

parties he assumes were removing their dead.

"There was no shortage of grenades lying around," Eade said.

After midnight, the enemy activity ended. He recalls that it was a struggle to stay awake. He was on his third night without sleep, and believed that if he fell asleep, he would be found and killed.

Dawn came. He was alive, though severely wounded. Around 9 or 10 in the morning, Eade said he heard someone moving toward him. He prepared to shoot, but held his fire. Then he saw the shape of an American helmet.

"I yelled at them, 'Give me some water!' " Eade said. "I was really thirsty. He looked at me and said, 'You're shot in the stomach. I can't give you water.' I told him I had been drinking water all night, but he said no. So I asked him for some morphine. I told him I had used mine up on the other wounded. 'It really hurts,' I said. He said, 'You're shot in the head. I can't give you morphine.' So I said, 'Well, then give me a cigarette.' They gave me that."

He said he had never smoked before, but hasn't stopped since.

Eade's experience was similar to what hundreds of men up and down the column experienced over the prior afternoon and night, though many did not survive the first few hours after the Vietnamese broke through and enveloped them shortly after 1 p.m. on the 17th.

Gwin, who remembers firing at the oncoming Vietnamese, and firing again to keep them down, has said he is haunted by the memory of the American dead that he saw strewn across the grassland and throughout the trees on the morning of the 18th. He reports that the discovery of Eade alive where 2nd Platoon had been destroyed was a tremendous morale booster for the survivors. When the battle was over, Gwin said, the battalion that had marched to LZ Albany could fit into four deuce and a half trucks. Nearly three-quarters of them had been killed or wounded in a matter of hours. But he said that despite the trauma, morale was high and remained so in following weeks as replacements rotated into nearly empty platoon tents and the battalion prepared to return to the field.

"The survivors rallied and cheered the fact that we had held the ground. We knew that we had killed a lot of them. We had given as good as we had gotten," said Gwin. "The morale was very high in a perverse sort of way, because we had survived it."

Eade objects to the notion that his platoon, while largely destroyed, was overrun. He argues that he stayed alive, kept fighting, and remained in position. His platoon held.

Gwin, noting that 2/7 Cav held its ground in one of the bloodiest days any battalion has experienced in U.S. military history, said, "John's platoon held. If they hadn't done what they did, we would have been overrun."

Eade was medevac'd, and none of his comrades saw him again for decades. Gwin said that years later after they were reunited, he and other la Orang vets tried to get a combat award for Eade. Gwin, who earned a Silver Star for his actions at LZ Albany and completed 45 combat assaults in his year in Vietnam, said he believes Eade's actions merit a Distinguished Service Cross. But because there were no living American witnesses to Eade's actions, Gwin said, the effort was unsuccessful. Eade himself has said, regarding decorations, he is satisfied with the Combat Infantryman's Badge.

Eade spent 1966, the year after the la Drang, in the U.S. Army hospital at Valley Forge. That's where the mother of his fire

team's machine gunner, Barry Burnite, came to see him.

"I don't know how she found me," Eade said. "She asked me, how did her son die? I kind of told her the truth and I kind of didn't. I cleaned it up a bit. The uncontrollable grief of that woman has stayed with me my whole life. Her pain and her grief was more than I could bear to look at. I can never think about it without wanting to cry."

Eade, though battered and disfigured, recovered and went to university in the late 1960s. He became an architect. He pursued a career through what he called "serial jobs," staying only until he became restless or angry, and moving on. He was largely solitary, and to this day closely guards his privacy. Eade became chief of inspectional services for the City of Boston in the 1990s, which is where I first met him. A lightly built, soft-spoken man with an eyepatch, an unexpected character in City Hall, a little odd and engaging. Serious about his work, he had a reputation for toughness and honesty. I only learned about his history several years later, and then it was by odd coincidence, through Gwin, our mutual friend, by then the informal head of a small informal group of combat veterans, some Boston lawyers and investment bankers who form a sort of movable VFW down in the business district.

Gwin had seen Eade's name in a local newspaper article and sought him out. Eade had been out of touch with his fellow la Drang vets for nearly 40 years, having made no effort to get in touch.

"You have to understand. All my friends were dead," Eade explained.

It was one of those typical silver-bullet Eade statements. He has a gift, or maybe the curse for it. Unsentimentally, matter-of-factly plumb a terrible depth of human experience in a few words.

These days, Eade seems to have friends everywhere he goes. There is always someone who walks up, glad to see him, when we walk through the city. They say little things about him in brief asides, something he did one time or another. I don't know how many of them know that this quiet, gentle man is still a soldier, prouder of nothing more than to have been an American combat infantryman who held his ground.

THE KLAMATH PROJECT

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. LAMALFA) for 5 minutes.

Mr. LAMALFA. Madam Speaker, I want to speak a little while today on the issue going on with the Klamath Basin, which straddles Northern California and Southern Oregon, and the water supply that has been a long-time issue and dispute up there for many purposes, agriculture, hydroelectric power, and endangered fish species, and how these are going to be shared, adjudicated, et cetera.

Currently, the battle in the basin there is how waters can be delivered to agriculture. Last year, in 2020, the situation was very dire where, initially, 140,000 acre-feet was promised to the growers up there. And then they went ahead and started their planning process. They had their crops in the field based on that number. The Bureau of Reclamation decided they were going to pull that back and not deliver that water.

We were able to work with the Department of the Interior and restore that water so that the crops that are already in the field planted would not die, that massive investment and massive loss to the farmers and to the community would not happen.

This year, we have a similar path. In March, the Bureau estimated they would deliver 130,000 acre-feet of water, 10,000 acre-feet less than last year. This of a water right that belongs in the basin of 390,000 acre-feet when fully delivered.

And that is where we need to really discuss this today, is that we are talking about the elevation of the lake here. We have, at the full mark, 4,143.3 elevation is a maximum lake. The project goes as low as 4,136 right down here. So that represents a heck of a lot of water. The farmer's share of this, the 561 is the 390,000 I had mentioned. Currently, the lake sits at 4,140.4 feet of elevation, so that represents availability of 307,000 acre-feet of water supply.

Now, the species of fish that we are talking about here are the longnose sucker fish that is in the lake. It lives in the lower part, the brown area of the lake there. And that is where it is best-suited. It is a bottom-feeding fish.

So the problem is that the Bureau of Reclamation, taking the cue from U.S. Fish and Wildlife, has decided that the water that belongs to the farmers has been adjudicated over time. The Oregon courts have held that these water rights do belong to agriculture. This is after NEPA and the ESA went into effect in the Endangered Species Act Oregon Water Resources Department began the process of detailing and adjudicating these rights.

So in reviewing the water rights of all the users in the basin, they noted that the Bureau claimed the reserved water rights apply only to the primary purpose of that water right, which is determined by a 1978 case, U.S. vs. New Mexico.

The Ninth Circuit determined in a 1983 case, the U.S. vs. Adair, that this land's reservation was for the purpose of agriculture. So as we apply that to the Klamath Irrigation area, the KID took the Bureau of Reclamation to court over its decisions to increase downstream flows to salmon, as well as the retention of water for the sucker fish.

So they want to retain this portion here for the sucker fish even though this portion of water does not belong to the Bureau or Fish and Wildlife to use for that purpose.

This project was created over 100 years ago for agriculture, to deliver water down this A Canal through a whole entire system there. This dam was completed, the Link River Dam, in 1921, to help regulate that source.

So in the process of Klamath Irrigation District having taken them to court, the State ultimately agreed with KID that the Bureau has the right to store the water and administer the

water in Upper Lake, but the Bureau of Reclamation does not have the permit, the license, the right to use the water themselves for salmon in the river or for the sucker fish that stay in the lake.

Going further, Section 8 of the Reclamation Act clearly states that the Federal Government cannot interfere with the laws of States relating to the control or distribution of water used in irrigation.

So in 1978, *California vs. the U.S.* certified that a State can impose requirements under distribution of water through a Federal reclamation project as long as they are consistent with clear Congressional directives as Congress set this back up over 100 years ago and ongoing. The Congress has made it clear multiple times that the Klamath Project was designed and established for irrigation.

So if you want to concede just for a moment, playing along with Fish and Wildlife, that the current level at 4,140.4, and you take it down to 4,138, there is 173,000 acre-feet of water available for farmers right now that should not be taken, even if you concede the sucker fish total.

So we have got giant problems in the basin.

MATERNAL MORTALITY CRISIS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Illinois (Ms. KELLY) for 5 minutes.

Ms. KELLY of Illinois. Madam Speaker, we are in the midst of a shameful healthcare crisis. In 2021, there is no reason that giving birth should be more dangerous for women today than it was for their mothers.

Despite declining rates and maternal mortality around the world, in the United States, the rates have been climbing in recent years. Decades of institutional racism in our society and our healthcare system have brought us to this moment.

Data released by the CDC last month shows that the maternal mortality crisis is only worsening, and the risks are even greater for Black women and other women of color. Black women are three times more likely, and indigenous women are more than twice as likely to die from pregnancy-related causes as non-Hispanic women. Even worse, more than two-thirds of the deaths are preventable.

Additionally, the rates of pregnancy-related complications are on the rise. And for every maternal death in the United States, there are approximately 100 women who experience severe maternal morbidity, or a "near miss."

As chair of the Congressional Black Caucus Health Braintrust and co-chair of the Congressional Caucus on Black Women and Girls, I have seen so many examples of how the healthcare system fails Black women.

Maternal mortality is a complex crisis with inequities stemming from many factors, including access to care,

standardization of care, bias, and racism. Pregnancy and birth should be one of the happiest times for a family, but for Black women that is too often not the case, and we must take action now to begin saving the lives and protecting the health of Black women.

One of the most pressing issues related to the maternal mortality crisis we must address is access to high-quality, affordable healthcare. We know there are major risks associated with becoming uninsured shortly after pregnancy.

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That is why I fought to have extended Medicare coverage included in the American Rescue Plan, so that women are able to receive postpartum care up to 1 year after birth instead of the existing 60 days of coverage.

But we need to take additional steps to incentivize every single State to permanently implement this policy. That is why, today, I am introducing the Helping Medicaid Offer Maternity Services Act, or Helping MOMS Act of 2021.

This bipartisan legislation will amend the American Rescue Plan to provide a permanent State option to extend postpartum Medicaid coverage from 60 days after delivery to a full year. The Helping MOMS Act would also authorize a 5 percent Federal medical assistance percentage rate for the first year that States adopt extended coverage.

Ensuring healthcare coverage for the entirety of the postpartum period will save lives and prevent needless complications that endanger the health of mothers and their babies. This is an important step forward, but is not the only change that is needed.

The Black maternal health crisis is a multifactorial epidemic, and solving it will require a multifaceted approach. That is why, tomorrow, I will reintroduce my Mothers and Offspring Mortality and Morbidity Awareness Act, or the MOMMA Act.

This comprehensive bill tackles a growing maternal mortality crisis and severe morbidity in five ways. The MOMMA Act will standardize maternal mortality and morbidity data collection across States and authorize a designated Federal agency to aggregate that data.

Maternal health advocates agree that standardization of data across the country is critical in fully understanding this crisis and informing future decisions about how to improve women's healthcare.

This bill will empower the CDC to provide technical guidance and publish best practices to prevent maternal mortality and morbidity. It will authorize evidence-based national obstetric emergency protocol to save mothers' lives.

The MOMMA Act will expand healthcare coverage through the full postpartum year after giving birth.

Finally, the MOMMA Act will ensure improved access to culturally com-

petent care training and workforce practices throughout the entire delivery continuum.

This aspect, in particular, is so important in addressing the harmful biases and misconceptions that are, unfortunately, persuasive through our healthcare system, but especially rampant when it comes to Black maternal health. We have already lost too many mothers to this crisis.

While many of us celebrated Mother's Day just a few weeks ago, families across the country mourned lost mothers and babies and remembered traumatic and unacceptable birth stories.

I have talked with husbands who are so frustrated with the way their wives were treated, and wonder if there is something else they could have done to protect them. I have heard the heart-breaking stories of tragedy and loss directly from these fathers. I have cried with them and shared their pain.

I introduce these bills, the Helping MOMS Act and the MOMMA Act, in honor of those mothers and families, and recommit myself to always fighting for the health and safety of women.

WORKING TO HELP LOUISIANA STAND BACK UP

The SPEAKER pro tempore. The Chair recognizes the gentleman from Louisiana (Mr. HIGGINS) for 5 minutes.

Mr. HIGGINS of Louisiana. Madam Speaker, it has been 9 months since Hurricanes Laura and Delta devastated southwest Louisiana.

Our region has endured natural disaster after natural disaster. This past year has been incredibly challenging: two very powerful, major hurricanes; a crippling ice storm; and this week, ongoing, a severe rainfall event that is causing homes and businesses to flood.

Many families will have to again restart the difficult process of rebuilding their lives. Our people have been resilient in the face of great adversity, a show of incredible strength.

But the need for help from the Federal Government is dire. While much work has been done, southwest Louisiana has long-term recovery needs. To date, we have worked with our Federal partners to deliver well over \$1 billion in disaster relief to Louisiana, with more on the way.

We have worked with President Trump and President Biden to secure increased Federal assistance through cost-share adjustments, now at levels of 90 and 100 percent.

These resources have supported southwest Louisiana's most immediate needs: housing and rental assistance, utility repairs, debris removal, hazard mitigation, and other disaster response costs.

Due to the COVID-19 pandemic and related bills, these Federal disaster accounts have received supplemental funding well beyond normal appropriations and are still available to the people of southwest Louisiana.

However, our region requires additional support in the form of long-term