

the government has more money at its disposal. I hope and believe that next year this budget is going to be balanced.

Mr. KIRK. As the gentleman points out, many people here in Washington will point to the European Union as the economic model, an example that we should follow, but the record is relentlessly negative towards their example of creating new jobs or economic growth, where we have seen a reactive decline of the European Union as against China and the United States. We also recall in the last decade how we all thought that we would all end up working for the Japanese and that Japan, Incorporated, was the big threat.

Now we see an old axiom of politics said by one great politician, never bet against the United States, and also never bet against freedom. What we have seen here is an unbelievable economic performance by our country, record tax receipts coming into the Treasury without a tax increase, and the ability then to focus on the future of the United States, which is largely being written in the suburbs, with safe schools, extending health care and making sure that we are planning for the long term in what will be aging America, with the baby boomers entering retirement, but hopefully, with these policies entering retirement with some safety and security based on private savings and investment, encourage through first the 401(k) program and then we hope through the 401 Kids Family Tax Savings Accounts.

Mr. SESSIONS. As we close down our time here with Republicans being on the floor, I would like to remind the gentleman of something that is heard over and over and over again, and that is how great America is. But I would like to ask a rhetorical question. Have you ever heard of the China dream, the Brazilian dream, the French dream, the German dream? Probably not, but every single person in the United States and billions around the world have heard of the American dream, and the American dream is tied directly to not only the dream that they have about themselves, but a dream about their future.

This is where Republicans, working together on the suburban caucus, making sure we have a healthy and strong economy, where investment and opportunity and reduction in taxes happens directly in front of us, and then we can support this agenda that is so important for every one of us.

Mr. KIRK. I thank my colleague. I will close out by simply saying that we now present to the American people and the Congress the suburban agenda for 2007, Action Against International Drug Gangs, moving into the suburbs where the Federal Government can help; Safe Schools, relying on the judgment of teachers, full time, using all of their abilities; 401 Kids Tax Deferred Savings Accounts, to make sure that families have more resources, more

flexibility, to save for their child's college education and first time home purchase. Health Insurance for Life, to make sure that we continue the COBRA insurance for Americans, for more than 18 months, the Deleting Online Predators Act to make sure we are empowering parents to control this 21st Century danger to their children; the Open Space and Farm Land Preservation Act to make sure that we have more preserved green and open space in the green and open suburbs, and finally, the Senior Safety and Dignity Act to make sure that as the baby boomers age, we are preserving our long-term health care for our Americans.

This is the suburban agenda, a vision for the future and a work plan for the Congress. We are looking forward to working with both sides of the aisle on this to make sure that we are representing and advancing the needs of America as it actually is, living in the suburbs and needing action on all of these items to realize the full potential of this Congress and the work ahead.

#### WALTER REED MEDICAL CENTER

The SPEAKER pro tempore (Mr. MATHESON). Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. AL GREEN) is recognized for 60 minutes as the designee of the majority leader.

Mr. AL GREEN of Texas. Mr. Speaker, I am honored to stand in the well of the House tonight and address conditions at Walter Reed Medical Center, as well as other military medical hospitals, and I would also like to, in doing this, talk about why our soldiers and our veterans are so important to us.

I want to start by saying if we are truly concerned, if we are truly concerned about national security, then we have to be concerned about those who secure national security. We have got to be concerned about our soldiers. We have to be concerned about our veterans. Because, in fact, they make it possible for us to have these liberties that we have come to know and to love.

Tonight, as I start this explanation, I would like to first use the words of another, Major General John H. Bailey II, and I want to bring his words to our attention, because he has written an ode that really explains why the American soldier, the American veteran, is so important to this Nation and to the well-being of this country. His ode is styled from Boston to Baghdad, and his words capture the essence, the spirit of what the American soldier is all about, what the American soldier has done for this great country.

His words are:

I am the American veteran. I was born in battle on April 19, 1775. I am the total sum of my country's ethnic and cultural diversity. I am loyal, dependable and patriotic. My motto is, "Duty, Honor and Country," and my

battle cry is, "Don't Tread on Me." The tracks of my tears and the stains of my blood can be traced from Boston to Baghdad.

I was there at Lexington when the shot heard around the world was fired, saw the whites of their eyes, was battle-tested at Bunker Hill, Valley Forge and Yorktown, and won my country's independence.

□ 1920

I earned worldwide respect during the Spanish-American War while helping our friends in Cuba gain their independence. Names like Teddy Roosevelt's Rough Riders and the 9th and 10th Cavalry became household words. I saw action at San Juan Hill, Guantanamo Bay, and the Philippines. A young Lieutenant John Pershing was heard to have seen "white and black regiment fighters shoulder to shoulder unmindful of color in combat."

I was there at the 11th hour of the 11th day of the 11th month, in the year of our Lord 1918. I was crowned in glory at the conclusion of World War II, the war to end all wars and the birth of Veterans' Day.

During World War II, in response to the attack on Pearl Harbor, the pearl of the Pacific, I rallied a nation, shouldered the weight of the world, defeating the Axis powers, preserving democracy around the world and preventing the annihilation of a race of people who called Germany home. In this country, we call these exceptional citizens Jewish people, and we know them as the Jewish community.

No words can better describe the effects of our entry into World War II than those of Admiral Hirohito when told by an aide, "Sir, we have scored a great victory," and he replied, "I'm afraid we have awakened a sleeping giant."

Thank you, World War II veterans. You are the greatest generation. Never before have so few given so much for so many.

In support of our friends in South Korea, I saw action at Bloody Ridge, Pork Chop Hill and Heartbreak Ridge, while introducing the helicopter and jet aircraft as battlefield tactics, actions which changed the course of military history.

I went to Vietnam to help the people of South Vietnam maintain the right to choose their own destiny. There I fought at Hue Dong Hai and Hamburger Hill. I refused to fall at the hands of a well-equipped and determined enemy during the 1968 Tet Offensive.

During Desert Storm, I engaged Saddam Hussein in his mother of all battles. I destroyed his will to resist.

And then there was 9/11, a day which must never be forgotten, a day which must never be repeated. It tested the soul of our Nation in a way not witnessed since December 7, 1941. And due to the atmosphere it created, I was again sent to Iraq as a part of the global war on terror. I am still there today

participating in peacekeeping and nation building. My rewards are found in the eyes of children and old people who now have hope.

I am the American veteran. I am from New York City, the countryside of Philadelphia, Washington, D.C. I've come from sea to shining sea. As a participating citizen, I shall continue to fulfill my forefathers' dreams of a more perfect union and open my arms and say to the world, send me your tired, your huddled masses, because I know it is that diversity that makes us who we are.

In closing, he adds, I leave you with the words of a young John F. Kennedy in his inaugural address, who said, "We will bear any burden, meet any hardship, support any friend, oppose any foe to assure the survival and success of liberty." This pretty much describes the spirit of the American soldier and the American veteran.

Mr. Speaker, I share these words because it is important for us to understand the sacrifices not only made by this generation of veterans but the sacrifices made by veterans since the country was founded, since the genesis of this country, if you will. And because our veterans have been so important to us, because they have been there for us, we must be there for them.

I regret to say, Mr. Speaker, that we have not been there for them when it comes to military hospitals and facilities and the delivery of health care through the military facilities. We have not been there because recent events have shown us, in transpicuously clear, empirical data, that hospitals are substandard, that some of the treatment received has not been delivered in the kind of fashion and manner that we would have those persons who have given us liberty and justice for all, those persons who have made real the ideals in the Constitution of the people, by the people, for the people, those persons who have given us this opportunity to stand here tonight, we have not made the delivery of health care services as effective and efficient as they should be.

So I am here tonight with a colleague, and we are going to talk about not only the problems at Walter Reed but the problems in health care delivery in military facilities, generally speaking; and we are going to also continue to be grateful for the service that our American veterans have rendered to make this country the great country that it is.

At this time, I will yield such time as she may consume to the honorable lady from the District of Columbia, a student of jurisprudence par excellence, I might add, one who is a part of the conscience of the Congress and certainly the conscience of Washington, D.C., who has fought for statehood and continues to fight for the American veteran. She speaks, and when she speaks, others listen. I am honored to share time with the honorable ELEANOR HOLMES NORTON.

Ms. NORTON. I thank you, Representative GREEN. I particularly thank you for opening up this special hour in a way that offers perspective, historical perspective about why the treatment of our soldiers and veterans mean so much to us.

What you have done is to take us through the highlights of their history, which is our history, so that I think we come to grips with why the urgency that has been revealed at Walter Reed and now increasingly at other veterans hospitals and military hospitals must be addressed right away.

Mr. GREEN, to my left there is a rendition of remarks among hundreds of thousands now sent to the Washington Post and to Members of Congress once the Walter Reed revelations came forward in the Washington Post. And what is important about the remarks to my left is the way that they summarize the systemic nature of this problem.

Yes, we are focusing on Walter Reed. It happens to be in my district. Would that we could fix the problems that have come to light by dealing with this one great hospital; and this is far and away the greatest military hospital in the United States, most would say in the country. It is where we send our most injured soldiers. If you have been very seriously injured, you go to Walter Reed. It is considered the crown jewel of military hospitals.

Why, then, are we hearing from Fort Campbell, Kentucky? In a moment I want to know about your district, Mr. GREEN, but why are we hearing from Fort Campbell, Kentucky, words that also put us to shame? And the words are right there for you to say. We are quoting the words that have come forward, this time to the Washington Post. There were yellow signs on the door stating, "Our barracks had asbestos." How would you feel if you came home from Iraq or Afghanistan to find that kind of sign on the barracks to which you had been committed after leaving the hospital?

Mr. GREEN made a point about in-hospital care. So far as we have been able to tell, at least in the military hospitals, a standard. You will have to speak to the veterans hospitals. But nobody doubts that there is no better place for our soldiers to be, particularly if you are seriously wounded, than Walter Reed Hospital.

□ 1930

But you get out of Walter Reed and you find the functional equivalent of what we learned about Fort Campbell, Kentucky. There may not be a sign on the door, but the signs were everywhere to see. They were there in the now notorious building 18 where the whole roof now has to be changed, the mold and the rats and the roaches. What those are signs are, are of neglect of these soldiers once they left the hospital.

But in a real sense, I think my good colleagues and brother will agree with

me that it is when you get out of the hospital that you may be most depressed. You may have lost an arm or a leg or an eye, or you have lost part of your mental capacity. Now you have to come to grips with the real world. It is in those barracks, barracks like those described at Fort Campbell that soldiers have lost their way because we have lost ours.

Or let's take Fort Irwin in California. Here I am quoting again the Washington Post, March 5 of this year:

"Most of us," writes this soldier, "have had to sign waivers where we understand that the housing we were in failed to meet government standards."

My colleague will, I think, agree with me that our soldiers expected to be in substandard tents in Iraq and Afghanistan but not in the United States of America after being wounded and being sent back home.

Even though we had hearings in the Government Reform Committee 2 years ago speaking to the outpatient care and were assured by some of the same brass that appeared before us at the Walter Reed Hospital hearing just a couple of days ago, we find, courtesy of the Washington Post no less, not a hearing, but a real exposé that things are as bad or worse than we expected.

Mr. AL GREEN of Texas. Would the lady yield for just a moment?

Ms. NORTON. I would be pleased to yield to the gentleman.

Mr. AL GREEN of Texas. Thank you. You have mentioned Walter Reed several times and conditions at other facilities as well. I have information from the Washington Post that I would like to share to substantiate much of what you have just said, and I think that it bears reading because I want to make sure that I quote the Washington Post accurately. This is from February 18, 2007:

"Behind the door of Army Specialist Jeremy Duncan's room, part of the wall is torn and hangs in the air, weighted down by"—what the gentlelady called to our attention just a moment ago—"black mold." Black mold weighing the door down to the extent that it is being pulled apart from the wall.

"When the wounded combat engineer," it goes on to read, "stands in his shower and looks up, he can see the bathtub on the floor above through a rotted hole."

Now, this is hardly what we would expect to find in a hospital.

Ms. NORTON. This is the outpatient housing, normally. Unless that says it's a hospital.

Mr. AL GREEN of Texas. This is at Walter Reed Hospital, itself.

Ms. NORTON. I do want to make that distinction. Walter Reed Hospital, the Washington Post, I believe, did not find conditions to be substandard and drew the contrast between the hospital and building 18. I don't think the hospital has been the source of the problem. But they have put these soldiers in aftercare kind of apartments, in facilities like building 18. Unnamed, by the

way. It could have been named after somebody. They said they are going to name it, give it some honorific name.

Mr. AL GREEN of Texas. If I may, I agree with the gentlelady. What I am saying, I suppose, is the Walter Reed complex; building 18 is a part of the hospital complex.

Ms. NORTON. The base, yes.

Mr. AL GREEN of Texas. The point is that, on the facility that Walter Reed claims as a part of it, building 18, the infamous building 18, we have these substandard conditions. These conditions are conditions that we would hardly expect to find at a facility that is treating wounded persons, patients, persons who, quite frankly, can become ill because of the conditions that they have to exist in while they are recuperating from their war injuries. These are the kinds of conditions I think the Washington Post, and I thank the Washington Post for doing this, but I think that the Washington Post has done our country a great service by calling them to our attention.

I would also mention this, if I may, before I yield back. My heart was really torn when I saw persons giving their testimony at the various hearings that took place. I was very much hurt and had tears literally well in my eyes when I saw one of the family members testifying about how a relative was treated. And then to hear soldiers talk about what they had to go through, the enormous amount of red tape, before they could be served. These kinds of conditions in the hospital as well as the conditions that are a prelude to entry into the hospital make it very difficult for our soldiers to appreciate the promise that we made to them, the promise to provide for them if they provided for us. If they made it possible for us to be secure, we made a promise to them to provide for them. It was very heart-wrenching to see the kinds of conditions, to hear the kinds of conditions, if you will, talked about with reference to our soldiers.

I am hopeful that these conditions will change. They have got to change. And they have got to change right away. I know that the gentlelady has other conditions that she would like to talk about, and I have other charts that I will be sharing as well.

I will yield to the gentlelady.

Ms. NORTON. I thank the gentleman for those observations, indeed. Your notion that they have got to change and they have got to change now is where we ought to be focused. You spoke about the heart-wrenching testimony, by the way, testimonies under oath. Just like the brass was under oath, so was the wife. She left her home, gave up her job to come be with her husband, has been there for months, lost in the Never Never Land of, is he going to go out on disability? Will he be returned to his company? The man had been in the National Guard for 16 years, for goodness sake.

If you are not going to tell him one way or the other what he is going to

do, you're disrupting his life, you're disrupting his entire family's life, and time after time, that was the story we heard.

I want the gentleman to know, we had all the brass before us as well. You have never seen so much brass, the Secretary of the Army. We had the former commander at Walter Reed, Kevin Kiley, who has been now kicked upstairs. He is the U.S. Army surgeon general. It actually was on his watch that most of these problems emerged. We had the major general, George Weightman, who was recently fired. He had only been there 6 months, so he was the fall guy it looks like. We had the Vice Chief of Staff of the Army. They all came. And, by the way, when they heard the testimony you just spoke of, they harbored their apologies to the families sitting in back of them. That's the least they could have done.

I do want you to know, I say to my good friend, that when it came time for me to ask questions, I focused on something I happened to know well, that Walter Reed in the middle of a war was put on the base realignment closing list. Think about this: Walter Reed is on the list of military installations to be closed in the middle of the war on terrorism and the Iraq war. We tried to keep that from happening.

Something very important has happened as a result of the testimony. I asked the generals, on second thought, don't you think it would have been best to postpone any notion that Walter Reed would be closed, because that sends a signal to staff, clinical staff, staff of all kinds, that if you value your careers, this is not the place to come?

□ 1940

And yet this is where you need the best personnel in the world. And to the man, each said, that should be rethought. And I want to say this evening to my good colleague and friend that I will be introducing tomorrow a quite unusual bill to repeal the decision to close Walter Reed in order to stabilize staff there, as a first step to say to Walter Reed: We hear you. At least we are not going to send the message to your best personnel, leave this place as soon as you can.

Mr. AL GREEN of Texas. And I would gladly support the gentlewoman's legislation.

I will tell you, I talked earlier about the shot heard around the world. When it was stated that Walter Reed would be closed, that was the shock heard around the world. I think that that, probably of all of the closures that were to take place and are to take place, I think that one probably penetrated to the very heart and core of what a military service for veterans is all about.

Ms. NORTON. If the gentleman will yield. The Army, of course, said what it was going to do was to rebuild this massive new hospital in Bethesda. The problem with that is that it is going to

take \$3 billion. The gentleman and I, who serve in this House, know good and well that this House is not going to put \$3 billion into bricks and mortar at a time when we have come to the floor to talk about neglect of soldiers and veterans.

So why leave it on the base closing list? Maybe it was a pipe dream that somebody had as long as they were doing BRAC last year. Now has come the time to revisit that decision, and I am very pleased to say to the gentleman that I have noted, reported in the press that Members in a position to turn around that decision, our good friend who is chair of the Defense Appropriation Committee, Mr. MURTHA; his ranking member, Mr. YOUNG; Mr. WAXMAN, chair of Government Reform, where these hearings were held; his ranking member, Mr. DAVIS; had all said, had all said in a bipartisan matter, it is not the time to close Walter Reed.

So here we are coming together at least with something to do now to stop the bleeding. Then, there are a number of other things we have to do, but that it seems to me is the minimum we can do. And there is a developing consensus; we hear the same things in the Senate today at their hearings: At least let's put, as we say in the law, an injunction on closing this hospital.

Mr. AL GREEN of Texas. Absolutely. And the bipartisan support for this is manifesting itself. I have noticed that partisanship, while it still exists, partisanship is not hopefully going to stand in the way of taking care of our veterans.

It is my hope that, as we look at these conditions and we recognize what is happening to our veterans as a result of being in these horrendous conditions, to be quite candid, that we will put aside the partisanship and we will do what we need to do to rebuild, reconstruct Walter Reed.

You mentioned the closure of it at an inopportune time. Clearly, while we are in a war, when our military hospitals and centers are most needed, we should not, we should not close the crown jewel. That sends a bad signal to people around the world as well when they hear that what is considered to be our top military medical facility is going to close. So I am completely with the lady; I support what she proposes to do.

And I would also add this. We are about to spend in Baghdad to construct a facility there, which is beyond the reach of this country in the sense that most Americans will never use it, and we are going to spend millions, untold millions there because we have cost overruns. We just don't know what we are running into as we are doing this, it seems. And it would seem to me that we can direct some of these dollars, make sure these dollars are used prudently and judicially. But there can be dollars spent here for our veterans who are returning home who are going to need the best medical attention that the world can provide.

And as further evidence, if I may, of what is happening at Walter Reed as the gentlewoman has explained in terms that are quite clear, in the infamous building 18, which is a part of the complex, a part of the complex. I have another quote here from the Washington Post, and this one speaks of life in building 18. It talks about how it is the bleakest homecoming for men and women whose government promised them, and we made a promise to our soldiers; we promised them, we committed to them that: If you go and defend the country, you go to war, put yourself in harm's way; if you will put yourself in harm's way and defend this country, we will take care of you when you return.

And this is from February 18, 2007. According to the Washington Post, this promise of good care in return for their sacrifices, they returned home to the bleakest home coming that the government could have provided given that this promise was made.

I am going to yield to another colleague who has joined us. But it also goes on to say that, and this is a quote: "I hate it," said a soldier, who stays in his room all day. "There are cockroaches." This is for our veterans. "Cockroaches. The elevator doesn't work. The garage door doesn't work. Sometimes there is no heat and no water." No heat and no water in a facility for our veterans.

I think it is appropriate to get a response from the gentleman from Wisconsin, Mr. STEVE KAGEN, if he would care to add to this discussion.

Mr. KAGEN. Thank you very much for leading off and expressing the view of one brave American soldier.

Mr. AL GREEN of Texas. And if the gentleman would yield one moment, I might also add that the gentleman is a medical doctor and is imminently qualified to talk about issues of care for our soldiers.

Mr. KAGEN. Thank you very much. But what we are talking about is not bricks and mortar. The buildings didn't fail. The windows didn't fail. The furnace didn't fail. It was a failure of leadership and, really, a failure of this administration. It adds yet another failure to the long list of failures. After all, this current administration, would you not agree, has failed to secure our Nation, our borders, our ports. It has failed to strengthen our middle class. It has failed even to educate our children. But, most importantly, for all the brave Americans who have put themselves in harm's way, this administration has cut and run from them at their military hospital, the Army hospital at Walter Reed.

It is a disgrace. And it is not about bricks and mortars; it is about failed leadership, something that this Congress, the 110th Congress, can turn around and will as we already have.

Mr. AL GREEN of Texas. The gentleman makes an excellent point. Because ultimately people make decisions, and somewhere along the way,

conditions that merited attention were not dutifully attended to.

Ms. NORTON. Would the gentleman yield on that point, to reinforce that point? At the hearing earlier this week, the generals testified that this was not for want of funds. The fact is that we have given and will give more. If you come here and you look at our Defense budget, I don't think you will see that the Congress has been stingy in coming forward with the funds to do what is necessary, at least to keep these kind of shameful conditions from taking place. And the fact that you see top flight medical care at Walter Reed itself says that, when the doctors are in charge, when the nurses are in charge, things are fine.

The leadership that you speak of, the leadership to deploy the funds correctly, the leadership to make sure that our soldiers have a seamless recovery so that, when they are in aftercare, they know they are recovering because they are treated in exactly the same way they were treated in the hospital.

Yes, you are right, I say to my good friend and colleague who knows firsthand that whatever the doctor is able to do for you in the hospital can virtually evaporate if the kind of care that is necessary is not given after release from the hospital.

I would be glad to yield to the gentleman.

Mr. KAGEN. Every physician, every nurse, everyone on the floor at Walter Reed is doing their personal best to take care of the soldiers, and they are getting great care.

□ 1950

But the thing I find extremely upsetting, on the night of the State of the Union address, my wife, who is a nurse, was in town. She is president of the social organization for the spouse's club of the freshmen class, both Democrats and Republican; and she went to Walter Reed on a fact-finding tour to see that the soldiers were getting all the care and all the prosthetic devices that they required.

Well, they gave her the company tour. They didn't give her a tour of Building 18. And come to find out, according to testimony revealed, that Lieutenant General Kevin Kiley knew about these conditions as far back as 2003, when one soldier reported that the conditions were extremely poor and he wasn't getting what he needed.

So I have the opinion, as a physician, and having years of experience of caring for thousands of military veterans, that if they had our back covered during conflict, we must not let them down. We have got to cover their back when they come home.

Mr. AL GREEN of Texas. And I might add also, in terms of covering their backs when they come home, that these medical facilities, not just Walter Reed but others, are experiencing some concerns that we have to talk about as well, which can be a great

segue into this Washington Post comment from March 5 of 2007.

This one reads that "the mold, mice and rot of Walter Reed's Building 18 compose a familiar scenario of many soldiers back from Iraq or Afghanistan. Soldiers and veterans at other facilities report bureaucratic disarray similar to Walter Reed's indifferent, untrained staff, lost paperwork, medical appointments that drop from the computers, and long waits for consultations."

Now that kind of treatment is something that cannot continue. The bricks and mortar, we have to deal with, and I believe we can deal with that. But we also have to make sure that the computers work. We have got to make sure that persons have adequate staffing available to them at hospitals so that they can receive the kind of attention that they merit and deserve.

This problem is systemic, as the gentlelady explained, and I think that we have to take a systemic approach to dealing with it. If we only focus on Walter Reed, then I think we miss something important, an opportunity to look at the entirety of what we are confronting and to take corrective action, not for one circumstance but for all circumstances that we find ourselves confronting at this time.

Let's not let any aspect of this escape. While we are dealing with it, let's deal with it in its entirety.

And I would yield to the gentlelady.

Ms. NORTON. I appreciate that the gentleman has yielded, and the contrast he is drawing between the bureaucracy and the in-hospital care. Because when you see conditions like this, here are some more direct communications.

Now, to be fair, I want to stress, and the difference between the Washington Post and these communications is we have not verified these. We don't want to say in any way that we doubt them, but we do want to say what the difference is.

Nevertheless, people have felt they had to tell us what they felt and what they knew. And here you see, again, another part of the country, the other end of the country, Fort Irwin in California. "The room was swarming with fruit flies, trash overflowing and a syringe on the table."

Please remember, all that we are hearing about physical conditions is emblematic of an invisible bureaucracy that is much worse.

Or Fort Knox, again, in Kentucky. "The living conditions were the worst I had ever seen for soldiers, paint peeling, mold, windows that didn't work. I went to the hospital chaplain to get them to issue blankets and linens. There were no nurses."

Again, this one, however, these are from the Washington Post. But these they haven't verified, but they haven't gone out there.

I do want to say that when you talk to the soldiers, as I did, and here I will quote one of them. He said, "Congresswoman, these people need help." They

did not even criticize the workers in the bureaucracy. Their sense was that they were overwhelmed.

We are talking about an invisible bureaucracy, a bureaucracy, for example, that when you have lost an arm and a leg, maybe both of them, will keep you waiting months before you can find out whether you are going out on disability or whether you are going back in some form or fashion to the Army.

And the gentleman has talked about lost paperwork, computers that don't talk to one another. The life of one soldier can be on 27 different computers. The computers don't talk to one another. Therefore, nobody can talk to the soldier.

I have suggested that we have to go with this in long-term, short-term as well as long-term ways. One short-term way would be every soldier needs his own advocate, so that, while we are fixing it, you never feel you are lost. There is somebody you can always go to.

I would be glad to yield to the gentleman.

Mr. AL GREEN of Texas. If I could, before you yield to the gentleman, let me just say this. We have had another person to join us, and I think it appropriate that we announce the presence of the subcommittee Chair on Oversight and Investigations, and I am confident that he will have much that he is going to share with us.

I just want the Members to know that he is with us tonight, and that would be the Honorable Harry Mitchell, who is from the great State of Arizona. And because he is the Chair of the subcommittee, I feel it my duty to yield to him at this time, after which we will continue. Mr. Chairman.

Mr. MITCHELL. Thank you very much, and I appreciate that.

What has been discussed here are the conditions at these hospitals, other hospitals and the ones that you have mentioned over here; and it is absolutely unacceptable for any official to have had knowledge of the dilapidated conditions at Walter Reed, only to stay silent and do nothing. They must be held accountable.

This Congress went for years without conducting any oversight whatsoever. And the American people sent us here to do a job. The American people sent us here to get to the bottom of this. That means asking the tough questions and leaving no stone unturned to make sure that this never happens again.

The problems at Walter Reed cannot be fixed with new drywall and paint. Inadequate outpatient care and confusing, time-consuming bureaucracy can impact soldiers throughout their entire life. We owe it to our soldiers and veterans to understand how this systemic failure could increase their needs in the future.

One of the things we are finding out is that the problems in the military medical system extend far beyond dilapidated buildings. Too many soldiers are finding an endless stream of red

tape as they try and secure the benefits they have earned in the VA system.

One of the things that you have mentioned, that we are holding hearings on this, and tomorrow we are having a hearing on Walter Reed and how it impacts other veterans' facilities. We are holding these hearings to investigate this problem, and we are going to do something about it.

I think the people are sick and tired of seeing the way that our troops are being treated, and I really welcome this discussion and the discussions we are going to have with these investigations and oversight hearings.

Mr. AL GREEN of Texas. Mr. Chairman, I want to thank you for taking the time to come to the floor. Your leadership is invaluable on this type of concern. We want the country to know that you will be there for our veterans, and we are going to make sure that it is fixed. We have a short-term solution, but we have to also have a long-term vision, and I greatly appreciate your taking the time.

I yield back to the chairman.

Mr. MITCHELL. Can I add one other thing? And I think this is very important.

We just introduced this last week the Dignity for Wounded Warriors Act; and this is to look at the long-term effect, not just of what is happening right now.

The Dignity for Wounded Warriors Act of 2007, we introduced this to ensure that injured soldiers returning from Iraq and Afghanistan receive the care they deserve. It sets the standard of care for our wounded. It sets the standard for military medical facilities, and it cuts through the red tape our wounded and their families have to navigate through.

So we are looking at not just now but, as you said, this is a long term, and I think we are going to address that with this Dignity for Wounded Warriors Act. I am very excited about that, and I think when you see this come to the floor this will have overwhelming support.

Mr. AL GREEN of Texas. I thank the chairman for his vision.

I would now yield to the gentleman from Wisconsin, Mr. KAGEN.

Mr. KAGEN. Thank you very much, and thank you for being there to ask the tough questions.

What I think the American people have to understand is that there has been a positive change and a new direction in this country and in this 110th Congress. You are looking at two new Members of the Class of 2006. It is the class I call America's hope.

□ 2000

It is America's hope that we intend to represent.

But I think everyone watching tonight and everyone in America must really be asking themselves several questions: What are these people's values, and whose side are they on? Things have changed in the 110th. I think you

measure a person's or an administration's values based upon how they spend their money or our money, and this administration was seeking to cut \$3.8 billion from the health care of veterans. They were asking our veterans, who have put their lives on the line, to pay for the benefits they have already owned. Those are not the values of the people I represent in Wisconsin. I am sure they are not Arizona's values either.

And the other question: Whose side are we on? Well, the current administration is choosing to help the politically connected, private, inside contractors, not just in Iraq but here at home at Walter Reed, rather than the wounded who seek the best care possible. This administration, in my view, has chosen to help insurance companies and pharmaceutical companies rather than our hardworking families and the senior citizens that I take care of in Wisconsin who cannot afford their prescription medication. I don't believe the values of this administration reflect those of the American public, and that is why I think I got elected to this Congress, to bring a positive change. What you see at Walter Reed is a symptom of a bigger problem in the White House.

Mr. AL GREEN of Texas. Mr. Speaker, I thank the gentleman for his observations.

And I think that we are very fortunate that your State of Wisconsin has sent you here with the vision that you have. And I believe that you are going to be a very valuable Member of this House. The contributions that you have already made have made a difference, and we thank you for your presence.

I will now yield again to the gentlewoman because I know that, given she is from the District of Columbia and Walter Reed is in her district, that she has some additional points to make.

Ms. NORTON. I appreciate the gentleman's yielding. And I also appreciate hearing the Wounded Soldiers Act. That looks like the thinking on that even predates some of what has been revealed here.

You will notice that the President has appointed a commission. It is a bipartisan commission. It has two chairs that I think everybody would respect, Donna Shalala and former leader Dole. We often have tried to get commissions, and I would applaud the appointment of a commission largely because a commission, as I understand its charge, will look throughout the country and not focus simply on the crown jewel and will look at the bureaucracy and not simply at the peeling walls.

But I want to stress again, these soldiers need relief now, people. If you go into Walter Reed and say, "Don't you worry, this bureaucracy, we are going to fix," I can tell you if you are going to fix a bureaucracy where the computers don't talk to one another, you are going to be fixing that for years to come.

We have got to be able to say, it seems to me, before we go on April 2 to spring break, this we have done. I anticipate you will see some of it in the Defense supplemental. Some of it will be money. Some of it will be language. I say that without even knowing, but I know how concerned the Congress is.

And I really want to bring the ultimate analogy here, and that is to say, remember Vietnam and the Vietnam veteran. How many Vietnam veterans are homeless today, feel the terrible neglect of that war? They were draftees, but the price they have paid. And, of course, these are volunteers, which, by the way, in a real sense means we really owe them because they have stepped forward on their own. But increasingly the Vietnam analogy is used, and that analogy has some validity. The part of it that we must see does not obtain is the part that relates to how the Vietnam veterans were treated. That must be the end of that. We must show with this war that there will never be a Vietnam when it comes to treatment of the wounded and treatment of veterans. And that day begins now. And we don't have a lot of time.

This is March. We have a few weeks before we go out. I think we can do it. We may not pass the supplemental before then, but it does seem to me that we are going to come forward when I hear all of the concern with short-term solutions so that the soldiers at Fort Irwin, at Fort Knox, at Walter Reed and in your respective districts can know that help is not only on the way, it is coming, it is galloping their way.

Mr. AL GREEN of Texas. Absolutely. And such that they can see it immediately, if not sooner, because you really don't need a commission to kill roaches. You really don't need a commission to go over and take care of a mold problem. You don't need a commission to repair doors, to make sure that the water runs and that it is hot. You don't need a commission to do the little things that make a big difference in the life of a patient in a hospital.

So it would seem to me, and I commend the President for appointing the commission, that while commissions have their role, there are things that can be done immediately that they can see such that they will have confidence that the committee is going to do its work because right now there probably is a failure of confidence in what the commission may ultimately conclude because we live in a world where it is not enough for things to be right; they must also look right. And it doesn't look right to have a commission studying a problem when roaches are running across the floor. So we ought to get in there as quickly as possible and allow the people who can do these little things that make a big difference in a person's life, give them the opportunity to make some change, immediate change, that the patient can see.

I think that this infamous building 18 is one that can receive the kind of attention that these soldiers, these veterans,

will appreciate immediately. They shouldn't have to look through walls and see bathtubs above them. They shouldn't have to cope with the conditions of mold that can, in and of itself, become another problem for them. So I am hopeful that we will see some immediate change right away.

And I believe that the chairman is still with us, and I would like to have the chair give his response to what we are talking about with reference to immediate change.

Mr. MITCHELL. Absolutely. And I think that the changes that you mentioned are ones that can be done immediately. But this has been a problem that has been overlooked for so many years. And I believe, because I have heard from other people, that there are other buildings out there besides building 18. That is not the only one. I think this is just symbolic of a health care system that is not only part of the Department of Defense but also I think it probably, and this is what we need to look into, may spill over into veterans' care, the Veterans' Administration. What we need to do is to make sure that there is a seamless transition from those in the military to the Veterans' Administration. That is one of the things that we are looking into now to make sure that all of those tests and all of the applications that people went through and all the paperwork and red tape and bureaucracy they went through when they were at Walter Reed or any other military facility, they don't have to repeat it when they go on to the veterans' hospital. We don't want that to happen.

And it has been estimated that there is going to be over 700,000 veterans of the global war on terror. And when this is over, it is going to flood the VA system. And we have got to make sure that because we take care of these new veterans that we don't forget, as you have said, the older veterans, those from Vietnam, those from Korea, and the few that are still around from World War II and beyond. We have got to make sure that we have the resources available, not only people but money, to take care of the new veterans that are coming on, and we need to plan for that. And I think there has been a real lack of planning for what is going to happen with the huge number of soldiers that are coming here.

Recently it was reported that, in World War II, for every soldier that was killed, there were two wounded. Today, and I think this is important, when we try to measure what is going on in Iraq and we talk about the number of fatalities, for every fatality, there are 16 that are wounded.

□ 2010

This is going to put an extreme pressure on the military medical facility as well as the veterans. That is what we have got to be prepared for, and that is what we have to be looking for in terms of the future.

Mr. AL GREEN of Texas. Mr. Speaker, I know each speaker will have some

closing comments to make. If I may, I will start with the medical doctor, the first-term Congressperson who has already made a difference by being here and who has shared an infinite amount of intelligence with us.

I yield to the gentleman to please give closing comments so we can hear from the other speakers as well.

MR. KAGEN. Mr. Speaker, during the past 12 years, our opposition party, during their power, during their control of Congress and our budget, the veterans budget for the VA health care system fell by 12.5 percent on a per person basis. This is at a time when they took us to war based on lies and deception, based ultimately on poor judgment, based on a time when there will be 263,000 of our Guardsmen and Army Reserve coming home and needing the care that they need.

This is not the time to reduce the veterans health care budget. This is a time for Democrats and Republicans across the aisle to work in a bipartisan way, to come together and move up our performance, not to deny that it exists at all.

This thing again from Walter Reed was a terrible, terrible blot on what otherwise would be a tremendous health care system, the veterans health care system.

Mr. AL GREEN of Texas. Mr. Speaker, we will hear from our chairman at this time.

Mr. MITCHELL. Mr. Speaker, just one last thing. We looked at the conditions, the physical conditions of these facilities that have brought this to light. Maybe it is good that these problems are coming to light, so we can take a look at not only the military facilities, but also the veterans facilities.

But I think what we found is that the problems in the military medical system, and probably the veterans as well, go far beyond dilapidated facilities, and I think you are going to find as you talk to these soldiers and their families that one of the things that is important is that the endless stream of red tape and trying to secure benefits, this has been a strain, not only on these individual soldiers, but the whole family.

So one of the things we are looking at, and I think that is so important with the Dignity for Wounded Warriors Act, is we are not only taking a look at the standard of care and the medical facilities themselves, but also how important it is to look at the red tape.

Mr. AL GREEN of Texas. Mr. Speaker, I yield to the gentlelady from the District of Columbia, who has been a real fighter for veterans in this Congress.

Ms. NORTON. Mr. Speaker, I thank the gentleman for yielding, and let me thank him for his leadership on what I think has been a very informative special hour about our veterans.

Just to pick up on what my two colleagues have said, the chairman stresses that we are talking about veterans as well as military matters. The

best example at the hearings was the decision that the poor soldier has to make about whether to take his veterans benefits or his DOD benefits and how difficult that decision is, and how some of them are just driven crazy about how you arrive at that decision, since the amounts can be very different, the kind of decision where you need somebody holding your hand all the time.

My colleague talked about poor judgment from the beginning when we went to the invasion and now when we see soldiers coming back home. I indicated earlier that a colossal example of poor judgment was closing the premier military hospital in the middle of a war.

If I could just quote in closing from Vice Chair Cody, who testified before us at the Oversight and Reform Committee hearing: "You are trying to get the best people to come here to work, and they know in 3 years that this place will close down and they are not sure whether they will be afforded the opportunity to move to the new Walter Reed National Military Center. That causes some issues."

Well, as I have said, we are not going to give \$3 billion for bricks and mortar in the middle of a war anyway, so that is why I am introducing a bill tomorrow just to send the signal that we are not going to close this hospital.

Mr. AL GREEN of Texas. Mr. Speaker, I thank the gentlelady for her vision as well.

Let me close by saying this to my colleagues and friends: we are not talking about what we call a Third World country when we talk about Walter Reed and the facilities. We are talking about the richest country in the world, a country where we can spend \$177 million per day on the war, and that was prior to January of this year. Now we spend over \$200 million, not per year, not per month, not per week, but per day on the war. A country where one out of every 110 persons is a millionaire.

In this, the richest country in the world, where our soldiers and our veterans have made it possible for us to have these riches, these liberties, I think that we have to provide better services for them before, during, and after any injury that they may receive.

So I am honored that we had the time tonight. I want to thank the Speaker for allowing us to have this time tonight.

Mr. CONYERS. Mr. Speaker, I want to thank Congressmen AL GREEN and FRANK PALLONE for arranging this Special Order hour. Today I rise to register my concern about the conditions at Walter Reed Army Medical Center and to show my support and dedication to increasing the quality of health care services, for our veterans as well as our men and women in uniform.

The Nation has been horrified by the Washington Post's recent reports of the appalling conditions at Walter Reed Army Medical Center. Thanks to the diligent investigative reporting of Dana Priest and Anne Hull, we now know that our soldiers recovering in outpatient

units are being forced to confront cockroaches, mice droppings and toxic black mold as they heal. Even worse, many become lost in an uncaring military bureaucracy that subjects them to long waits just to get their most basic needs addressed.

The administration is now scrambling to control the damage from this scathing exposé of its neglect of our wounded warriors. Almost as distressing as the conditions at Walter Reed is the fact that it took a report from the Washington Post to get the administration to address this unacceptable situation. We now know that our wounded warriors have been complaining about these problems for years, not just at Walter Reed but at military hospitals and outpatient facilities across the country. Their pleas, however, seem to have fallen on deaf ears. We owe a debt of gratitude to the reporters and editors at the Washington Post for uncovering this abominable situation and forcing this administration to act.

Time and again, when those of us who oppose America's involvement in Iraq stand up and question why our brave men and women in uniform must fight and die in a war of choice, we are accused of "not supporting the troops." But, Madam Speaker, supporting the troops is about more than lip service. The hypocrisy and irony of the situation at Walter Reed is scandalous and immoral. The same administration that hides behind the troops to avoid changing its policy in Iraq is guilty of abandoning the very men and women who must make the sacrifices required to carry out this failed policy.

The sheer audacity of the administration's rhetoric in comparison with its actions is staggering. The administration trumpets its support for the troops but then, in the next moment, sends them into battle without the proper training and equipment. The administration says it supports the troops, but then falls short in providing them with a safe environment to heal the wounds they received while fighting so valiantly and selflessly for our country.

Thousands of our brave men and women serving the administration's failed policy in Iraq have paid a heavy price. Since March of 2003, 23,677 service members have been wounded in Iraq. Our military and VA health care systems are in crisis, apparently unprepared for the influx of casualties that war unavoidably creates. These health systems have been overwhelmed by troops returning from battle seeking health care and, in many instances, are unable to provide these men and women with the services they so desperately need. It is estimated that in the coming years over 700,000 veterans from the wars in Iraq and Afghanistan will enter the military and veterans health care system. Yet, because of Republican budget cuts, many of our brave soldiers are returning home with mental health ailments to discover that they will receive a third fewer psychiatric visits than they would have just 10 years ago.

The number of soldiers navigating the bureaucracy of Walter Reed since 2001 has nearly doubled, yet the administration continues to move forward with the planned closing of the hospital. The president's budget continues to shortchange veterans' health care, providing an increase in fiscal year 2008 but then cutting the budget in fiscal years 2009 and 2010 to below the 2008 level and freezing the funding level thereafter. The administration's lack of planning for the war

seems to include a total disregard for the service members who are returning home bearing the scars of the conflict.

Mr. Speaker, our soldiers have done their duty. Now we must truly support them, not by blindly continuing a failed policy, but by getting them out of harm's way. We will continue to insist that our service members receive the health care they deserve. We will continue to hold oversight hearings about the conditions faced by our wounded service members and veterans at Walter Reed as well as at other military and veterans health facilities across the country. But the best way to support these brave young men and women is to begin a fully-funded withdrawal. Let's really support our troops by giving them the equipment and supplies they need to get out of Iraq safely in the next 6 months.

#### GENERAL LEAVE

Mr. AL GREEN of Texas. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of my Special Order earlier tonight.

The SPEAKER pro tempore (Mr. BOREN). Is there objection to the request of the gentleman from Texas?

There was no objection.

#### CONGRESSIONAL IMMIGRATION CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from California (Mr. BILBRAY) is recognized for 60 minutes.

Mr. BILBRAY. Mr. Speaker, welcome to the chair. I hope you enjoy your duration up there, as many years ago, it must have been 1995, I had the privilege of my first time in the chair. I hope you enjoy it as much, and I hope everybody at home is watching you in your day of glory.

Mr. Speaker, I yield to the gentleman from Iowa.

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman from California for yielding.

I feel compelled to respond to many of the remarks that have been made here on the floor about the condition of the health care treatment for our veterans. I won't deny that there were unacceptable conditions in Building 18. I don't believe there has been any empirical data or quantifiable information that says it has gone beyond some of the rooms within Building 18.

But I know when I go out to Walter Reed and when I go to Bethesda and when I go to Landstuhl and I look those people in the eye that are there every day with compassion fatigue that are giving their heart and soul and everything they have for the health care interests of our brave soldiers who have been wounded defending our freedom, a lot of that freedom and a lot of that mission have been opposed by the people on this side of the aisle, there is a strong commitment in all of those