

need to do is to buy some time. You see, it takes three things to develop these renewables: It takes money, and it takes energy, and it takes time. Mr. Speaker, we will not worry about the money, although we should. Because when it comes to money we just borrow it from our kids and our grandkids by running up a big debt. So let us not worry about the money here.

But we cannot borrow time from our kids, and we cannot borrow energy from our kids. The only way to buy some time and free up some energy is with a pretty massive conservation program which frees up some energy.

Today, Madam Speaker, there is no surplus energy to invest in alternatives. All of it is needed by the economies of the world, or oil would not be roughly \$75 a barrel.

Madam Speaker, what this chart denotes is a program that I think needs three qualities if we are going to make this transition in any acceptable way. First, we must have everybody involved, a total commitment like World War II. I lived through that. Everybody had a victory garden, everybody saved their household grease and took it to a central repository. It was the last war, the last time that everybody in our country was involved. We need a program, Madam Speaker, that has the total commitment of our population in World War II. It needs to have the technology focus of putting a man on the moon, because we are going to have to have a lot of technology breakthroughs and applications here if we are going to make it.

Thirdly, it needs to have the intensity of the Manhattan Project. Minus that, I think we are going to have a very rough ride. We should have begun 26 years ago.

Once we have freed up some time and freed up some energy, we need to use it wisely. And what has the biggest potential? What will have the biggest payoff? I think there are enormous benefits to this. I can see the American people going to bed every night thinking to themselves, gee, I really contributed today. I used less energy, I lived very comfortably, and I am really working on that new project which is going to help my kids and my grandkids to live as well as I live or maybe even better.

I think that we can be a role model for the world. I think that we can develop a lot of technology that we can export, but, Mr. Speaker, we will never get there unless we start.

I am wondering again, unless we close in the way we started, these two big studies paid for by our government noting the problems that we face in the future, why have not those parts of the government that paid for these reports claimed ownership? Why are they not using the resources available to them to make this information available to the American people? Why are they not coming to us with a program that says we have a big challenge, we have big opportunities, we really need to get going?

Madam Speaker, I think that we have a great bright future if we challenge the American people and marshal the resource. I think we have a very bumpy ride if we do not.

I look forward, Madam Speaker, to our leadership showing the way. I think Americans will follow. I think that we can be a role model to the world, and I think that we can get through this with less problems than many are depicting, but we won't get there unless we start.

□ 2300

COVER THE UNINSURED

The SPEAKER pro tempore (Mr. GOHMERT). Under the Speaker's announced policy of January 4, 2005, the gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for the remaining time until midnight.

Ms. BALDWIN. Mr. Speaker, I rise tonight during Cover the Uninsured Week to draw attention to a national crisis. According to the Census Bureau, 45.8 million Americans are without health insurance. Millions more encounter a health care system that is inadequate in meeting their basic medical needs because they are underinsured.

The Commonwealth Fund recently released a study estimating that there are an additional 16 million Americans who are underinsured, meaning their insurance does not adequately protect them against catastrophic health care expenses. That means that 61 million Americans either have no health insurance or have only sporadic coverage or have insurance coverage that leaves them exposed to very high health costs. Sixty-one million Americans is nearly 20 percent of all Americans. That is one in five Americans who have inadequate or no health care coverage at all.

The lack of affordable, comprehensive health care affects every congressional district in this Nation. To highlight the issue and the real impact that being uninsured has on the lives of Americans, I have selected some letters that I have received from my constituents who have had difficulty obtaining and affording comprehensive health care coverage.

Too often here in Congress we speak of health care issues in the antiseptic jargon of policymakers and lawyers, but people across America are hurting and these letters tell their stories in their own words.

I represent a district in south central Wisconsin, and while the letters I read may be from Wisconsinites, they speak to the difficulties people all over the United States face every day. I am going to start with a few letters about the ever-increasing price of health care.

Eva from Madison, Wisconsin writes, "I am contacting you in regards to my desperate need for public health care. I am a grad student. I recently sprained

my ankle playing soccer and had to go to the emergency room for x-rays. My bill came out to \$1,242.50 because I can only afford a measly insurance that only has catastrophic coverage. This is a ridiculous amount of money for such a visit, and it causes me to consider those less fortunate than me who have even more serious injuries and less familial support. This cost can truly make waves in the lives of people."

Suzanne from Stoughton, Wisconsin writes, "It is time, time to have the government deal with health care. We are covered under COBRA which will run out in March. The cost is going from \$500 per month to \$900 per month. We checked with Blue Cross and they refuse us coverage because of a pre-existing condition. They will not even offer a waiver for this preexisting condition. We checked with the Wisconsin State insurance program which will cover us for \$1,200 a month. Please, let people over 60 buy into Medicare. It is impossible to find a job that offers health insurance."

Roberta from Janesville, Wisconsin writes, "I think the insurance bills for both medical and dental are horrendous. Both my husband and I work full time with two small children, living paycheck to paycheck. My insurance costs have caused us many heartaches with us owing more money than what needs to be paid. As a result, I will not get a needed medical procedure done. Something drastically needs to change in the United States of America where hardworking individuals and families can get the treatment they need without going broke."

Roberta brings up an important point in her letter because people without health insurance are often not getting the care that they need. A recent study released by the Robert Wood Johnson Foundation found that cost prevented 41.1 percent of uninsured adults from seeing a doctor that they needed to see.

But getting needed care is also difficult for Americans who have health insurance because the financial strain resulting from high health care costs, rising premiums, and increasing copays and deductibles place an incredible strain on American families, often forcing them to choose between needed health care and basic necessities like food. It is no wonder that illness, injury, and medical debt is responsible for nearly 50 percent of all personal bankruptcies in the United States.

Patricia from Madison, Wisconsin writes, "We need to fix health care. I have to choose between heat and food and medications. I have lost 80 pounds because of this. Please help."

Heather from Waterloo, Wisconsin writes, "I am married, and together with my husband I own a home. We live a modest, middle-class life, managing to always have what we need except for health care coverage. My husband has excellent health care at his job, but for me to also be covered by his plan, we would need to pay nearly \$400 a month. That is two-thirds as much as our

home mortgage. Through school, I have worked less and less in order to maintain health coverage. I have only been able to afford short-term major medical coverage. I am grateful that we can afford this, but it does make a difference. Even now if I have a sore throat, I will wait for a few days to see how I feel. I will wait because if I don't need to go, I will certainly save the money. This is disturbing to me as a nursing student because I know about the importance of early treatment and prevention, and it is upsetting to me as a person because I value my health. It is unacceptable to me as a citizen because I know there are other people just like me who wait and get sicker or can't take the medications they need."

Mr. Speaker, simply put, our health care system is failing and America knows this. Among the thousands of letters regarding health care that I receive, there is a common thread, a common theme that binds them together; and that common theme is an overwhelming frustration with a system they know just is not working and a call for us in Congress to take action.

Brad from Mount Horeb, Wisconsin writes, "I write you today to urge you to take action on a growing crisis in America: health care. I strongly believe that we need a national health care plan to insure all Americans. My major concern with the current system is that when people attempt to obtain insurance, insurance companies refuse them because of past health history. Let's face it, insurance companies are in business to make a profit. The best way to make a profit is to insure the healthy so that you can minimize the claims you pay out and not insure those who need medical care or who may potentially need medical care."

I am 38 years old with a family of four. I currently participate in a health savings account. For all practical purposes, I pay for all of my own medical needs, including the recent birth of our daughter. I recently attempted to switch insurance providers. The insurance companies will insure me, but they will not insure my daughter for any type of treatment for her asthma for 3 years along with no drug coverage for life. The policy I was requesting had a \$10,000 deductible, yet they still refused the coverage."

Kimberly from Madison, Wisconsin writes, "I am writing today because of my family's frustration and anxiety over health care. Although we hear a lot of rhetoric about making health care more affordable and/or more available for Americans, nothing is happening, at least not soon enough."

□ 2310

"Let me briefly share our story," Kimberly proceeds. "My husband recently started his own business. Obviously, it will take some time for his new company to see any profits, much less income. In the meantime, we are without health insurance. I am 5 months pregnant, and we have a 2-

year-old son. Because of my pre-existing condition, we cannot buy affordable health coverage. COBRA would cost us \$1,200 per month. I am currently applying for Medicaid and other forms of public assistance as a last resort. This is ridiculous."

"As someone with no insurance, I wonder what could possibly be the problem with implementing a public health care system. Oh, I have heard the horror stories about having fewer choices in doctors, longer waiting lists for procedures, and less incentive among doctors and researchers to develop new techniques. But what's most frightening to me is the chance that my son might get sick or my baby might be born with expensive complications while we are uninsured."

"I am not naive. I know that funding public health care is an issue. But is it wise to sacrifice the health and well-being of American citizens to avoid the challenge of implementing a change? I, for one, would be satisfied to pay more for goods and services if I could rest assured that my family's basic health care needs were being met."

Victor, from Stoughton, Wisconsin writes, "My wife can only work part time because of her health. Her employer offers a generic policy that costs only \$3.97 per week and requires no background check. This policy covers basically nothing. Medical supplies, checkups, doctors visits necessary on a routine basis for my wife to survive are now not covered. My wife is uninsurable because of her health, and we have been turned down for health insurance that we have applied for. We cannot believe that this is happening."

Ronald from Deerfield, Wisconsin writes, "I was on COBRA insurance for 3 years, which ended this past fall. I spent from March until September trying to get private insurance, but could not because of my neck injury. I was, in effect, looked at and dismissed by 33 private insurance companies because of my pre-existing condition with my neck injury. Just imagine how you would feel after being dismissed by this many companies. I was finally insured through disability and Medicare. The sad reality of it is that if I want to try to work full time again, I cannot, because in doing so it would cost me the only insurance options I have left."

"The truth is that many other countries can and do provide equitable health insurance to all of their citizens, no matter what pre-existing condition they have or their ability to pay or what income level they have. I believe this country does have top-notch medical facilities, but not decent or equitable insurance for the poor and middle-income families."

Susan from Bariboo, Wisconsin writes, "I am writing you today regarding health insurance coverage for single people with no children. As of this time, I feel that I am left out of the loop in regards to this topic. I am 42, and last September I was diagnosed with breast cancer. In January of this

year, the company that I worked for informed us that they would be closing down. I was laid off in December while I was out due to my cancer treatment. I have been searching for health care everywhere because my COBRA will be going up and I am on unemployment and barely able to pay the \$244.76 for the coverage now. I cannot get insurance because of the breast cancer. HIRSP, which is the Wisconsin State High Risk Program, is too expensive for me to get coverage since they want 4 months of premiums up front, and as they only cover some things."

"What are single people supposed to do? We don't qualify for any government assistance because we are single. We cannot go without insurance. There are no programs to help us out. So when you are working on health care in the House of Representatives, please remember that there are other single people out there also in my shoes. I am at a crossroad because I have no avenue for assistance when it comes to health care. Come November, I will be unable to get coverage when I need it at this point in my life."

Janet from Portage, Wisconsin writes, "I have a 53-year-old brother who has psoriasis all over his body and arthritis that is caused by this. Three weeks ago, he fell and needs surgery on his shoulder to repair it. He has no job, no money and no insurance. We started looking for a program to help him. There are none that we can find. There is nothing to help him get his shoulder fixed. But after it heals wrong and he is disabled because of it, then there are programs to help him. They won't help him get it fixed so he could find a good job. Instead, they would rather support him for the rest of his life instead of trying to help him now."

Gail from Janesville, Wisconsin writes, "My husband lost his job in October of 2003. He applied for over 100 positions, only to be told that he lacked a college degree or he is overqualified, or they can only pay \$8 an hour. I was diagnosed with breast cancer in June of 1998 and again in 2003. I have gone through breast cancer twice and have undergone a mastectomy and reconstructive surgery."

"COBRA has run out and without a stable income, we cannot afford to pay the premiums of our own health care policy. My husband is 59 and I am 58, and we have no medical coverage. I have looked in every insurance company and get turned down because of my medical history. All our lives we have paid into these insurance companies only to be turned away when we need coverage the most."

Mr. Speaker, I hope that as Cover the Uninsured Week continues, my colleagues will join me in recognizing that obtaining comprehensive, affordable health care presents a very real challenge for millions and millions of Americans. We cannot turn a deaf ear on our constituents' pleas for help. I invite my colleagues to join me in

working on this most pressing domestic priority, to provide quality affordable health care for all Americans.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. JACKSON-LEE of Texas (at the request of Ms. PELOSI) for today.

Mrs. JONES of Ohio (at the request of Ms. PELOSI) for today on account of business in the district.

Mr. OSBORNE (at the request of Mr. BOEHNER) for today and the balance of the week on account of business in the district.

Mr. SWEENEY (at the request of Mr. BOEHNER) for today on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Mr. GEORGE MILLER of California, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. BLUMENAUER, for 5 minutes, today.

Mr. BROWN of Ohio, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. COSTA, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. EMANUEL, for 5 minutes, today.

Mr. STUPAK, for 5 minutes, today.

Ms. CORRINE BROWN of Florida, for 5 minutes, today.

(The following Members (at the request of Ms. FOXX) to revise and extend their remarks and include extraneous material:)

Mr. MORAN of Kansas, for 5 minutes, today.

Mr. PAUL, for 5 minutes, today and May 3.

Mr. KENNEDY of Minnesota, for 5 minutes, today.

Mr. BURGESS, for 5 minutes, May 3.

Mr. BILIRAKIS, for 5 minutes, May 9.

Mr. GINGREY, for 5 minutes, May 3 and 4.

Mr. BURTON of Indiana, for 5 minutes, today and May 3 and 4.

Mr. PENCE, for 5 minutes, May 3.

Mr. WELDON of Pennsylvania, for 5 minutes, today.

Ms. FOXX, for 5 minutes, today.

Mr. WESTMORELAND, for 5 minutes, May 3.

Mr. MCHENRY, for 5 minutes, May 3, 4 and 9.

ADJOURNMENT

Ms. BALDWIN. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 18 minutes

p.m.), the House adjourned until tomorrow, Wednesday, May 3, 2006, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

7139. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Modified Cry3A Protein and the Genetic Material for Its Production in Corn; Extension of a Temporary Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2006-0174; FRL-7766-6] received March 14, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

7140. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Cyfluthrin; Pesticide Tolerance Technical Correction [EPA-HQ-OPP-2005-0205; FRL-7766-2] received April 11, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

7141. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Hexythiazox; Pesticide Tolerances [EPA-HQ-OPP-2006-0168; FRL-7768-3] received March 16, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

7142. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Inert Ingredients; Revocation of 29 Pesticide Tolerance Exemptions for 27 Chemicals [EPA-HQ-OPP-2005-0251; FRL-7760-6] received March 16, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

7143. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Imidacloprid; Pesticide Tolerance [EPA-HQ-OPP-2006-0053; FRL-7766-8] received March 16, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

7144. A letter from the Comptroller, Department of Defense, transmitting a report of a violation of the Antideficiency Act by the Department of the Army, Case Number 05-06, pursuant to 31 U.S.C. 1517(b); to the Committee on Appropriations.

7145. A letter from the President and Chairman, Export-Import Bank of the United States, transmitting a report on transactions involving U.S. exports to Austria pursuant to Section 2(b)(3) of the Export-Import Bank Act of 1945, as amended, pursuant to 12 U.S.C. 635(b)(3)(i); to the Committee on Financial Services.

7146. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans Georgia; Approval of Revisions to the State Implementation Plan [EPA-R04-OAR-2005-GA-0005-200601; FRL-8045-4] received March 14, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7147. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Arkansas Update to Materials Incorporated by Reference [FRL-8022-1] received March 14, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7148. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Maine; Architectural and Industrial Maintenance (AIM) Coatings Regulation [EPA-R01-OAR-2005-ME-0003; A-1-FRL-8038-1] received March 14, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7149. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Texas; Permits by Rule [R06-OAR-2005-TX-0016; FRL-8045-5] received March 14, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7150. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Clean Air Act Approval and Promulgation of Air Quality Implementation Plan Revision for Colorado; Long-Term Strategy of State Implementation Plan for Class I Visibility Protection; Withdrawal of Direct Final Rule [EPA-R08-OAR-2005-CO-0002; FRL-8044-4] received March 14, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7151. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Testing of Certain High Production Volume Chemicals [EPA-HQ-OPPT-2005-0033; FRL-7335-2] (RIN: 2070-AD16) received March 14, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7152. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Underground Storage Tank Program: Approved State Program for Pennsylvania [FRL-8011-3] received March 14, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7153. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval of the Clean Air Act, Section 112(I), Authority for Hazardous Air Pollutants: Perchloroethylene Air Emission Standards for Dry Cleaning Facilities: Commonwealth of Massachusetts Department of Environmental Protection [EPA-R01-OAR-2006-0277; FRL-8157-9] received April 11, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7154. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Finding of Substantial Inadequacy of Implementation Plan; Call for Missouri State Implementation Plan Revision [EPA-R07-OAR-2005-MO-0007; FRL-8158-7] received April 11, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7155. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Revocation of TSCA Section 4 Testing Requirements for Certain Chemical Substances [EPA-HQ-OPPT-2003-0006; FRL-7751-7] (RIN: 2070-AD42) received April 11, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

7156. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Sodium Metasilicate; Amendment to an Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2002-0241; FRL-8063-5] received April 11, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.