

Mr. SKELTON. Mr. Speaker, I rise today to personally welcome to the House our guest chaplain, Pastor Roy Bennett of Missouri. His son David is accompanying him in the gallery. A native of the Show-Me State, Pastor Bennett was raised on a farm in southeast Missouri, and attended high school in Zalma. Moving with his family to St. Louis following high school, he attended Brooks Bible Institute, and was ordained in the Assemblies of God. Excelling in his ministry, Pastor Bennett would go on to serve congregations in the communities of Marble Hill, Potosi, Salem, and Versailles.

For the past 7 years, Pastor Bennett has grown a vibrant congregation at the First Assembly of God Church in Jefferson City, Missouri, where he currently serves as senior pastor. As his 50 years of service throughout rural Missouri demonstrate, Pastor Bennett has been an invaluable leader for several communities throughout our State.

I join my colleagues in welcoming Pastor Bennett to the U.S. House of Representatives, and we thank his son, David, who is with him today—one of his two sons. David is a former member of the Armed Services.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
Washington, DC, September 24, 2010.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on September 24, 2010 at 12:43 p.m.:

That the Senate passed S. 3339.

That the Senate passed S. 3196.

That the Senate passed without amendment H.R. 6190.

Appointments: (3).

State and Local Law Enforcement Congressional Badge of Bravery Board.

Federal Law Enforcement Congressional Badge of Bravery Board.

Public Safety Officer Medal of Valor Review Board.

With best wishes, I am

Sincerely,

LORRAINE C. MILLER.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
Washington, DC, September 28, 2010.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following mes-

sage from the Secretary of the Senate on September 28, 2010 at 10:00 a.m.:

That the Senate passed with an amendment H.R. 553.

That the Senate passed without amendment H.R. 3553.

That the Senate passed without amendment H.R. 3808.

That the Senate passed without amendment H.R. 2923.

That the Senate passed with amendments H.R. 946.

That the Senate passed with amendments H.R. 2092.

That the Senate concur in House amendment to the text of the bill with an amendment; Senate agrees to the House amendment to the title of the bill. S. 1510.

That the Senate concur in House amendments to the text and title of the bill. S. 2868.

That the Senate passed with an amendment H.R. 2701.

That the Senate passed S. 1338.

That the Senate passed S. 3802.

With best wishes, I am

Sincerely,

LORRAINE C. MILLER.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 4 of rule I, the following enrolled bills were signed by the Speaker on Friday, September 24, 2010:

S. 1674, to provide for an exclusion under the Supplemental Security Income program and the Medicaid program for compensation provided to individuals who participate in clinical trials for rare diseases or conditions;

S. 3717, to amend the Securities Exchange Act of 1934, the Investment Company Act of 1940, and the Investment Advisers Act of 1940 to provide for certain disclosures under section 552 of title 5, United States Code, (commonly referred to as the Freedom of Information Act), and for other purposes;

S. 3814, to extend the National Flood Insurance Program until September 30, 2011.

SENATOR PAUL SIMON WATER FOR THE WORLD ACT KEY FACTS

(Mr. BLUMENAUER asked and was given permission to address the House for 1 minute.)

Mr. BLUMENAUER. Mr. Speaker, almost 1 billion people lack access to safe drinking water and basic sanitation. Sick children miss 300 million school days a year from waterborne illness. And it kills 5,000 children every day. Our Water for the World Act emphasizes building sustainable expertise in these troubled countries. Their version of the Water for the World bill passed out of the Senate Foreign Relations Committee unanimously, and it passed the full Senate unanimously. Our House version has over 80 bipartisan cosponsors. This legislation does not provide new money, but helps us focus existing resources much more effectively to save lives.

I hope that our leadership on both sides of the aisle will schedule and support this important legislation, a sym-

bol that we can work together while we help poor people around the globe.

WHERE IS THE TAX POLICY?

(Mr. BURGESS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURGESS. Mr. Speaker, as you know, we're back in town for a 1- or 2-day workweek. But where is the tax policy that this country so desperately needs to know? People are waiting. We heard it all the month of August while we were home in our districts. End-of-the-year tax planning; businesses making hiring decisions; employee pay raises; and yes, people doing estate planning—no one can move because this Congress has yet to act on extension of tax policy. We're all on hold until next year. Now the Internal Revenue Service cannot even begin to print the forms that it will send out for people who want to be in compliance with our tax laws—forms that Americans will need to be and be expected to fill out in January are not yet being printed.

Now, Mr. Speaker, Madam Speaker, we worked late when it suited your purpose. Cap-and-trade, may I remind you, was passed in this House late on a Friday night. The first version of health care passed this House in November, late on a Saturday night. And the second version of health care, the Senate version, which is now the law, passed late on a Sunday night. This House is capable of working late, but it seems only when it suits the purpose of the Speaker of the House.

Madam Speaker, I urge us to complete this important task before we go home. The House should not adjourn until our work is done.

□ 1210

A COMPREHENSIVE PEACE AGREEMENT

(Mr. POLIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POLIS. One of the most troubled areas of the world is at the threshold of a great breakthrough for peace and for humanity. I call upon the Israeli and Palestinian leadership to remain committed to peace talks. I applaud the courageous decision of both Prime Minister Netanyahu and President Abbas to work together to achieve peace.

A majority of Israelis and Palestinians supports an agreement of creating a Palestinian state. The majorities in both populations support a negotiated two-state solution, and there is not a lot left to negotiate.

We have known the basic parameters of such an agreement for many years. It is critical that, as new developments threaten to derail the process, President Abbas must put his people and

their hopes for independence and statehood above preconditions, and Israel should avoid providing excuses for the Palestinians to exit their talks or actions to alienate Palestinian support for the talks.

I call upon both parties, in the interests of their people and the people of the United States and the world, to continue to engage in a good-faith negotiation to create a Comprehensive Peace Agreement to end the cycle of violence and to replace it with a cycle of peace and prosperity for both peoples.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

RECOGNIZING MILITARY MEDICAL AND AIR CREWS

Mr. CRITZ. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1605) recognizing the service of the medical and air crews in helping our wounded warriors make the expeditious and safe trip home to the United States and commending the personnel of the Air Force for their commitment to the well-being of all our service men and women, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1605

Whereas aeromedical evacuation by the Air Force is part of an integrated combat casualty care system that includes front-line medics and Corpsmen of the Army, Navy, and Air Force, as well as medical evacuation and casualty evacuation by Army, Navy, and Marine Corps flight, air ambulance, and ground ambulance crews;

Whereas aeromedical evacuation missions provide support for all of the Armed Forces;

Whereas, since September 11, 2001, the aeromedical evacuation system has moved over 81,000 patients, including almost 14,000 battle-injured soldiers;

Whereas troops wounded in Operation Enduring Freedom and Operation Iraqi Freedom reach United States military hospitals out of theater in 30 hours on average;

Whereas the majority of patients are normally flown to Ramstein Air Base in Germany, and then to appropriate care facilities in the United States;

Whereas our wounded troops arrive at United States hospitals in an average of 3 days;

Whereas now troops wounded in Operation Enduring Freedom and Operation Iraqi Freedom arrive at United States hospitals on average 7 days faster than they did during Operation Desert Storm and over 40 days faster than during the Vietnam conflict;

Whereas yielding a survival rate of 98 percent for wounded service members by adopt-

ing a new strategy of rapid evacuation from the battlefield, critical care air transport teams provide care that has resulted in the lowest mortality rate of any war in United States history;

Whereas aeromedical evacuation is a Total Force effort which includes Active Duty, Reserve, and Air National Guard members;

Whereas there are 18 Air Force Reserve squadrons, 10 National Guard squadrons, and 4 Active Duty squadrons;

Whereas the aeromedical evacuation system is comprised of aeromedical evacuation crews, aeromedical staging facilities, aeromedical liaison teams, support and communications personnel, and command and control teams;

Whereas the Air Force has up to 500 aeromedical evacuation, aeromedical staging, aeromedical liaison, support, communications, and command and control personnel deployed to Afghanistan, to Iraq, in Europe, and in the United States, as part of the team providing care and helping ensure that wounded soldiers, sailors, airmen, and Marines get safely home to their families;

Whereas a normal aeromedical evacuation crew is composed of 2 flight nurses and 3 technicians;

Whereas a normal critical care air transport team, composed of a critical care physician, critical care nurse, and a respiratory technician, augments an aeromedical evacuation crew when ICU level patients are transported; and

Whereas Air Mobility Command plays a crucial role in providing humanitarian support at home and around the world: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the service of the medical and air crews in helping our wounded warriors make the expeditious and safe trip home to the United States; and

(2) commends the personnel of the Air Force for their commitment to the well-being of all our service men and women.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. CRITZ) and the gentleman from North Carolina (Mr. JONES) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. CRITZ. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on the resolution under consideration.

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

There was no objection.

Mr. CRITZ. I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 1605, recognizing the service of the medical and aircrews in helping our wounded warriors make the expeditious and safe trip home to the United States and commending the personnel of the Air Force for their commitment to the well-being of all our servicemen and -women.

I would like to thank the gentleman from California (Mr. THOMPSON) for bringing this resolution before the House.

Mr. Speaker, twice a week, those of us who have south-facing offices in the Cannon, Longworth and Rayburn

House Office Buildings can sometimes catch a glimpse of something subtle but something altogether awe-inspiring. Every once in a while, we can see the arresting silhouette of a C-17 in a flight pattern towards Andrews Air Force Base in the final few minutes of the journey home for some of America's wounded warriors. Twice per week, on schedule, these aeromedical crews bring our wounded servicemembers home right here to the National Capital Area after having fallen ill or having suffered injury during an already difficult deployment overseas. This powerful image is part of a much larger system.

The Air Force has up to 500 aeromedical personnel deployed to Afghanistan, Iraq, in Europe, and in the United States as part of the team providing care and helping to ensure that wounded soldiers, sailors, airmen, and marines get safely home to their families. It takes an average of 3 days for wounded troops to arrive at hospitals in the United States. This is over 40 days faster than during the Vietnam war. We have Air Force aeromedical evacuation to thank for being the transportation spine of the effort to bring our ill and injured men and women home as safely and as quickly as possible.

Ultimately, aeromedical evacuation by the Air Force is part of an integrated combat casualty care system that includes front-line medics and corpsmen of the Army, Navy and Air Force, as well as medical evacuation and casualty evacuation by Army, Navy and Marine Corps flight, air ambulance and ground ambulance crews.

We owe our sincerest gratitude to each and every person in this system who has yielded an extraordinary 98 percent survival rate for wounded servicemembers.

So, Mr. Speaker, if you are ever facing south on the Hill and see a C-17 on the horizon, you might now just sigh in relief because it might be one of our aeromedical evacuation transports bringing our wounded warriors home to receive world-class medical care.

I urge my colleagues to support House Resolution 1605.

I reserve the balance of my time.

Mr. JONES. I yield myself such time as I may consume.

Mr. Speaker, I rise in support of House Resolution 1605, as amended, recognizing the service of the military medical and aircrews who help our wounded warriors return home quickly and safely and commending the members of the Air Force for their commitment to our service men and women.

I thank the gentleman from California (Mr. THOMPSON) for introducing this resolution.

The key to our having our men and women survive after being wounded in combat is immediate medical care, followed by the quick and safe evacuation from the battlefield. No one does this better than the United States military.

Mr. Speaker, today's combat casualty care system is a complex, integrated effort that brings a wounded