

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

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

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(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

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

□ 1930

#### CONDITIONS AT WALTER REED ARMY MEDICAL CENTER

The SPEAKER pro tempore (Mrs. CAPPS). Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. CARTER) is recognized for 60 minutes as the designee of the minority leader.

Mr. CARTER. Madam Speaker, I want to rise today before this House to talk about something that weighs on the conscience of every Member in this House, a news story that broke very recently that has upset us all, the conditions at Walter Reed Hospital. Many Members of Congress have gone out there and looked at these conditions, and we are shocked by them.

Every Member that I have spoken to is as concerned as I am. I am particularly concerned because I am from a district that I would argue has probably put more fighters in this war than any district in America, having Fort Hood, Texas, a two division post, the only two division post in the Army in my district. The 4th Infantry Division and the 1st Cavalry Division, along with the 3rd Corps, have deployed now to Iraq on three separate occasions each. The 3rd Corps and the 1st Cavalry are over there right now as we speak and the 4th Infantry Division is gearing back up to go back.

Our soldiers have given a lot of their blood, sweat and tears to this war. They believe in their mission and they go to their mission as heroes, as far as I am concerned. And to learn that someone, whoever they may be, from whatever post in America or around the world, would have substandard conditions at what is supposed to be one of the two or three premier medical facilities for our Army in the country, shocks me and concerns me.

I would think it concerns every Member of this Congress, whether they are for this war or whether they are

against it. But for me in particular, having 50,000 soldiers that depend on me and other Members of this Congress to make sure that we have an adequate facility that gives the absolute best medical care that we can give, that we have that, is important. It is very important. It is actually lifesavingly critical.

Now, first, to get the right picture, I have been to Walter Reed. I have been there on multiple occasions. I have visited one patient as he cycled through there a 9-month period of time, maybe even longer than that.

I will tell you that the emergency care, the intensive care that was given in that unit, I can't say enough good about the doctors, the nurses, the orderlies and everyone who was doing the work there. I think that they gave outstanding service, the kind of service we would expect for our soldiers.

The trauma medicine that is developing and has developed in the military today, from a medical standpoint, and I am no doctor, but I have sat in a courtroom and heard an awful lot of medical testimony, the trauma treatment that we have for our soldiers today is, quite frankly, state-of-the-art in what they can do to save lives, and we, by the procedures we have set up for our soldiers, are saving a lot of lives.

But then we learn that people who are there as holdovers, who are at the recovery side of their phase through Walter Reed, are being housed in substandard housing, where there were rodents and infestations of insects, where there was black mold, which I happen to have personal firsthand experience with, having been moved out of my house for a little over a year because of stachybotrys, black mold, and having had my house totally wrecked to get that stuff out of it. I am very familiar with the health hazards that are claimed for that mold.

To know that soldiers who have given their hard work and suffered an injury of some sort on our behalf are being required to stay in substandard housing such as that, or substandard facilities such as that, it is appalling. Quite frankly, if it turns out that is what the black mold was that they found there, that has health implications that affects the breathing of every human being, and it is very critical that we be concerned with that.

So this is an issue where the light of day needs to shine on it, and we need to talk about it. I hope some of my colleagues will join us later here so we can discuss this matter, because I think it is important. I think it is important, and the American people expect, as I expect, that we will give the best quality health care from beginning to end for every soldier and veteran in the United States.

It is Congress' responsibility to ensure that these medical facilities are providing the best possible care. The buck stops here. We have that responsibility.

I think overall we are very proud of the medical care that is provided for our soldiers. But we can only hope to expend much more time and, if necessary, much more resources to make sure that what is going on at Walter Reed is corrected and that we look to see if there is anything we need to do at every hospital in America.

I want to applaud the Army for getting on this deal right away. They have dispatched officials to inspect the quality of care at 11 hospitals, and they are doing that this week and next. Of course, the President immediately acted and appointed Bob Dole and Donna Shalala to head a bipartisan commission to look into the solution to this problem. I think that is commendable, and I think that clearly shows how much the President and the White House care, as we care, about the health care of our soldiers.

Because I have a major hospital in my district, at Fort Hood, I went this weekend out to Carl Darnall Army Medical Center in my district. This wasn't my first trip there. I have been there on numerous occasions. This hospital serves approximately 50,000 active duty soldiers and airmen, approximately 56,000 family members, and over 40,000 retirees and surviving annuitants. This hospital, quite frankly, we have been working very diligently and we are very hopeful that we will expand Darnall so that it can be bigger and better.

I was not concerned from what I had seen on multiple visits in the past that we would find problems at Darnall. But it seemed like to me that in light of the fact that we had this issue at Walter Reed, which by my visits to the intensive care unit at Walter Reed, I certainly did not see these conditions that are being described at Walter Reed, that I should make sure to talk to the folks, to go look at the hospital, to look at where we are housing our medical holdovers, and just see exactly what is going on at Darnall, too.

I am happy to report, Madam Speaker, quite frankly, I was very impressed. In fact, I went into the rooms where some of our holdover medical folks were. Most of them were Guardsmen. They are living in dormitory-like rooms, dormitory barrack rooms, two to a room, occasionally one to a room, the kind of room I checked my boys into when I checked them into Texas Tech University to go to college. They were the kind of room you would put your child in, you would be happy to put your teenager or young adult child in while they were going to school; clean, well-established, well-furnished, kitchenette-type rooms.

I visited some of the soldiers and asked them how things were working, were things working well there at Darnall. They were pleased. I went into more than one room and dropped in to visit with these folks.

I want to say in defense of the people in the Army Medical Corps, these folks do care about our soldiers. I don't

know what fell through the cracks out there at Walter Reed, and I am sure we are going to find out about that, but overall I cannot impress upon this body how much we have to respect these doctors and nurses and the time they are giving, because these folks are being deployed as well as serving our soldiers here. Many of them are being deployed to the two theaters of war today, working in theater hospitals that are part of the lifesaving process that we provide for soldiers today.

It is a tragedy when we talk about the number of soldiers that we have lost and airmen and, of course, Marines and sailors. It is a tragedy when we lose one, and it breaks the heart of every American to lose any soldier. But as we look at what the medical community has been able to accomplish in this war over previous wars, we have kept fatalities down because of doctors and nurses and administrators and the plans they have to get our soldiers to the doctor, to get help quickly.

The key is if they can get them off the battlefield and to a professional in 12 minutes, the vast majority of the time, no matter how serious the wound, we are able to save their lives. That is a track record that we don't have from previous wars. But it has been done by a combination of utilizing our medical facilities that all the branches of the service are involved in, and I have an example from back home that I will talk about sometime today to show how that works.

Also while I was there, I went and visited the Olin E. Teague Veterans Center in Temple, and I will tell you, you think about what you have heard about veterans hospitals in the past. Well, I am telling you, everything you have heard, you need to go visit Olin E. Teague Hospital in Temple, Texas. I promise you, you will be impressed with the quality of health care and the quality of that facility, which houses everything from our old soldiers in nursing care to intermediate holding care to hospital care for our veterans. I am telling you, it is state-of-the-art, first-class medical care that they are providing there.

Their new center, where they have about 400 men and women, it is better than what I live in here in Washington. It is a nice place. It looks like we have got a bunch of really happy veterans in that center. They have a lot of amenities. It is gloriously beautiful. I commend the foresight of those who preceded me to build that hospital up to the quality it is, and I feel very confident any inspections that take place there or at Darnall are going to come back with a very good report card.

But that doesn't get us away from the issue we have been talking about, the Walter Reed issue. These dedicated professionals can do just so much, and I will tell you when the Army was called upon to respond I think they responded very quickly.

I see I have been joined by my friend ROBIN HAYES.

I yield to ROBIN HAYES.

Mr. HAYES. Congressman CARTER, thank you very much for holding this Special Order tonight. I think it is critically important that people be fully informed as to the quality of medical care that is being administered to our troops.

You are a true champion for Fort Hood down in Texas. The epicenter of the universe for me is Fort Bragg in Fayetteville, North Carolina. You and I both spend a tremendous amount of time on this. Nothing is more important to you and I and our staffs and other Members of Congress than the health of every active duty, former, or soon-to-be-retired veteran. Anybody that is connected to the military, there is nothing that we will not do to make sure that their care is the absolute ultimate.

You and I both have seen, as has Congressman POE and others, there have been some revelations at Walter Reed Army Hospital. There have also been two instances at the VA hospital in Salisbury, in my district, where the care was not what you and I would have liked. Medicine is an art as well as a science. You and I and the rest of Congress are committed to making sure that those situations don't ever happen.

But I think far more important, particularly in this debate, is the American public see here and realize fully that when you and I travel to Landstuhl, Germany, or Fort Bragg or the Hefner Medical Center or the Brooke Army Medical Center in Texas, the care that these men and women receive from incredibly dedicated, well-trained and committed individuals have saved so many lives on the battlefield.

□ 1945

These are the pilots who have flown the medical evacuations in helicopters and C-17 and other aircraft, racing the medical clock back to the U.S., Walter Reed, where incredible medical miracles have been performed, not just because of the advancement of science, but the dedication of the men and women who administer the care.

As we talk about this, it is appropriate and necessary that we look under every nook and cranny. And if any Building 18 situation arises, whether it is Walter Reed, Fort Hood, Fort Bragg, whatever the case may be, we want to know about it. We have many Members and staff members who follow this closely. We will move as quickly as we possibly can. We try to stay in front of these situations.

General Kiley has resigned. I called for his resignation. You hate to do those kinds of things, but the appropriate people need to take action. Action has been taken. People are aware at different levels that maybe weren't as aware as they should have been before. But at the end of the process, and thank you for bringing this to everyone's attention in a concise and I think

important manner, the men and women as we speak around the clock and around the world are doing everything they can, not only to treat our wounded on the battlefield, but to provide preventive care for their wives, children and their parents. Everything that can be done, obviously, is not done every day; but it is not because the desire is not there.

When I look at Womack Army Medical Hospital at Fort Bragg, they receive tremendous care. I was recently down there with ADAM SMITH who is now chairman of the TUTC, which stands for Terrorism, Unconventional Threats and Contingencies, to us Special Forces, and he and I toured the medical training facilities where combat medics are trained to respond to battlefield situations. Let me tell you, these men and women have done incredible things.

As we move forward, and well we must, you and I and everyone here are going to do everything possible to make sure that care exceeds everyone's expectation. Nothing is more important to this country. They are responsible for the past; they are responsible for the future. Thank God for the men and women in uniform. We will do everything we can to support them. Again, I thank you very much for having this Special Order tonight.

Mr. CARTER. I thank my colleague from North Carolina, ROBIN HAYES, a true friend of the American soldier. He proves it by his actions as well as his words, and I thank you on behalf of our soldiers.

Now I yield to my colleague from Texas, one of my former judge colleagues, Judge POE.

Mr. POE. Thank you, Judge CARTER. Thank you for an opportunity to make some comments on this important issue.

It has taken less than a week for the American public and this Congress to find out what was taking place at Walter Reed Hospital. It is one of the premier hospitals in the world for treating the injured. But yet there were some problems and those problems, rather than being overlooked, are being dealt with, and that is very, very good.

A couple of observations that I would like to make about this whole episode. As you mentioned, Judge CARTER, American troops if they are found after an injury within a few minutes, the likelihood of their survival is in the 90 percent range. That is a tremendous percentage of recovery for these individuals to live if they are wounded. And they live from wounds that just years ago, even back in Vietnam days, they would have died from. But because of medical science, expanding as it has, they will recover from those wounds, although they will have, many of them, lifetime recovery periods. And that is where we must make sure that we take care of our military, that the recovery for many of these individuals is going to be a long, long time. Sometimes the rest of their lives.

An observation I would like to make about this situation at Walter Reed is that the American public expects us to take care of our soldiers. I think this is good. I think it is good that the American public is upset about the fact that some of our troops are not being taken care of the way they should be because our people in this Nation, regardless of how they feel about Iraq or Afghanistan, the issue of taking care of the wounded is not a political issue. It is an American issue, and Americans expect the best care for our troops. And that is important that the American public support our military in the recovery process.

To try to illustrate how the American public supports our wounded warriors, I had the opportunity to go to Landstuhl Military Base in Germany where wounded Americans come from Afghanistan and Iraq, many of them with severe injuries, and they are treated there before they are even brought back to the United States because of the critical care facilities they have at Landstuhl.

And when I found out I was going to be able to go over for this short trip with about 3 days' notice, I notified my two district directors in Texas to see if we could get some kids from local schools to make some cards to take over and give to the wounded. They met me at the airport with two suitcases full of handmade cards from third, fourth, and fifth graders of the Second Congressional District of Texas, and a little over 6,000 cards. I checked one of the suitcases. The smaller one I took on the plane with me, and I started reading them as I was flying over. The person next to me wanted to know what I was doing and I told him. And so he wanted to see them. He started reading the cards. Next thing I knew, the whole plane was reading. The cards were going up and down the aisle, and there were a few tears in the background.

But the point being that the American public supports our military, supports our military even when they are wounded, and cares a great deal about them, to the tune of 6,000 handmade cards from a bunch of kids in Texas. Of course the troops were very grateful for those cards. But it is a sign and observation that the American public will always support our troops when they are wounded and expect us in the Congress to make sure they have the care that they deserve.

The President acted very decisively and quickly, and I congratulate him for that because when things go bad at a hospital like it did at Walter Reed, the person in charge of the hospital needs to be removed. They need to get somebody over there that will take care of business and make sure that we don't have problems with our military.

How we treat our warriors in aftercare really defines us as who we are as a Nation.

One other comment I would like to make is it goes back to something that

is tradition with our United States military, has been for a long time through many wars. The American fighting man always has the role, the obligation, the duty to never leave anyone behind on the battlefield. People in other cultures do not understand why Americans are so relentless in making sure we take care of not only our wounded but those that have fallen on the battlefield. They don't understand why we do that. We do that because we are Americans.

One way that we leave no one behind is to make sure we don't leave them behind in the hospitals, we don't leave them behind in aftercare. We take care of them for as long as necessary, and if it means taking care of them the rest of their lives, so be it, because that is what we do in this country: we leave no one behind.

So I commend you, Judge Carter, for this Special Order and bringing awareness of this whole plight of hospital care and the care of our warriors to the American public.

Mr. CARTER. I am very fortunate, Madam Speaker, to have DUNCAN HUNTER, somebody if you asked people in this Congress who is a friend of the soldier, the first word of their mouth will always be DUNCAN HUNTER. He is the ranking member of the Armed Services Committee. He is a hero for American soldiers because he never forgets the needs of the soldier, both on the battlefield and in the hospital and as a veteran. I am honored to have DUNCAN HUNTER join us.

Mr. HUNTER. I thank my friend for yielding, and with that kind of introduction, I will just shut up and sit down. I thank him for that very kind introduction.

I just got back from Iraq with Congressmen DAN BOREN and KEN CALVERT and RANDY NEUGEBAUER. We were at Landstuhl Hospital in Germany, which is the first place where our wounded soldiers and marines are taken after they have been wounded on the battlefields of Afghanistan and Iraq. They are stabilized and treated there, and then they are flown back to Walter Reed and Bethesda.

We went over the new technologies that are being utilized right now and the new focus being put on our wounded soldiers. Let me tell you, that operation is first class.

One thing, and the gentleman talked about Walter Reed and I thought it might be appropriate to bring up an issue that all Members of this body can participate in and help in, and it is this: last year I started in San Diego in Balboa Hospital, which is where a lot of our wounded marines are, and in Walter Reed. We started these forums for getting jobs for our guys and ladies who have gone through their therapy, they are being separated from the service, they have been wounded and they are going to go back into the private sector.

So one thing that I thought we would do out in Balboa, and we did one of

them here at Walter Reed, was to bring in people from industry and introduce them to our wounded soldiers and marines and try to help get them jobs. Hopefully, a young marine would stand up and say I am a generator mechanic from such and such a town in Vermont or Maine or California or Iowa, and we would be able to match them up with a company that might need such a talent in their company.

So we started doing that, and the first session I had was in the dayroom in Balboa Hospital in San Diego, and we actually had CEOs from major corporations in the dayroom and the marines all came in and told us what they did and introduced themselves, and we immediately had a number of people hired right there at that point in time.

Well, I got back, and the Armed Services staff told me you may be breaking the law.

I said, What are you talking about?

They said, We have talked to the ethics lawyers on the Hill and there may be a question if a Member of Congress tries to help somebody get a job with private industry. There is the implication that reciprocal treatment will be required at some point: you are getting a favor and you will give a favor back.

I said, What can we do?

They said, You need legislation that will end up with the Ethics Committee and House Administration Committee expressly permitting Members of Congress to help get jobs for our wounded soldiers and marines.

So last year, a month or two before we broke, we passed a resolution in the full House urging the Ethics Committee and the House Administration Committee to give us express permission to get jobs for our wounded folks. Every Member of the House can help us on this. I know that VIC SNYDER who heads up the Personnel Subcommittee on the great Armed Services Committee and JOHN McHUGH are very much supportive of this.

Hopefully, we will get this recommendation up before the Ethics Committee and the House Administration Committee. At that point I can see this entire House of Representatives doing great work because you can take a young man or woman from a town in America who has had an injury and gone through rehab and is looking to go into the private sector. A lot are staying with the service, but the ones that aren't staying with the service, we could call up the Congressman from that particular district that young person is going back to and find out if there is a company that needs that generator mechanic or that young man or woman who is interested in law enforcement or some other profession.

□ 2200

So I think there is a lot of opportunities here and I look forward to working with you and with the great gentleman from North Carolina (Mr. HAYES) and all of our colleagues to try to put this together.

Mr. CARTER. That is a great idea, wonderful idea. We introduced a bill last session, we are going to put it back in this session, that is going to encourage employers to hire the spouses of our soldiers. We give a tax break to employers who hire ex-cons. We ought to give a tax break to employers who hire the spouses of soldiers who have gone to war for us because that is the kind of caring we have got to do, caring about what happens to them when they get back but caring about the worries they carry as they go to battle. That is very popular among employers who are interested in doing that.

There are so many things, and what a great idea you have got, a job fair-type, national job fair promoted by the Congress for our wounded soldiers. That is a great idea.

Mr. HUNTER. If the gentleman will yield further, nobody knows the companies and the businesses in their district better than a Member of Congress, and so I think if we can just pass this little provision in the Ethics Committee that will allow us to do it, we will be able to call up a Member of Congress from whatever district the young man or young woman has a residence in, find out what particular companies have disciplines in the area of occupation that this person specializes in. I think we can marry them up and get some jobs pretty quick.

Mr. HAYES. If the gentleman will yield, you just returned from Iraq, literally landed moments ago. You visited Landstuhl. You were downtown in Fallujah and Ramadi. You were in Landstuhl this time, and you have been there before. I just realized that our Speaker tonight, the gentlewoman from California (Mrs. CAPPS), is a wonderful medical professional in another life. So it points out again and again that care and desire to do the right thing medically, absolutely knows no boundaries here.

I remember being in Landstuhl on another trip with Speaker NANCY PELOSI, and she was particularly intrigued by the facilities for premature babies there. So our wounded soldiers are critically important, their families, their children.

You spoke of Dr. Snyder, a Democrat from Arkansas, a doctor from Arkansas. Again, my purpose is to reassure people at home, no, we are not perfect, and yes, it was a serious, serious issue at Walter Reed and there are others, but we are willing, able and anxious and ready to deal with those issues.

Could you relate some of things you saw in your most recent visit to Landstuhl, which was this morning?

Mr. HUNTER. Absolutely. The one thing that we have learned is that when people get concussions, there may be a lasting effect on those concussions, and we talked to several concussion specialists who now are focusing on Landstuhl and when the young people come back, especially when they have been attacked by IEDs, by

weapons systems that have a blast effect, to have a new focus on the after effects of having concussions, and so that is something that is being done right now.

Typically, in the old days, it was done, of course, in sports medicine, for example, guys that were boxers or played football and took numerous hits, and the effect of numerous concussions was studied and was followed.

What we are focusing on here is, you have been in an IED attack or you have had a mortar attack that is close and that gives a concussive effect, it is important to monitor that individual for an extended period of time, not just figure, okay, he was knocked out or she was knocked out, but now they are fine. Monitor them for a period of time. So we have a new focus there in Landstuhl and that focus, it was important to Mr. NEUGEBAUER especially, and DAN BOREN and Mr. CALVERT, who were on the trip with me, were all very interested in making sure that the information that is derived from observation of a patient who newly comes in, comes in and is stabilized there, that then is sent to Walter Reed and to Bethesda so there can be follow-up work so that we can treat the entire patient, and maybe that patient has a fragment wound, making sure that you take care of that, but at the same time make sure that we monitor the effects of concussions, which can in some cases have a lasting effect.

So it is just one example of new focuses and new technologies that are being placed on our wounded soldiers, and the folks there do a great job.

To go to Walter Reed for a minute and this problem we have with the outpatient, the inpatient care is good at Walter Reed. In fact, I was with a wounded Marine and a wounded soldier and it was either the same day or day or two before the story in the Washington Post broke. We have great inpatient capability there. What we have got to have is we have got to have what I would call a family friendly system that is consumer friendly and consumer easy, so that that 22-year-old wife of a Marine corporal, who is undergoing therapy there at Walter Reed and doing rehab there, so that it is easy to walk through the bureaucracy.

So we build these bureaucracies. We inadvertently build them, like the one we built up that says now you cannot get a job for a wounded person or you are violating an ethics rule. We get sometimes so twisted and tied up in this multiplicity of rules that we end up losing sight of the real goals of what we are here for.

So I think we need to make this a consumer friendly system for a person who has got a lot of things on their mind and maybe has some kids back home and they are coming several hundred miles to get rehab treatment or therapy can easily and quickly walk through the system without having to go through a phonebook thick of regulations and sign a million dotted lines.

That is something we can do, one-stop shopping that is easy and simple. That is not bad to have throughout the Federal bureaucracy, but especially when you have military families that have a lot of problems and a lot of things on their mind, we need to have a customer friendly system. That is what we need to develop.

Mr. HAYES. If the gentleman would yield for just a moment, if I might.

Mr. CARTER. All right.

Mr. HAYES. We have got a good doctor from Texas, Dr. BURGESS, going to join the discussion, and excuse us for overlooking you. You are the most qualified to be here. Duncan and I, I think have been accused of being hit in the head too many times before, but the point is on traumatic brain injury, this is something that has been very, very important.

Tomorrow, the private sector, which has been very, very active, Martin Foil from my district, Traumatic Brain Injury Foundation will be here in the foyer of the Rayburn House Office Building, again to help further educate Members on the multiplicity of the implications and complications of brain injury, and all of us here have worked very, very hard for additional funding to do just that.

Mr. CARTER. I am going to yield to the good doctor, to my colleague from Texas (Mr. BURGESS), and one of those fine medical professionals that we have been talking about that serve here in the United States Congress.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for yielding. I thank him for convening this hour this evening. I think it was extremely important, extremely timely that we have this discussion on the House floor, and I am especially glad that we have been joined by such prestigious members on the House Armed Services Committee because I think their words certainly add much more than what I would be able to bring to the subject.

I will just have to say I went to Walter Reed this afternoon, asked to go last week, because I thought it was important as one of the medical professionals in Congress that I go out and just look and see is there anything that causes me grief, that causes me concern. I will have to say I was not upset about the things that I expected to be upset about, and I was upset about things that never would have occurred to me to be upset about, and let me elucidate that a little bit if I can.

Of course I read the stories in the newspapers last week, and I expected to be upset about the physical condition of the building, and the building in question, Building 18, which is just across the street from the Commanding General's residence at the Walter Reed Medical Garrison there in Northeast Washington.

Indeed, the building is not the nicest of buildings in Washington, D.C., and I am sure there has been some attention to some of the problems that had already been rendered to the building in

the week between the time the story broke and the time that I got out there, but in general, if you stop and think about what this housing was designed to do, it was obviously to provide a place for soldiers to stay while their medical conditions were evaluated, but while they decided do they stay in the military, do they get out, if they are able to undergo the physical processes for rehabilitation or allowed to stay in the military, how much time is going to be required. This location, Building 18, being outside the medical garrison of Walter Reed Hospital, had some appeal because it was outside the garrison, and as a consequence there was perhaps a little more freedom, a little more freedom of movement. There is a parking garage underneath it, not quite the same level of restriction that you have within the medical garrison itself.

So the actual physical condition of the building, again, I am sure it had received some attention between the time the story broke and I got out there, was less distressing to me than some of the things that I heard that our wounded soldiers have to go through.

I snapped a picture while I was out there. The gentleman talked about the massive amounts of regulation and red tape. Here is a gentleman going through his medical records. I do not think this picture does it justice, but this is about the size of the Dallas phonebook that he has got in front of him. These are his medical records he has got spread out on the table, and he is trying to put them in some semblance of order so he can make his case for the time he gets out of the military to assess his degree of disability if he were to wish to stay in, to be able to make the argument that he would be able to stay in the military.

But an individual such as this, and this individual, in fact, was part of the Medical corps, you can see on his shoulder patch there. So he had some knowledge of the types of record he was reviewing on his own behalf. Just imagine someone without any medical expertise having to go through these numbers of records, and then what if it all gets lost, which unfortunately happens.

Twenty-four hours total time that he spent in assembling these records, and unfortunately, he told me, it is not an infrequent occurrence, it is not just that a soldier's appointment would be canceled, that they expected for a few weeks time. It is not just that the ride to the hospital did not materialize, but this amount of work going into essentially what will define his future could be misplaced, and in this day and age, when we talk about the computerization of medical records, we talk about the VA system being on an electronic medical records system, there is no way right now for these medical records generated by the Department of Defense to talk to the medical records in the VA system.

So it is a lot of work that we ask these folks to go through on their own behalf, and unfortunately, it can occur that after putting all those hours in this record ends up on the wrong place on someone's desk, and when the time comes to retrieve it, it cannot be found.

That was a one of the things, again, I never expected to see today when I went to the hospital but certainly caught my attention when I visited.

I would stress, and just like the chairman, just like my friend from Texas, I too have been to Landstuhl Hospital in Germany, spent a good deal of time on two separate occasions at the field hospital in Balad, Iraq, and spent some time at the Ebosina Hospital in downtown Baghdad last summer. In fact, that is the hospital where the famed Baghdad ER show was taped, and I would have to say through all of that exposure to the medical care available to our soldiers in the field, the so-called down range exposure, their medical care is top notch.

I had an emergency room physician, an orthopedist in Balad, Iraq, tell me he had medicines and treatments at his disposal out in the field that he would never have had available to him in downtown Cincinnati. It is that training, that expertise that he gains dealing with those new treatments and those new therapies that will then make him a better physician, and he acknowledged this. I will be a better doctor when I go back to take care of the civilians in Cincinnati, Ohio, than I was before I left because of my experience here in Balad.

I have heard other people refer to it, but certainly we have many, many dedicated men and women in the medical staff, the nursing staff at Walter Reed Hospital and our other fine military hospitals, and it does pain me somewhat to think that these individuals are also reading these stories. They go to work every day to do their best work. They go to work every day to take care of the genuine American hero, and then they hear their efforts and their professions demeaned in the press.

I know how disheartening that can be and I would say to those individuals working in the Medical corps in our military hospitals and the Nursing corps in our military hospitals, God bless you. Thank you for what you do because individuals like this who, in another time and another place, might not have had such a happy outcome, he, in fact, is looking forward to a return to civilian life and being quite productive thanks to the expert care that he received at Walter Reed Hospital.

□ 2015

One thing that I do want to bring up because it is terribly important, the Wounded Warrior Transition Brigade, which was just announced last week and has been formed this week. Major General Eric Schoomaker, who is the

new command at Walter Reed Hospital, this establishes essentially a patient advocate in uniform, patient advocacy within a military context.

This is one of the things, when we hear about the failures of leadership that resulted in some of the problems that have surfaced at Walter Reed Hospital, this was the type of leadership that was lacking. So these small brigades, which will now be composed of one leader with 17 men or women under his command in those units who are awaiting a medical decision on their military future, certainly tightening up that ratio between leader and the number of men and women in the cohort will significantly improve things, I think, as far as the advocacy for our heroes.

So the gentleman from Texas was very kind to call me down and let me participate in this. I thank you very much for your leadership on this. It is extremely timely and extremely important.

Mr. CARTER. I thank my colleague from Texas for his comments and his expertise as a doctor. He is invaluable to this House, and we are very, very proud to have him as a Member of this House. I am proud to have him as a friend.

Does the gentleman from North Carolina wish to be recognized?

Mr. HAYES. Congressman CARTER, after listening to Dr. BURGESS, I just had a couple of more things I wanted to relate because they were so important.

Mr. CARTER. Take all the time you need.

Mr. HAYES. I was telling former Chairman HUNTER, Ranking Member HUNTER now, that when he and RANDY NEUGEBAUER return, we have our Congressional Prayer Caucus that meets every Monday or Tuesday night, just at the beginning of votes, and three young men who were just wounded and brought back from Iraq, we were able to pray for them and will contact their families tonight.

Prayer still goes on here in the Halls of Congress, as you well know. We will meet on Wednesday morning. There are a number of organizations, Semper Fi Fund, Fallen Heroes Fund, but there are numerous others where men, women and children are working around the clock again to assist with these wounded veterans. They are doing a fabulous job. As part of this discussion, I wanted to call attention to them.

Last but not least, I met a young man at Landstuhl a couple of years ago, Sergeant Danny Metzdorf, 82nd Airborne, all the way, and walked into that room, and you have had the same experience, he looked just like my son. That was what really caught my attention. He had just been wounded there, and I struck up a conversation with him and he hardly remembered that night. But when he got back to Walter Reed, went to visit him a couple of times, got to know his family, had a prosthetic leg, 25, 30 surgeries, just,

really, all he thought about, I want to get back with my buddies, back with my unit.

Well, that outstanding young soldier, Airborne guy, is now the coordinator and jump master for the Golden Knights. So with that new artificial leg, and these stories are, so, so, many, I want people again to be encouraged, not satisfied, but encouraged that medical treatment is not only available but it is something that is so critically important to us.

I was here one day and some contentious issue was going on in the people's House, and I got an emergency, I thought, call. Dan Metzdorf is calling you. Oh my gosh, something has gone wrong, surgery, he had a complication. I immediately left the floor and called him. He said, gosh, there was so much going on, are you doing okay? That is the way our young people are today. They are for America. God bless them all.

Mr. CARTER. Thank you so much for being here tonight. Let me tell a story about an 82nd airborne soldier. This is an 82nd Airborne soldier from my hometown. My son and daughter-in-law are a high school teacher and coach, and they knew this young man; we knew his family. He, in the invasion of Baghdad, he charged out on a bridge in the open to pull one of the fallen, he was a medic in the paratroopers, 19-year-old medic, and he charged out on his bridge and pulled one of his fellow paratroopers to safety. In the process of going back for others, he received a round through his abdomen.

Now, I told this House earlier that this is a joint effort, and Alan Babin is a perfect example of the joint effort. He was immediately treated on the battlefield by a fellow medic, immediately evacuated and flown to the Navy ship offshore, I have forgotten the name of it now, to a mercy ship off the shore, where they treated him. From there he was flown by the Air Force, air evac medical team to Landstuhl in Germany, where he was stabilized and then he was flown to Walter Reed Hospital and had hundreds of surgeries, and for 7 months laid with an open, exposed abdominal cavity which had to be scrubbed clean every day. That boy would have died on any other battlefield, anywhere else in the world; but he was an American soldier, given American medical care.

Today, he is recovering. While in the process of being treated, Alan suffered a stroke. His wounds are healed now, and he is rehabilitating himself with help from the Army on the damage that he received from the stroke while being treated for his wound.

We expect all of us in Round Rock, Texas, Alan Babin, to be back and functioning and doing well and heal completely because his spirits are great and he is working hard like every soldier and every Airborne trooper would; and he is the pride of Round Rock, Texas. He won the Bronze Star with valor for his treatment of his fellow soldiers, fellow paratrooper.

Those stories, there are a million of them. We see them every day in Landstuhl. I wanted to tell that story, because I want the American people to know that is the kind of medical care that our medical doctors are giving. This week, when I was at Darnall Hospital in Fort Hood, they told me about the fact that we couldn't make it if it wasn't for the doctors who were willing to serve in the Reserve.

In this Reserve, we sent 11 doctors downrange to Iraq in our last deployment. Someone has to fill in for those 11 doctors back at Fort Hood. It is the Army Reserve doctors that come in there and do that and the Army Reserve nurses. I visited with a nurse, I believe, from Jamaica, New York, who was filling in as a Reserve nurse who had been called up, or maybe she was a National Guard nurse.

So not only are the heroes in the war but the heroes in the Reserve and the Guard, they are doing a great job. It is abominable that we had this condition at Walter Reed. We will address it, we will fix it, but let's not take away our doubt that these doctors and nurses and medical professionals are doing everything they can to make sure our soldiers are getting the best care they can.

My friend Mr. KING, STEVE KING, has joined us. I want to recognize him and allow him to say a few things here.

Mr. KING of Iowa. I thank the gentleman from Texas for organizing this Special Order hour and for gathering together a lot of patriotic Americans and shedding some objective light on the health care situation with our men and women; and like many of the Members who have spoken earlier in this hour, I am one who has also made consistent trips over to Iraq, Afghanistan, the hospital, Landstuhl in Germany, and, also, I make it a point to be one place or another to visit our wounded, at either Walter Reed or Bethesda or Landstuhl. So I have been to Walter Reed a number of times, and saw nothing like I saw described here on the floor of the House of Representatives, and make no excuses for that. In fact, like everyone else, I believe we needed to fix it and we did fix it as quickly as possible.

The people that come down here to the floor night after night after night with the same poster that had the words cockroach, mold and mice on it have been repeating the same mantra, but they have not seen anything like we are describing here night after night after night. This was, as I understand it, two rooms out of 300 and some altogether in a place where no one goes. The people that were there were ambulatory patients that liked it there because they were a little off campus, they had a little more freedom. So those were the circumstances. They have been fixed.

But I will say what this needs to be: this needs to be a message to us, a kind of reminder, a wake-up call, because what I saw here demonstrated by Mr.

BURGESS, which is that there are patients there whose care is too bureaucratic, we can use this as a launching pad to bring software into place and to put into place a patient tracking system that will compare the tracking of these patients and the timeliness of their care with that in the private sector and have red flags come up on those files if there is a time they are not being dealt with in a fashion they should be. We can get this set up. It needs to be managed in that fashion.

I will also say that the VA hospitals have taken a fair amount of criticism on this. The ones that I go visit have modern health care and a modern tracking system and a bar code that goes on the wrist of the patient. When they go in there, they read that bar code and within seconds their full medical record is there; any pharmaceuticals that have been prescribed by them are all right there. It reduces and almost eliminates mistakes for prescriptions, for example.

There are a lot of modern pieces that have been put together. Most of our VA hospitals, and the ones I know, do a good job. They shouldn't be dragged into this, and the Walter Reed piece of this, we can do a better job. More of it has to do with patient management and timeliness of care and modernizing the recordkeeping system. Little of it has to do with putting plaster up on the wall and putting carpet into place. Let's use the need to do this to get this place, put Walter Reed back into the 21st century and give these men and women the very best top-notch care that is possible.

We can do that. The people doing the work, we need to applaud them, not criticize them. They give their hearts and their minds and their energy to our brave men and women who have given their life and limb for our freedom and for our liberty.

The only thing that they are short of is they suffer from compassion fatigue, and they get burned out on these jobs. But what I see, selfless Americans are doing the best job they can. We can give them some better tools to work with, which has to do with tracking the patients and being more timely in the service we provide.

Mr. CARTER. I thank the gentleman for joining us here today. On that issue of electronic records, when I was at Darnall on Saturday, we were talking about them implementing the electronic recordkeeping. I said, well, now, I need to know, are the electronic records that you are working on here, are they interoperable with the VA's electronic records? They said, well, they are so far ahead of us, we will certainly work to have interoperability, but we are way behind the VA.

Most Americans wouldn't expect that to be heard. The VA is getting a reputation on their electronic records of having a state-of-the-art electronic records system. People are coming in from the private sector to look at what the VA has done. The Army is using it

as a model to bring Army electronic records up to par. It is important, it is one of the missions we need to have here in Congress to make sure we provide the support and the funds to make sure we have an electronic record system which will take our soldier and track him from the minute he raises his right hand to serve our Nation, until, at the point we all get there, he is buried in one of our veterans cemeteries, until we have accurate records for him that are electronic, easily found, so we can get him the care, he or she the care, that they need.

Madam Speaker, this is an issue that has concerned every American, Democrat and Republican, since it broke. We are all concerned. We all want the American people to know that whatever differences we may have on the issues concerning the war, this is an issue of the lives of the American soldier; and all Americans care for our American soldiers.

#### ILLEGAL IMMIGRATION

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

Mr. KING of Iowa. Madam Speaker, I appreciate the privilege and the honor to be recognized here on the floor of the United States Congress this evening and the chance to pick up where some of my colleagues left off here. But I pretty much had my say about Walter Reed, and I support and endorse the remarks that were made over the last 60 minutes, and I intend to move on to another subject matter here.

I do just simply want to restate that the care that they are provided is good and it is solid. And as I talked to patients at Walter Reed, Bethesda, Landstuhl, continually, they are very, very grateful for the quality of the care. We have some of the best experts in the world treating some of these kinds of injuries; and to look them in the eye and see the level of their commitment, you just know that they are giving it everything that they have.

I am not hearing patient complaints about the care, but about sometimes the timeliness of the recordkeeping and the timeliness of the treatment that is there.

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There will be always be things that fall through the bureaucratic cracks, and it is our job to try to seal those cracks up and do the best job that we can. I think we are going to get that done. Certainly, though, I want to make sure that America, Madam Speaker, understands the commitment that is made on the part of the medical care providers for our military men and women, and that is what we must do in order to support their effort and support their sacrifice.

Madam Speaker, I came to the floor tonight to talk about an issue that I

have been here before to raise, and hopefully I will be back again to raise, and that is this broad, overall immigration issue that has captured the debate field in the United States for the last 3 years or more. And what brings me to the floor tonight is a sense that there is a growing effort on the part of the White House, on the part of the Senate and on the part of some here in the House, to build a kind of a critical mass coalition that would bring what they would call a comprehensive immigration reform bill through the Senate and then quickly over here to the House, which I would consider to be a steamrolled or a stampeded bill, something that we don't know what is going on behind the scenes, or there has been hardly anything leaked. And I believe it is their effort to try to get enough Members, a majority, and that would be something or a filibuster proof majority in the Senate and a significant majority here in the House to buy on to a policy that they have never seen, one that is not in print yet, or at least not filed, not dropped, in the fundamental sense, but only get people, people, and I mean Members and Senators, to sign off conceptually, and say I conceptually endorse a comprehensive immigration reform bill.

Well, first, Madam Speaker, the American people need to understand that when the word "comprehensive immigration reform," when that phrase is used, that means we don't like to admit amnesty. But comprehensive is a substitution for the word "amnesty." It has been that way for 3 years. It will be that way until this debate is maybe over for this cycle.

But I recall when the President gave his first immigration reform speech was January 6 of 2004, 3 years and a couple of months ago. There he brought out a lot of the same things that he is standing for now. And the President says that he is opposed to amnesty. But I will say that Ronald Reagan signed a bill that Ronald Reagan called amnesty that is very much the kind of policy that is being advocated by the White House.

I am greatly concerned about this moving so quickly with so little information that the American people would not have an opportunity to weigh in, would not have an opportunity to call and write and e-mail and fax their Senators and their House Members to be able to try to move the center, I guess, of the Republican and Democrat House of Representatives and the Senate.

And so it is important that I call upon Members, don't sign off on something till you read the fine print. The devil is in the details. The devils were in the details last year when the Senate moved their immigration reform bill and the details turned out to be tens of millions of people. Just a small detail, Madam Speaker, of tens of millions of people that would be legalized and granted amnesty in about a couple of decades period of time. That is the

backdrop. That is the foundation of this.

I have a lot to say about this, but I also recognize the gentleman from Texas who has been on this floor for a while has some things he would like to say about it, and I would be very happy to yield to Judge CARTER as much time as he may consume.

Mr. CARTER. I thank the gentleman from Iowa (Mr. KING) for yielding to me. And I appreciate him joining me in the previous hour in our discussion of Walter Reed and the health care for our soldiers and our veterans and how important that issue is.

But I guess, at least in the State of Texas, if what I hear in my town hall meetings is anything to be compared, I think the issue of what is happening on our borders and what we are going to do to resolve the issue of immigration is a topic that has never failed to come up, now, in the past 3 years at literally, every occasion at which I have held a town hall meeting; and I generally hold between 17 and 25 a year with the addition of the new tool of the telephone town hall. I held one of those less than 3 weeks ago for an hour and a half.

And once again, the people of Texas are concerned about the issue of the illegal aliens that have invaded our country. And they are concerned about who is coming, and what are they going to do, and what are we going to do to resolve this problem?

I have a Hispanic Council. The gentleman from Iowa knows that Texas is a State that you would put down as a Hispanic State. In fact, I believe we have now, over 50 percent of the people in Texas are Hispanic. The difference between Texas and some other parts of the world is we have lived with Hispanic neighbors all of our history. I mean, our culture is a kind of a combination of West and Mexican culture. It is the Southwest culture. It has a lot of the influence of Mexico in the Southwest culture. If you don't believe that, come on down to Austin; let me feed you the best Mexican food on Earth.

This is what is going on in Texas. We have lived with our neighbors like this all of our lives. When this issue cropped up I decided I wanted to form a Hispanic Council in my district. And we talk about issues, of course, immigration, the border, these are issues that are primary we discuss. But we made ourselves a promise that we were going to look at the world, all the world of litigation, legislation, and international relations, not just the immigration issue. But we always discuss the immigration issue. And at least my council, which has a membership of folks that are, some of them first generation American citizens, most of them second or third or fourth generation American citizens. All of Hispanic descent, most of whom are from Mexico, although there are some from other places. And we have a let your hair down, no holds barred discussion. And overall, my Hispanic community,