

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

EXCHANGE OF SPECIAL ORDER TIME

Ms. KAPTUR. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Ohio (Mr. STRICKLAND).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

WAR IN IRAQ AND ASSOCIATED TRAGEDIES NOT OVER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, if the American people needed evidence that the war in Iraq and its associated tragedies are not over, it arrived in a front page picture Saturday that was carried across our country. In my hometown paper, the Toledo Blade, but also the Chicago Tribune, the Boston Globe, the Washington Post, and the New York Times.

This is the photo, First Class Sergeant Bryan Pacholski comforting David Borell, career Army guard, both from Toledo, at a military base in Balad, Iraq. The Associated Press photograph caught an emotional moment, a Toledo career soldier being consoled in his grief by a buddy after military doctors allegedly refused to treat three Iraqi children with painfully serious burns from some sort of explosive device. The soldier, Sergeant David Borell, of our 323rd Military Police Company, later wrote home an e-mail with his personal thoughts on the incident, specifically that the children had been unjustifiably denied medical treatment.

The Blade printed the story and a request on my part of our Secretary of Defense for a full investigation and a meeting with him in order to discuss how to prevent this type of situation in the future. Such an investigation is warranted because the incident, if true, flies in the face of numerous stories from the war zone telling of humanitarian acts by U.S. troops under hostile circumstances. We know our troops want to do the right thing.

Mr. Speaker, is it really U.S. policy to refuse treatment of Iraqi civilians with serious but nonlife-threatening injuries? Who made that decision? Who were the doctors involved, and why did they handle the situation as they did? Were the kids callously refused care, or was the sergeant simply overcome by witnessing their great pain? These are some of the questions that deserve straightforward answers.

The Blade, in its editorial, goes on to write, "Given frequent news reports about the destruction of Iraq's hospitals and emergency services, of which

we are all aware, and the 10-year embargo preceding the war that caused all of their hospitals to lack medical equipment and supplies, it is difficult to give much credence to a spokesman for the U.S. Central Command who contended that Iraq now has a better health care system than before the U.S. occupation. It is entirely believable that in the words of the same spokesman, U.S. forces in Iraq 'are providing health care to Iraqis, but we do not have the infrastructure to support the entire Iraqi civilian population.'"

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So whose fault is that? And what do we do? What do we do to build friends, more friends than enemies inside Iraq?

Most Americans probably would say that defenseless children should be taken care of in any circumstance. They, after all, did not cause the war. There are plenty of adults around to blame for that. Secretary of Defense Rumsfeld has agreed that we will begin with a meeting with Under Secretary of Defense Chu, who is in charge of personnel and deployments. Hopefully, that first meeting will begin tomorrow. My proposal will be the same, that we move some of the funds we have already appropriated because we thought the war would last longer with the siege of Baghdad, divert some of those funds to move some of our temporary field hospitals in different places in Iraq, and to put medical supplies there to treat this type of injury that Sergeant Borell saw, children who are burned, people who are bleeding, civilians who we want to be our friends.

We now hold the ground in Iraq. The question is, in the future, will we win the hearts and minds of the people? There is no greater way to do that than one by one ministering to their tragic health needs. That time is long overdue. And so I welcome the opportunity to discuss this with Under Secretary Chu, with Secretary of Defense Rumsfeld, and to make sure that no other soldier in service to this country will have to experience what Sergeant Borell experienced with no alternative given to him.

There were no kits, no medical kits that were available to the platoon other than their own small emergency kits, because they are military police. There were not hospitals in the area where these people could be referred that had decent medical supplies and backup. And so he was forced as an American to turn the family away. How do you think America is perceived by those civilians? I think they are beginning to wonder, at least that family, will America really make a difference? Yes, America really can make a difference, just give us a chance. I would welcome the opportunity as one Member of Congress to mobilize my community to provide the supplies for that first field hospital right near where Sergeant Borell and Sergeant Pacholski are serving. These are part of our flesh and blood from our commu-

nity. We want to give them all the support we can. I know the Secretary of Defense will find a way to help us.

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Under a previous order of the House, the gentleman from Ohio (Mrs. JONES) is recognized for 5 minutes.

(Mrs. JONES of Ohio addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

PRESCRIPTION DRUGS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Illinois (Mr. EMANUEL) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mr. EMANUEL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include therein extraneous material on the subject of my Special Order today.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. EMANUEL. Mr. Speaker, currently both the House and the Senate are in intense deliberations to forge a compromise on a prescription drug benefit for Medicare and Medicare recipients. I am glad to see that both Republicans and Democrats after all this time are working together to try to correct this critical deficiency in the Medicare program.

When Medicare started in the early 60s, about 10 percent of the health care costs for a senior was dedicated to out-of-pocket drug costs. Today that is around 60 percent of their health care costs, or health care dollar. And so if we are going to have a health care plan for seniors and if Medicare is going to live up to its obligations that it was originally designed to do, Medicare must have a prescription drug plan.

We all know that one of the most contentious issues in the prescription drug debate is the question of how much of the cost of drugs should be paid by government and how much should be passed on to seniors. But the crux of this problem is that both the U.S. Government and American seniors are paying too much for prescription drugs. Providing a prescription drug benefit through Medicare is unfortunately only the tip of the iceberg in addressing a widespread prescription drug access issue facing our Nation.

Much more central to the inability of many seniors and other Americans to afford the prescription drugs they need is the fact that prescription drug prices are 30 to 300 percent higher than those in other industrialized nations. The truth is one of the big problems we have here in the country is that we do not have a free market as it relates to prescription drugs and drug costs. I