

women do not have the option of safeguarding their health and prenatal well-being. Therefore, I have introduced the Informed Choice Act, H.R. 223. This legislation authorizes Health and Human Services to establish simple grants for not-for-profit and community-based health clinics to purchase ultrasound equipment. The centers that purchase these machines will be able to provide free examinations to women who are unable to obtain access to this critical care. That is, women that are poor. Each year, these pregnancy centers serve hundreds of thousands of women, ranging from girls barely in their teens to women in their mid to late thirties. Many of these women are among the poorest of the poor. For them, the free care that they receive is an essential lifeline. Access to ultrasound equipment is clearly one of the best things that this Congress can do to promote women's health and prenatal care.

Women understand the importance of ultrasound equipment. A recent poll confirms this. In order to provide women in crisis pregnancies with sufficient prenatal care and the full scope of information about their pregnancy, I urge my colleagues today to cosponsor my legislation. It is clear that these women view ultrasounds as an essential resource, a resource for women who are faced with unplanned pregnancies struggling with that prime decision. Additionally, the Focus on the Family organization found that an overwhelming 84 percent of women surveyed decide against abortion after viewing an ultrasound of their unborn baby.

Women have a right to know what is going on during their pregnancy. These ultrasound images, specifically with the 3-D and 4-D technology, depict fetuses beyond 24 weeks sucking their thumbs, sticking their tongues out and even making emotional faces.

So again, my colleagues, I urge you to join me in protecting the health of women and their unborn children by cosponsoring the Informed Choice Act, H.R. 223. This bill is about giving vulnerable women the information they need about their pregnancy and making this critical technology available to all Americans.

WHEN THEY COME HOME: MEETING THE MENTAL HEALTH NEEDS OF OUR TROOPS

The SPEAKER pro tempore. Pursuant to the order of the House of January 4, 2007, the gentleman from Pennsylvania (Mr. TIM MURPHY) is recognized during morning hour debates for 5 minutes.

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, over 17 percent of soldiers returning from Iraq, higher than any other measured military conflict, meet the criteria for post-traumatic stress disorder, or PTSD. Predeployment mental health screening, availability of treatment, perception toward treat-

ment and public attitudes of the soldiers' actions all affect the vulnerability and prognosis for this disorder.

PTSD is a severe anxiety disorder that develops after a traumatic event involving physical danger. It is also called "shell shock" or "battle fatigue" in other wars and is particularly prevalent among soldiers who have experienced wartime combat. Symptoms can include insomnia, irritability, inability to concentrate, panic, terror, dread, despair, grief and include daytime recollections, traumatic nightmares or combat flashbacks. Most persons exposed to severe trauma do not develop symptoms. Onset can be immediate but more commonly occurs from a few months to years after the event.

Currently, the Department of Defense provides mental health services for 180 days following discharge and the VA offers its health care services, including mental health, to veterans at no cost for 2 years following discharge. Afterwards, veterans may continue to receive mental health treatment but are subject to copayments.

Unit support while still deployed helps reduce symptom risk. Once soldiers return home these supports end, but ongoing support is essential to reduce the risk, from families, friends, veterans, the VA and our society as a whole. Many with early symptoms of PTSD, however, isolate from social contact and do not benefit from these supports.

In the current war in Iraq, unlike Vietnam, society as a whole is generally able to separate support for the soldier from support for the war. However, as criticism for the war increases and the public questions the purpose and outcome of this war, a significant question remains as to the impact upon the soldier's mental health of these expressions of doubt. For those at risk for PTSD and since hopelessness may raise the risk, society's comments of the situation may increase the soldier's sense of personal blame and lead the soldiers to question if they did their job well. Or they may develop a sense of worthlessness and guilt that their fellow soldiers lost their lives for a cause that was not supported by the country. Further research must be done to explore this link, but it also raises an important issue. Not only is there a concern for a stigma for the war action itself but also getting help. The majority of soldiers who need treatment for PTSD and mental health symptoms do not seek help for fear of being seen as weak, for fear of being treated differently by their commander, or fear of future harm to their career.

Pictures, commentary and news coverage of this war affects not only recent combat veterans but extends to those of prior wars. A survey of 70 Vietnam veterans stated that 57 percent reported flashbacks after watching reports about this war on television, and almost half faced sleep disorders.

Mr. Speaker, there is a need for specialized military mental health serv-

ices. As of May last year, of the 5 percent of Iraq and Afghanistan soldiers who may have been at risk, only 22 percent sought help from mental health providers. The rest sought help from primary care doctors, many without mental health training.

The National Defense Authorization Act of last year created the defense task force on mental health. Within a year, they are to submit a report to us with a long-term plan to improve the effectiveness for Armed Forces who have experienced multiple deployments. But Congress can improve the Department of Defense referral process for mental health evaluations by psychiatrists/psychologists to better meet the needs of our troops. As chronic PTSD symptoms can continue for years, the VA should extend the 2-year universal coverage period for mental health services for our Nation's soldiers when they return from active duty and combat. And we need to study the effects of the 24-hour media exposure on the occurrence of PTSD symptoms upon returning veterans from Iraq and Afghanistan. Congress can also increase public awareness of PTSD to reduce the stigma for returning veterans and for them to take advantage of mental health services at the VA.

Working together, we can ensure that none of our Nation's veterans suffering with PTSD are left behind, but above all as Members of Congress we have to make sure that the things we do and say respond to the caveat to first do no harm.

DELEGATE VOTING

The SPEAKER pro tempore. Pursuant to the order of the House of January 4, 2007, the gentlewoman from Tennessee (Mrs. BLACKBURN) is recognized during morning hour debates for 5 minutes.

Mrs. BLACKBURN. Thank you, Mr. Speaker. I appreciate the time and the opportunity to talk with my colleagues about an issue that is of tremendous importance to us. It is certainly one that I have heard from from my constituents in Tennessee's Seventh Congressional District. They are quite concerned about this. It seems that all of a sudden last week, outside of regular order, outside of the normal committee process, an old idea resurfaced and came before this body in the form of a piece of legislation that is not going through regular order, is not going through the committee process. And I had many constituents who were quite concerned about this, and how could a bill that is important to us, important to our Nation, important to our structure and our way of governing come before us without people being aware? This issue is the issue of delegate voting. We are going to hear more about this today and tomorrow. Then the Democrat majority is going to push this to the floor for a vote so that they can circumvent what is the constitutional underpinning of this great Nation.