

trip weeks in advance. It costs \$42, by the way, and that's without lunch.

At the DMZ, you can visit the small building where an armistice was signed, and risk stepping across a painted line on the floor separating North and South Korea, which remain technically at war. Is this the President's vision of Iraq? Hardly, but that's what he would like the American people to believe.

It sounds so simple and so safe and so utterly detached from Iraq, where every street corner in Baghdad is a war zone. The President wants an indefinite military presence in Iraq, but a majority of the Iraq parliament signed a petition demanding a timetable for the U.S. to leave, which the President ignores.

The President wants permanent military bases in Iraq despite the thoughtful and bipartisan conclusion of the Iraq Study Group. That group said, "The United States can begin to shape a positive climate for its diplomatic efforts internationally and within Iraq, through public statements by President Bush that reject the notion that the United States seeks to control Iraq's oil or seeks permanent bases within Iraq."

But the President rejected their common sense and ordered the base building to go forward. What exactly are we protecting with the Iraqi people fleeing by the millions? South Korea never looked like this.

In Iraq, students graduating from college used to dream about getting a good job and raising a family. Now they dream of getting out of Iraq alive and as quickly as possible.

Just today, the United Nations issued a new report that says 4.2 million Iraqis have been displaced, half driven out of their homes by rampant and unrelenting bloodshed, and the other fleeing the country. It's estimated by the U.N. that 30,000 Iraqis cross into Syria every month, and Syria says the actual number is much higher. Jordan, meanwhile, has already taken over 1 million Iraqis. What have we done? We have granted 701 Iraqi refugees asylum in the United States.

The President recently announced we're willing to accept up to 7,000 Iraqis. Over 2 million Iraqis have fled their homeland so far, and we're going to take in a few thousand.

When we left Vietnam, we took hundreds of thousands of Vietnamese with us. Within a few months 130,000 Vietnamese had resettled here, and within a few years the number topped 320,000. These were our Vietnamese friends, people who had risked their lives to help us in Vietnam. We didn't desert them and they didn't desert us.

In Iraq, the President says we're willing to take a few thousand in a Nation losing millions of its people. The Iraqi people are fleeing their homes and their homeland in increasing numbers, flooding into nearby countries unable to cope with the refugee crisis.

Millions of peaceful, law-abiding Iraqis from its intellectual establish-

ment, to its merchants, professionals, civil servants, and ordinary citizens are doing whatever they can to leave. And the President is doing everything he can to stay, building bases and demanding a so-called law to gain access to Iraqi's oil.

The President's stay-the-course strategy has evolved into his stay forever strategy. It hasn't worked before and it won't work now.

The President's military escalation is an absolute failure, and the sooner the President admits his mistake, the faster we can develop a national exit plan that protects our soldiers and gives Iraq back to the Iraq people, no strings or military bases attached.

Mr. Speaker, please pass the message to our President. It's time to bring the troops home. A hundred a month are dying, more and more. Last month, the third highest month in the war. It's not getting better. We've got to bring the troops home.

□ 2115

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

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

INFECTIONS AND HEALTH CARE

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

Mr. TIM MURPHY of Pennsylvania. Mr. Chairman, I am here to talk about a sad but true problem in our health care institutions in this country, and that is this. The Centers for Disease Control tells us in any given year some 2 million people will catch an infection while either in their hospital or health care center. Some 90,000 people will die, and some \$50 billion is spent on this each year in our hospitals.

Now this chart here depicts what we have as of this evening, 853,747 cases so far, over 38,000 deaths and over \$21 billion already spent as of today. These are bacteria, viruses, fungi and parasites that cause these common hospital infections. Most common are influenza, flu or colds. The thing about this is so many can be prevented, but a huge problem among the bacteria types, some 70 percent of the bacteria are resistant to at least one medication. There is a huge problem in American hospitals, which is causing so many deaths and a big part of our health care costs.

Now these microorganisms can be present when a patient comes in, and that's why it's so important to understand how the staff, the hospital staff, the doctors, the visitors, the patients themselves need to adhere to some special procedures in order to prevent this

problem from occurring and killing so many and costing us so much on our health care dollars.

For example, diseases are passed on by poor hygiene from poor hand washing; clothes that are not necessarily clean on even the doctors, nurses and visitors; unclean equipment, catheters that are left in too long that lead to urinary tract infection; respiratory infections from those with colds or flu who are around patients; bed sores. The list goes on and on.

This is not rocket science how we prevent this, and some estimates are as high as 25 or 30 percent or more of things such as methicillin or resistant Staphylococcus Aureus can be prevented by hand washing before and after contact with any patient.

Many of these diseases can be prevented by sterilizing all equipment used with patients, including making sure that hospital staffs have clean stethoscopes, otoscopes, thermometers, et cetera, making sure they clean up after every procedure, the proper use of antibiotics, pretesting patients on admission to evaluate the presence of an infection, wearing masks if someone is suspected of having some illness, using infection control boards at hospitals to monitor and manage patients, empowering staff to stop or intervene on any procedure when clean rules are violated, and using aggressive educational campaigns for staff and visitors in the hospital.

The point is it can be done. Yes, indeed, it can be done. As a matter of fact, Allegheny Hospital in Pennsylvania reduced the rate of central line-acquired infections from 19 to almost zero within 90 days through staff training and control.

A major teaching hospital in Saint Louis found that they saved costs up to \$1.5 million. Mercy Hospital in Oklahoma performed 400 surgeries without any infections. The VA Pittsburgh Healthcare system has reduced MRSA infections by 85 percent in an inpatient surgical unit because they paid attention to these things.

Now here is one of the sad truths in America. Hospitals don't have to report when they have infections. Although 13 States are considering legislation, only 6 States require reporting of health care associated infections: Florida, Illinois, Missouri, New York, Pennsylvania and Virginia. Pennsylvania is the only State that makes its information available to the public.

It is time we change this. I have introduced H.R. 1174, the Healthy Hospital Act, to encourage others to reduce and eliminate these deadly infections and to take some of the savings from this and set aside 10 percent to allow the Secretary of Health to use this for grants back to hospitals that reduce their infection rates to zero.

We have got to transform our health care system into what it needs to be: an affordable, accessible, quality health care system that focuses on patient safety, patient quality and patient choice. But in order to do that,