

Again, I thank the gentleman for taking part.

AVIAN FLU PANDEMIC

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Texas (Mr. BURGESS) is recognized for the remainder of the hour as the designee of the majority leader.

Mr. BURGESS. Mr. Speaker, may I inquire as to the amount of time that remains?

The SPEAKER pro tempore. The gentleman from Texas has 34 minutes remaining.

Mr. BURGESS. I thank the Speaker, and the gentleman from New Jersey for allowing me a little time on the floor tonight.

I thought it was important to come to the floor and talk about an issue that pops up from time to time on our news shows and the American consciousness, and that is the issue of avian flu, or the bird flu.

Mr. Speaker, as far as a little background is concerned, there are several types of influenza. There is the common flu, or seasonal flu, that we all receive inoculation against every year. Because of modest genetic changes that occur in this virus year over year, it is necessary to get a vaccination every year. But sometimes, instead of just that genetic drift that happens within the virus, there is a major change, a genetic shift; and when that happens, the stage is set for a worldwide pandemic. And, indeed, history tells us that that will occur about three times every century.

Now, currently, the avian flu is present in birds; and a big genetic change would have to occur for this to become a major health threat to humans. As of June 16 of this year, the World Health Organization has confirmed 227 human cases, with 129 deaths reported. The problem is, Mr. Speaker, if you do the math, that is a mortality rate that is in excess of 50 percent.

Now, when you think of a worldwide pandemic, there are various trouble signs you encounter. The World Health Organization has identified five of those. Widespread distribution of the virus in nature, in this case in birds, an endemic carrying of the virus in birds. A wide geographic setting with involvement of other animals, in this case felines, cats and tigers have become infected, presumably from eating infected animals. Bird-to-human transmission occurs with inefficiency and then comes inefficient human-to-human transmission. The last step, efficient human-to-human transmission, has not yet occurred, but that is the step, the previous four have occurred, and that is the step that would signal the onset of a worldwide pandemic.

Because the threat is so significant, our Secretary of Health and Human Services, Michael Leavitt, has designated the threat anywhere in the

world, a threat anywhere in the world is a threat everywhere in the world, and that is why it is incumbent upon us to keep such a close watch on this illness.

Steps one through four occurred between right now and 1997. The last step, which has not to date occurred, would trigger a human pandemic. One of our major problems with a worldwide pandemic is we, as humans, have no underlying immunity to this relatively new type of flu virus.

Now, as I mentioned earlier, there are approximately three pandemics every century; and, indeed, last century there were exactly three. In 1918, the Spanish flu killed 50 million people worldwide; in 1957, the Asiatic flu killed 170,000; in 1968, the Hong Kong flu killed 35,000 people in the United States.

If the pandemic flu were to hit, the Department of Health and Human Services estimates that 209,000 deaths in the United States for a moderate flu outbreak, such as occurred during the Asiatic flu outbreak of 1957, and 10 times that many, 1.9 million deaths in the United States for a severe epidemic, such as occurred when the Spanish flu broke out in 1918.

Now, Mr. Speaker, I would like to draw your attention to this map that I have here. It is somewhat shocking to look at the eastern part of the world, several continents, in fact, that are totally covered in blue. And as you see from the key here, avian flu cases confirmed in 52 countries, and again widespread distribution across the eastern half of the globe.

The countries colored in black are, in fact, where human cases have occurred; and we see originally China and Vietnam, Southeast Asia but more recently the addition of other countries that are moving more and more westward. There has been a gradual spread westward since 2004.

Mr. Speaker, let me demonstrate that further on this second map. Gradual western spread since 2004, and since 2004 the avian flu has gone from China to Cambodia to Thailand to Russia and then to Turkey in 2005.

Mr. Speaker, there was an explosion of outbreaks in early 2006 to the Middle East and Eastern Europe; countries such as Iraq, Romania, Italy, Germany, France, Africa, Nigeria, and Egypt, just to name a few. We see these concentric circles indicating the year of the spread. Here we have June, 2004, affecting primarily China and Southeast Asia; December of 2004, June of 2005, January of 2006; and as you can see, the arrow is pointing ever, ever westward.

From January to April, 2006, 35 new countries have reported avian flu outbreaks in poultry; and some of these have had their new first reported cases of H5-N1 virus in humans as well. So the total estimate of the World Health Organization for the number of countries affected is just over 50.

The disease is indeed endemic in birds. Over 200 million birds have been

culled in the last 3 years, both birds that were suspected of having the infection and those culled for preventive measures. One of the keys here, Mr. Speaker, is this virus can be stopped in birds; and, indeed, stopping the virus in birds has to be the first line of defense.

The reason this is so important, and let me go to an additional map, if we look at the migratory flyways throughout the world, this disease is spread by migratory birds and infected poultry. Countries with outbreaks, this map shows the concentration of poultry worldwide and the migratory bird flyways.

The darker the color here, the greater the concentration of humans and poultry. You see the eastern United States, starting in my State of Texas, east Texas eastward, we have several significant concentrations of poultry juxtaposed to human populations.

Countries with outbreaks in general have a high concentration of poultry populations. There are some concerns over two flyways that go from Africa to North America, the so-called East Atlantic flyway, and the one that goes from Asia to Alaska, the East Asia-Australian flyway. Countries in both Africa and Asia have reported outbreaks and are countries that are directly on that flyway.

Now it is not for sure the virus will be carried this way, but the fact that the distribution has occurred in migratory birds, and those are the migratory pathways, certainly that is going to bear careful watching.

Some of the other unknowns is what is the behavior of the virus in very cold climates. I don't think anyone knows that yet, but, indeed, it is around this time of year that those bird populations are in fact returning to the Arctic areas. So increased testing across the United States, starting with Alaska, and indeed over nearly 100,000 samples have been taken from both live and dead wild birds as well as from high-risk waterfowl habitats.

On the World Health Organization scale of pandemic alerts, you go from low risk of human cases to efficient and sustained human-to-human transmission; and there are six stages on that World Health Organization pandemic alert chart. Currently, we are at a level three, no or very limited human-to-human transmission.

As of June 6, 2006, there have been 227 cases and 129 deaths. H5-N1, the virus that causes bird flu, has been cited first in 1997 in Hong Kong, with 18 human cases, six died, all poultry were culled. From 2002 to 2003, there was a reemergence of the virus in Asia. There was a high incidence of cases in a few countries. Vietnam accounts for 40 percent of the human cases; and Indonesia, so far, accounts for 20 percent of the human cases.

The problem is that, in Indonesia, avian flu has not yet been contained, compared to Vietnam. Indonesia has had outbreaks since early 2004, and new outbreak reports are coming out all

the time. Last week or the week before, the 50th case of the human infection, which was fatal, was confirmed.

Let's look for just a minute at a map of Indonesia. There has been a steady rise in reported cases and a high correlation between poultry and human outbreaks. On the map, the triangles represent human cases. It is a little misleading, because more cases have occurred and many of the triangles overlap. Since these cases occur in clusters, they are very close together geographically. But look at how close the triangles are and take notice of Singapore and Malaysia and the close geographic location.

Indonesia is densely populated. It is the world's fourth most densely populated country. Indonesia is still suffering from the effects of the tsunami that occurred in December of 2004. In May of this year, an earthquake in the central Java region left as many as 1.5 million people homeless. The country of Indonesia raises about 1 1/4 billion chickens a year, about 7 1/2 percent of the global total. About 70,000 villages, spread across 17,000 islands, raise poultry. Poultry is raised in the backyards of about 80 percent of the country's 55 million households.

Mr. Speaker, I am going to put a chart up here that is a little busy, but it illustrates a very important point for us to keep in mind. This chart shows only a sample of the human cases in Indonesia, some 15 of the now 51 cases. Information confirmed by scientists and field researchers from the World Health Organization is present on this graph.

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Mr. Speaker, there is a family cluster from the Kubu Simbelang Village in North Sumatra. Many of the recent news headlines had to do with concern that the avian flu virus might have become effective at transmitting from human to human. When you just look at the number of cases involved, you would have to ask yourselves that question.

Now, this outbreak has been extensively investigated. The outbreak investigation showed that this cluster is, indeed, what is called a contained cluster, meaning that no other individuals, no other health care workers, no neighboring villagers, were, in fact, becoming infected.

In the initial case, a 37-year-old woman was most likely infected by sick and dying chickens that she was keeping in her backyard. Indeed, on the chart there, you see she kept them in indoors with her at night. Because no specimen was taken before she was buried, it can't be confirmed that the illness from which she died was indeed the avian flu, or the H5N1 virus, more specifically.

However, seven of her relatives have tested positive for the H5N1 virus. The relatives most likely became ill due to close contact with the initial case, the woman who initially became ill. Six of

these seven individuals have since died. So there is currently limited human-to-human transmission of avian flu.

If we look at this chart of those, indeed, who are sick or who have died from this illness, spent the night with a sick index patient on April 29, spent the night with the index patient on April 29. Spent the night with the index patient on the 29th. Took personal care of the sick index patient. Took personal care of the patient. Often visited the patient, was there April 29. Took care of a sick son in the hospital on May 9 through 13.

Another thing that I would like to point out are the ages of these individuals, and how very young they are. This is not a disease of the old and infirm. This is an illness of the young and robust. The ages span that of an 18-month-old baby to a 43-year-old man. This disease, when it strikes, is extremely virulent. On average, it is about a week, from 5 to 10 days from the onset of symptoms until the disease claims its victim or the victim recovers.

The illness itself is characterized by an intensely consolidated process in the lung, basically a pneumonia, a hemorrhagic pneumonia. There may be bleeding into lung tissue, and it is a very striking picture from these patients when they are ill with this disease.

Mr. Speaker, my main purpose in being here tonight is not to discuss how frightening the disease is, because, indeed, it is frightening, but to talk about what weakened it, what we can do as a country, what we can do as a partner in the world, what we can do as a Congress to place in motion those things that are going to be responsible for preparedness, particularly preparedness at the Federal level, because, after all, that is our responsibility.

There are medicines available that are known as antivirals. In the 1918 Spanish flu epidemic there were no antiviral medications. They had not yet been invented, but we have antiviral medications today.

Now, an antiviral is different from a vaccine or an immunization. An antiviral is a medicine like an antibiotic would be administered for a bacterial infection. An antiviral is administered after an onset of symptoms. It does, indeed, reduce the severity of symptoms, but it must be administered within 24 to 48 hours of the onset of the symptoms.

Having proper stockpiles of antiviral medications is going to be of critical importance. Even just as critical is going to be the distributive network to get those antivirals into the hands of communities where the virus may be present.

It does reduce the severity of symptoms. The New England Journal of Medicine indicated that the treatment with an antiviral reduced the median duration of illness from nearly 5 days to 3 days, and the severity of the illness by about 40 percent. When you

have got an illness that has a 55 to 58 percent mortality rate, that reduction in severity is extremely critical.

In another study, the antiviral Tamiflu, given within the first 12 hours after the onset of fever, shortened the illness duration by more than 3 days as compared with the treatment that was started at 48 hours.

Vaccines are the other tool in the armamentarium against this illness. Vaccines also were not available in the 1918 flu epidemic, but obviously vaccines were available with the outbreak of the Hong Kong flu and the more recent pandemics.

Vaccines are of such critical importance that it is mandatory that we move the production of vaccine manufacture from foreign countries back into this country. We have seen an exodus of vaccine manufacturing out of this country. The vaccine needs to be manufactured within our shores, within our borders. We can't very well go around to other countries who may be suffering also with this disease and ask them to supply our vaccinations for us. It just simply won't happen.

It is going to be necessary, although a vaccine has been developed, reverse genetics were used to take one of the virus samples from one of these early cases in Vietnam and create a vaccine to the H5N1 as it exists today. The vaccine appears to be safe and effective, but it does require a lot of that vaccine in order to immunize any one of us, because we have no native immunity to this particular type of flu.

But since the flu is constantly changing, since it is constantly evolving, indeed it is going to be one of those changes if a pandemic occurs and it changes from a disease that is very bad in birds to a disease that is very bad in people, there will be of necessity another shift that has occurred in that virus.

Therefore, the virus that is present today, if we make vaccine in large quantities against that, it may or may not be effective against the virus that would go easily from human to human. So we do to some degree have to wait and develop the correct vaccine for the correct strain of flu.

But within the past 6 months, in fact our Department of Defense appropriation bill that we passed last December, had money in it for the development of a flu vaccine. Recently, the Department of Health and Human Services was awarded a total of \$1 billion and a request for proposals for companies to develop cell-based vaccines manufactured in this country. Those contracts were let in May of 2006.

Mr. Speaker, when you look at vaccine manufacture in this country, not only have we suffered because companies have gone offshore, our method of creating vaccines is somewhat antiquated. We are still stuck back in the 1950s. We use an egg-based system to create our vaccines.

Well, you can just imagine, you have got an illness that is primarily affecting chickens, and we are culling chickens from chicken farms. Where are we going to get the eggs to manufacture the vaccines? Newer type of vaccine technology, the so-called cell-based vaccine technology. It is critical that the companies that manufacture the flu vaccine, not just for avian flu but for our seasonal flu, it is critical that we develop the companies and the capability of manufacturing those vaccines with a cell-based system much less prone to contamination and to all the other difficulties that have been much encountered by the egg-based system.

To some degree we may have to consider streamlining the FDA regulation and emphasize teamwork amongst our various research teams, not only at the NIH, but across the country and indeed across the world. We have to explore the promise that a universal vaccine holds.

When we talk about flu vaccines, the reason we are always changing is because the virus will change various parts of its outside protein coat, if you will. But there are several of the genes of the virus that don't change, from flu type to flu type, the so-called more pedantic or housekeeping genes within the core of the virus. If there is a way to develop a vaccine that will target those genes, it is going to be a much more effective vaccine because it will have that cross-reactivity across many different strains of the flu virus.

The current H5N1 vaccine clinical trials with Sanofi are of necessity. Those are going to continue. It will be critical, even though it may not be the final genetic result that they are developing the vaccine for. This vaccine is going to be critical as far as providing a pool for vaccinating our first responders, our nurses, our doctors, our firefighters, our ambulance personnel, if the virus were to make a sudden appearance in this country.

It is important again to remember, let me stress, that a much higher dosage of this vaccine is needed than for the average flu inoculation. Generally up to 90 micrograms of this vaccine are necessary to immunize one individual, where typically you need only 15 micrograms for the more common seasonal flu.

Other things that we need to do around our country, we need to be sure that we have the surge capacity of our vital workforce thought about and in place, identifying those key players, and ensuring their safety during the crisis and their ability to get and help people who have been harmed by the illness. Strengthening the health care infrastructure in general is a worthwhile thing that we should consider, really, on a daily basis here in this Congress.

Protecting first responders, I alluded to wanting to have a vaccine stockpile available, even if it is not the correct vaccine that we will end up with at the

time when the flu virus mutates for that last time. But some immunity will be imparted by that early vaccine, and we need to be certain that we have that early vaccine to have for our first responders to allow them to have some measure of protection as they are on the first lines fighting this illness if the worst were to develop.

Offering support services, even including mental health support services. Remember the flu epidemic that occurred in 1918, it didn't just happen around the globe in 3 weeks and then it was over. It came in waves and wave after wave would affect communities, and basically the virus encircled the globe three times before it eventually died out.

We are going to have to be able to rotate workers, not just health care workers, but workers in various lines of work so that they don't become fatigued, give up, and we have to be able to sustain their efforts.

The economic impact of this illness is pretty hard to tell. In some countries already it has had a significant impact. Some of the maps I showed earlier of Africa, the country of Nigeria, where chickens are basically used as currency, this has had a significant economic impact. It may well have significant economic impact in this country as well.

We just go back to one of the earlier maps and point out, as the disease spreads westward. Look at where the chicken populations are concentrated in this country and other countries. There could be a devastating effect on the poultry industry, and some compensation for poultry farmers, especially if they involve themselves in early reporting and maintaining the livelihood of those individuals.

Safe cooking practices to kill the virus and, let me stress at this point, the virus has not been found in the Western Hemisphere, and United States chicken populations at this juncture are not affected or infected with this virus, but early containment of any outbreaks to prevent paralysis of a whole economy that is based on poultry.

We have got to encourage understanding. Panic is not going to be a solution for a pandemic, but proper planning is going to be one of the keys. The focus of the messaging, the World Health Organization, has already put out outbreak communication tips for public officials. I encourage my colleagues to become familiar with those. Enhance the public's compliance if a quarantine is needed and a quarantine is required, and common prevention techniques are going to go a long way towards preventing the spread of this illness; then we must be prepared to not only talk about them, but mandate them if indicated.

Our Federal, State, and local community officials will help play a big role in the preparedness. I know my officials back in north Texas have done a great job as far as preparing them-

selves for some of the things that would happen or could happen in the even of a pandemic. Bear in mind, this may be one of those things just like Y2K. We get all concerned about it, and it never happens.

But the manufacture of vaccine within the shores of this country is critically important. We should be doing that anyway and not just if we are faced with the threat of avian flu. Stockpiling of antiviral medications and indeed our Nation's stockpile of critical medicines, we need to look at that and be sure we have the distributive networks in place.

It doesn't matter if it is a hurricane, an earthquake or a terrorist strike. Preparedness should just be one of the bywords of this United States Congress for the rest of this decade and likely for many decades to come.

There are places on virtually every congressional committee where steps towards preparedness can be undertaken and, in fact, should be undertaken. Certainly we will look at a committee like Armed Services and what happened during the Spanish flu outbreak of 1918 and how it affected the returning troops from World War I. Armed Services needs to pay a good deal of attention to observing the outbreaks globally and implementing quarantine plans when is necessary.

The Committee on Agriculture, tracking avian populations as they disperse throughout the United States; my own committee of Energy and Commerce, and they have. I want to thank the committee on Energy and Commerce. They have done a great deal as far as the hearings on avian flu and as far as providing information for our committee.

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The Committee on Homeland Security will have critical oversight over border security and, in fact, coordinating efforts should a pandemic hit across the country.

The Committee on Judiciary will have to decide some jurisdictional issues; and, indeed, they will have to decide whether or not we relax some of the liability as it pertains to vaccine manufacture as well as indemnifying first responders if they are harmed by vaccines or new antiviral medicines that are developed.

The Committee on Science, of course, will have an integral role in encouraging research on vaccines, vaccine development and rapid testing to detect is this just a cold or is this, indeed, a more serious type of flu.

The Committee on Veterans Affairs will be involved with educating veterans and combating the spread of the illness, as well as providing very educated, organized local spokespersons for educating the public should this disease become a problem.

The Committee on Ways and Means will have significant oversight of trade issues as they become important. Look at the countries that could possibly be

affected by this, as well as issues in countries that are currently experiencing an outbreak.

Integration from the Federal, State and local levels is going to be critical. The global health threat is important. It should not, indeed, it cannot be ignored. But preparing for the threat within our own country is certainly critical.

The virus, H5N1, could appear in the bird population as early as this fall in the Western Hemisphere; and even if it does appear in birds it doesn't mean that a pandemic has started. But because of the natural flyways that exist, that is a possibility that we need to be, we, in Congress, need to be prepared for how we educate our constituents and how we help our State and local officials adjust to that.

Preparedness is going to be the greatest single tool at our disposal to mitigate what might otherwise be a disaster of worldwide proportions.

Mr. Speaker, this is an important issue. I thank you for the time and letting me come to the House and talk about this tonight. I know I have covered a lot of these issues relatively quickly. I know a lot of the maps are somewhat involved, and they have gone by quickly. They are available on my Web site at burgess.house.gov.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 367. Concurrent resolution honoring and praising the National Society of the Sons of the American Revolution on the 100th anniversary of being granted its Congressional Charter.

OUR IRAQ POLICY

The SPEAKER pro tempore (Mr. DENT). Under the Speaker's announced policy of January 4, 2005, the gentleman from Connecticut (Mr. LARSON) is recognized for 60 minutes as the designee of the minority leader.

Mr. LARSON of Connecticut. Mr. Speaker, I yield myself such time as I may consume.

This evening I come to the floor to continue the discussion that this Congress has had with respect to our policies as it relates to Iraq.

I was fortunate this past weekend to attend yet another ceremony, in this case, with the 1048th Tankers Division from the State of Connecticut who was being deployed to Iraq.

We in this country continue to owe a great debt of gratitude to the men and women who wear the uniform and who have served this country so valiantly and with such courage. But we also owe a deep debt of gratitude to their families in what has become gut-wrenching ceremonies as you watch young children and mothers and grandparents say goodbye to their loved ones who are going over to Iraq, including a mother who has three sons that are now over there, and another mother who saw her

son off and her husband had just left the week before.

So it is very disconcerting when you find that the only people that we have asked to make a sacrifice in the war on terror have become the men and women who serve in the front lines and their families who are left behind.

Our hearts go out to all of them. And what they deserve, more than anything else, is a Nation that will level with them, that will provide them with a plan, that will tell these troops, especially in the case of the National Guard and the reservists who have been deployed, redeployed, deployed again, their stays more so than at any other point in the history of this country, and they do so with a salute and they follow orders. How grateful a Nation we should be.

And yet here at home we hear, just in the previous hour, discussions that center on a tax cut and how important a tax cut is. I have never met anyone that didn't favor tax cuts. But it is disconcerting when you look out at these families and you see that this Congress focuses on tax cuts for the Nation's wealthiest 1 percent, making sure that we ladle on more tax cuts to those already impoverished oil companies who are experiencing unprecedented profits.

Yet I look out into that audience in Connecticut, in the State armory and see these families, many who will struggle during this time, many whose gas prices will rise during the time of this 18-month deployment.

So you say to yourself, well, where is the plan? What is the exit strategy? What do we owe these individuals? Do we not at least owe them the truth?

So there was a debate enjoined on this floor 2 weeks ago, a nonbinding resolution, in essence, a conversation, a conversation where 99 percent of the people on the other side of the aisle said, stay the course, while the Nation and while this side of the aisle clamors for a new direction for America.

When I looked out into the eyes of the audience of those families and I saw their concern and need, they want a new direction for the country, especially as it relates to Iraq.

Isn't it amazing that they can get a plan from the Iraqi government, that they can get several plans from Democrats, whether it be JACK MURTHA's bold plan that, well, seemingly the Iraqi government agrees with, or whether it be CARL LEVIN's plan, well, that seemingly now General Casey agrees with?

So we find the Pentagon and the Iraqi government, JACK MURTHA, CARL LEVIN, and several other Democrats offering thoughtful plans, and the Republicans saying stay the course and a President still unable to level with the American people and unwilling still to meet with parents who have lost their kids, who line the highway on the way to Crawford, Texas, or wait patiently outside The White House for an audience.

It amazes me that, while the Iraqis can say that they have a position and they know that they have to take on

responsibility, that we will somehow let the Iraqis determine the faith of our brave men and women, so much so that there has even been talk of amnesty, amnesty for those who have killed, maimed or kidnapped American soldiers or citizens. There can be no amnesty for that. There is no honor in the great sacrifice that our men and women have provided. No matter what the Iraqi government might say, we, as the United States Congress, have an obligation to our men and women and the citizens that are in Iraq working on behalf of this country to make sure that that cannot stand.

And what do we get from our erstwhile colleagues on the other side of the aisle and why was this debate conducted in the manner that it was?

Well, let me tell you why. Because Karl Rove hatched a plan in New Hampshire. You see, he went there and laid out this strategy; and the strategy was a very simple one. It is one that they used before. They just dusted off the playbook and said, you know, it works when we attack Democrats. We attack them for their patriotism.

It worked successfully against Max Cleland. We were able to take that man, who gave three of his limbs for this country, to make him appear to be unpatriotic and go after him personally.

It worked against JOHN KERRY. We were able to swift boat him during the Presidential campaign, to tarnish his service and the medals he earned.

And it is working against JACK MURTHA, they think. So that we can turn around and tarnish him as well.

And Karl Rove launches his strategy, and then JOHN BOEHNER rolls out the talking points for the caucus, and then the debate is neatly sandwiched in between the time allotted, with no Democratic alternative being allotted, and the White House picnic, just in time for the President to take a surprise trip to Iraq for a photo-op and to return home.

The Nation deserves better than that. If the Iraqi security advisors can provide us with a plan, why can't Donald Rumsfeld provide us with a plan?

No wonder, in the Washington Post today and the New York Times over the weekend, people are wild over the fact that, if all that debate and discussion was truly about a course for this Nation, how is it that General Casey's plan sounds identical to CARL LEVIN's plan? And how is it that the Iraqis can acknowledge what Mr. MURTHA acknowledged last November?

On this side of the aisle, we have come to know what it is all about. It is about the continued hypocrisy as it relates to leveling with the American people and, more importantly, leveling with our troops, with the National Guard and reservists and their families and the kind of sacrifice that we have asked them to do, and we have prevailed upon them, and they have done