have spent a great deal of time visiting our military personnel and must say that this generation is surpassing us by far. These men and women in uniform display the courage, strength, and devotion of our armed forces.

I thank the Chair for allowing me to recognize the men and women of our military and to pay particular attention to lesser known positive data coming from the Global War on Terrorism.

CONFIRMATION OF PAUL STEVEN DIAMOND AND LAWRENCE F. STENGEL AS UNITED STATES DISTRICT JUDGES FOR THE EASTERN DISTRICT OF PENNSYLVANIA

Mr. SANTORUM. Mr. President, I am pleased to submit this statement related to the Senate's unanimous confirmation of the nominations yesterday of Paul Steven Diamond and Lawrence F. Stengel as United States District Judges for the Eastern District of Pennsylvania after only a brief opportunity to speak on their behalf. First, I want to thank the President for their nominations and congratulate them and their families and to thank them for their willingness to serve Pennsylvania and our country.

Paul Diamond attended Hunter College-City University of New York and Columbia University where he graduated Magna Cum Laude in 1974. He received his J.D. from the University of Pennsylvania Law School in 1977. He served as an Assistant District Attorney in the Philadelphia District Attorney's Office from 1977–1980. Paul Diamond then served as a law clerk on the Pennsylvania Supreme Court to former Justice Bruce W. Kauffman, who now serves as a Federal judge on the United States District Court for the Eastern District of Pennsylvania. He returned to the Philadelphia District Attorney's Office until 1983. From 1983 until 1991 he was an associate and then a partner at Dilworth, Paxson, Kalish & Kauffmann in Philadelphia. Paul Diamond was an Adjunct Professor at Temple University School of Law from 1990–1992. From 1992 until the present he has been a partner at Obermayer Rebmann Maxmann & Hippel in Philadelphia.

Paul Diamond has written a book, Federal Grand Jury Practice and Procedure, and several articles on issues related to grand juries. He has extensive experience in general civil and criminal law practice areas and will be an excellent addition to the Federal bench.

I also want to extend my congratulations to Judge Lawrence F. Stengel who has served as a Common Pleas Judge in Lancaster County since 1990. Judge Stengel received a B.A. from St. Joseph's College and his J.D. from the University of Pittsburgh School of Law. His service on the Court was preceded by 10 years of legal practice, where he focused primarily on civil litigation matters as an associate at Dickie, McCamey & Chilcote, PC, and in private practice as a sole practitioner. He has also served as an adjunct professor at Franklin & Marshall College and Millersville University.

He has also served his community prior to legal practice as an English and Social Studies teacher at Lancaster Catholic High School. Judge Stengel was also a board member of Leadership Lancaster which assists young leaders with getting connected with community organizations. He has also served as a Guardian Ad-litem for abused children. As President of the Lancaster Bar Association, Judge Stengel formed a diversity task force to investigate ways to increase the number of minority attorneys practicing in Lancaster County and appointed a committee for the creation of the Lancaster Bar Association Foundation—a foundation whose primary purpose is to raise funds for enhancing the