

the House of Representatives, including the entire Congressional Black Caucus, cosponsored my resolution with the hopes that Ms. Mamie Till-Mobley, who died in January of last year, could finally realize her profound wish that Emmett's murder be investigated. It is too bad that she is not alive today to see the commencement of this investigation.

The facts of this case are beyond dispute. The murder of Emmett Till has been the subject of numerous historical accounts, including a high-profile documentary on PBS's "American Experience" series, a recently published book on Mamie Till-Mobley, and a yet-to-be-released documentary by a young African American film-maker who has been working on this project for some 9 years. Many of us regard the cruel and senseless tragedy of Emmett Till as the spark that ignited the civil rights movement. However, notwithstanding the facts in the history books, the official account of the murder of Emmett Till delineates Bryant and Milam as innocent men who were acquitted in a fair trial. Worse, it is still possible that other co-conspirators in this crime are still alive.

Mr. Speaker, I call upon the Justice Department to do a thorough job and leave no stone unturned. If there was official misconduct by Federal or local officials, they should not be immune to any possible prosecution. Not only was Emmett Till's senseless and savage murder a crime, but the subsequent official trial that freed Milam and Bryant was also a crime.

According to yesterday's edition of the Chicago Tribune, witnesses are now surfacing that suggest others may have been involved in the murder. Though Milam and Bryant were the two criminals on trial, some witnesses say they saw up to five men with flashlights and guns at the scene of the crime. It is important that the Justice Department investigate these possible leads and others as they go forward with Mississippi and county officials.

Bryant and Milam have since died, but justice is never too late. While we will never be able to erase this inhumane and cruel episode from the annals of American history, we can certainly set the record straight. Not only may coconspirators to the crime and trial still be alive, we can also have an official public account of what exactly happened. Reopening an investigation of a civil rights era murder is hardly unprecedented: the murder of Medgar Evers and the bombing of the 16th Street Baptist Church in Birmingham, AL, where four innocent young, black girls were killed are two cases upon which federal authorities reopened investigations resulting in arrests, prosecutions and convictions. Emmett Till deserves no less.

I call upon the Justice Department to do a thorough job and leave no stone unturned. If there was official misconduct by federal and/or local officials, they should not be immune to any possible prosecution. Not only was Emmett Till's senseless and savage murder a crime, but the subsequent official trial that freed Milam and Bryant was also a crime. Everyone and anyone who was involved in this criminal injustice should be fair game under a quality criminal investigation.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

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

#### IRAQ AND BRINGING JOBS BACK TO AMERICA

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

Mr. TIAHRT. Mr. Speaker, tonight I am going to spend a little bit of time talking about how we are going to bring jobs back into America. But before I get to that topic, I want to mention a little bit about Iraq and the situation over there currently.

There has been a lot of handwringing in Washington, D.C. over what has happened in the Abu Ghraib prison. It was a horrible scandal that was wrong, it was sick, and we must hold those people who are responsible accountable. Court martials are currently going on. They will be open public prosecutions. There will be quick and severe punishment, and I think it is necessary that we get all of those responsible.

Recently in a hearing, I was able to listen to Major General Tagabu, who underwent the investigation; and he found that there is no documented approval of these actions. Quite the opposite. Everything that is documented within the Department of Defense says just the opposite. The Geneva rules and conventions will be followed. Proper procedures of handling prisoners will be followed. But yet in that prison, and it is an isolated case, there was a lack of training, there was lack of supervision, there was poor discipline among the troops; and the result was what we have seen in the media recently, including photos and videotapes that are available. But this situation will be corrected, and there is no coverup.

I think there is a silver lining in this dark cloud, though, that has been surrounding Iraq. The 130,000-plus troops that are in Iraq have been doing exemplary work. They have been carrying out their duty with great respect to the Iraqi people, and they have focused on the enemies of those people who hate democracy in the Middle East. They have done their job without shame, and they have conducted themselves in a professional manner. The leadership in Iraq has done an excellent job, as has the leadership in the Pentagon.

It is probably likely that the Secretary of Defense does not know how many traffic tickets were issued to members of the military this past week. There is a lot going on around the globe with approximately 3 million Americans in uniform. But yet when this was discovered, he acted quickly and sternly and brought this to the

forefront. I think Secretary Rumsfeld needs to continue in that position. He is the right man for this time. He is the right man for the job. We need his clear thinking and his firm leadership.

Now I would like to move on to careers for the 21st century, but I want to go into a little bit of history before we get into some specifics about how we are going to bring jobs back into America. Our economy has been suffering lately. In 1999, we suffered a tech bust, and we saw the stock market drop \$7 trillion in value and money came out of our economy. In November of 2000, it was the technical start of our recession, which was one of the shortest recessions in history.

But then on September 11, 2001, terrorists attacked America, and they plunged our economy into a deeper recession. But then we responded here in Washington, D.C. with tax relief. People did one of three things when they got a little extra money in their pocket. They either spent that money, which was a demand for goods and it is helping our economy respond; or they saved that money, which allowed money available for home mortgages, and we have seen one of the biggest expansions in the home market in recent history; or they invested it.

When that money was invested, corporations have then taken that money and built new plants and now are hiring people. In fact, in the month of April, jobs increased by 288,000. Over the last 2 months, there has been an increase of 600,000 jobs. Since last September, there has been an increase of 1.1 million jobs to our economy. In fact, today there are more Americans working than ever before in the history of our Nation. Today, according to the Department of Commerce and Dr. Kathleen Cooper, who is responsible for the 7,000 employees that collect this data, she tells us that today there are more Americans working than ever before in the history of our Nation.

But we can do better. What we want in America is high-quality, high-paying jobs; and here is how we are going to get there. One of the things that I found out when I was talking to local manufacturers in the Wichita area is that it is not about wages. The problem we are having with bringing jobs back to America is not about wages. In fact, the CEO of Raytheon Corporation in Wichita, Kansas told me that after he was working on an attempt to hold our wire harness manufacturing jobs for Raytheon in Wichita, Kansas, he worked with the union that came up with the best solution possible. He finally came to the conclusion that if his wages were zero, he would still have to do something about the excessive cost that he is facing.

Today, I met with a CEO of Converge Corporation. He told me that if he was going to build a building in America or build a building in the Philippines or in India, the costs are about the same. He convinced me that what we need to do to control costs and bring jobs in America is not about overhead.

So it is not about wages. It is not about overhead. It is about costs that are out of control for the CEOs, for the people who keep and create jobs here in America.

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Now, what are these costs? Where do they come from? Well, over the last generation, Congress, with good intentions, has passed legislation that has ended up with disastrous results.

The results have been that we have increased costs that cannot be controlled by the people who keep and create jobs, by the employers, by small business employers, by large corporations. Because it is things that are controlled by Congress. The CEOs and the small businessmen and the entrepreneurs and those who hire people cannot have a vote. The votes occur right on the floor of the House of Representatives.

Well, it is time that we change that environment. We have divided these costs into eight separate issues, and this week we started the first of 8 weeks to deal with these costs so we can bring back jobs into America. The eight issues are health care security; bureaucratic red tape termination; lifelong learning; trade fairness and opportunity; tax relief and simplification; energy self-sufficiency and security; research and development; and ending lawsuit abuse and litigation management.

Health care security we will come back to, because that is the issue we are dealing with this week. But let me give you a little snippet of what we are going to deal with in weeks to come.

Next week we will be dealing with bureaucratic red tape termination. Over the last generation, Congress has put many agencies in place that have forced continuation of an increase in paperwork to be submitted, and it has become unrealistic, impractical, and an unnecessary environment that includes OSHA mandates; that is, Occupational Safety and Health Agency, OSHA mandates, and they are driving our industries and small businesses and health care systems to a grinding halt.

According to the National Association of Manufacturers, 12 percent of the cost of any product made in America is dealing with bureaucratic red tape.

Energy cost, we wonder why we have \$2 gasoline today. Well, our bureaucratic red tape has imposed regulations that cause our limited oil manufacturers to try to make boutique gasolines that are being shifted through limited pipelines, so we come up with temporary shortages. This week we have \$1.95 gas in Wichita, Kansas. So we have to deal with the bureaucratic red tape.

Following that, we are going to deal with lifelong learning. We are going to talk about job training and retraining so that we can have a highly skilled workforce. Now, our public school system has given generations of Americans the tools to pursue their dreams,

and it can certainly help prepare boys and girls for the demands of a new century.

But we must focus on those areas that are going to be in demand for us to stay in the lead. We must concentrate on science and engineering careers. Our bachelor programs and the production rates of scientists and engineers are among the lowest in the world today in America, and we must change that.

The next issue we are going to deal with is trade, fairness, and opportunity. We need to have a fair deal in the world market. We need to make sure that our exports are treated the same as everyone else treats exports. We should have equalizing tax rates. We should ensure balanced tariffs, and we should prevent currency manipulation. And we have to stop other countries from targeting certain industries here in America.

One example in Wichita, Kansas, is a company that builds handtrucks. Right now we are encouraging the Commerce Department to take up with the nation of China their attempt to try to force out handtruck manufacturers in America by flooding the market with under-cost handtrucks.

The same is with auto lift equipment, that equipment that lifts up automobiles so it can be worked on in gas stations and auto repair shops, that is being targeted by China as well. That needs to be corrected.

The next issue we are going to deal with is tax relief and simplification. Right now we do not have a fair playing field for American industries. Our tax costs end up buried in our products and it drives up the cost of our products, and there is a way we can pull out some of those costs.

We also need to encourage the right incentives, like accelerated depreciation. That concept of accelerated depreciation will in fact get more products built and sold within America and it will help bring jobs back to America.

But we need equity in our Tax Code. We ought to look at something like the fair tax that is being proposed by the gentleman from Georgia (Mr. LINDER). It is a national sales tax that would give us great trade advantages. We would eliminate income taxes. When we move a car or something built in America overseas, that tax would stop at the border and we would make ourselves 22 to 25 percent more competitive.

The week following that, we are going to deal with energy self-sufficiency and security. We are going to talk about why we have \$2 gas. We are going to talk about stabilizing our energy system. We are going to talk about creating 700,000 jobs in America and strengthening our businesses.

Following that we are going to deal with research and development. America has always been in the lead. It has a history of attracting the brightest minds in the world and creating some of the best concepts and ideas. But we

are seeing a reduction in the number of papers submitted about research. We are seeing less money being available for research and development in America, and we need to change that around by providing incentives so we can apply knowledge into the public market and disseminate the technology that we develop.

The last week, the eighth week, we are going to deal with ending lawsuit abuse and litigation management. We have become a litigious society.

Our Nation was built on justice and our courts were structured to protect Americans, but that objective has become warped over the years. It has warped to the point where our legal system actually attacks our citizens and our way of life.

We have come to the point where the United States Congress has had to step in and prevent food companies from being sued, and distributors and restaurants from being sued, so that they are not liable for somebody eating too many cheeseburgers. It is amazing that we have come to this point, but litigation has turned against us and turned against our economy. It has driven up costs and it has driven jobs overseas.

If we could make some simple changes, a drastic change would be loser pays. It is the system that is prevalent in Europe today. They do not have the same high cost of litigation we have in America. Loser pays would be the obvious solution. If that is not achievable, then we ought to outlaw frivolous lawsuits and return the court's attention to upholding the laws of the land.

One commonsense change that is part of our history is the statute of repose that was put in place in 1994 by Congress. The result in the aircraft industry, what it did basically was limit liability for single-engine aircraft to 18 years. In other words you could not sue them for design flaws after 18 years. For heavy jets it was 23 years. You could not sue the manufacturers for design flaws after 23 years. I mean, if an airplane can fly for 18 years, you would think all the design flaws would be out of it. I do.

But anyway, the statute of repose created 4,000 jobs in south central Kansas. It increased the working population of aerospace manufacturing in that area by 15 percent, and it restarted a single-engine production line in Independence, Kansas. That same concept can be applied to other manufacturing in America, and it can see a parallel increase in jobs.

So, let us go back to health care security, the issue we are dealing with this week. I have got some charts that I think illustrate very closely the point we are dealing with.

In this first chart, we have a lady standing at the door and we have a stork delivering a pizza. He says, "I used to deliver babies, but the insurance got too expensive." So he can no longer deliver babies anymore, he is delivering pizza.

This chart shows the States in America where a medical liability crisis exists, sort of a national view. The white States are the six States that have taken care of their medical malpractice laws and are currently in a pretty good situation. The 19 States in trouble are the ones in red. That is where health care costs have dramatically gotten out of control.

Here is a good example between a yellow State, which is showing some problem signs but not there yet, and a red State. We have Kansas, where I am from, the Fourth District of Kansas, and then we have Missouri right next door, a red State, or a State in crisis.

In that State, in Kansas City, where we have Kansas City, Missouri, and Kansas City, Kansas, the physicians in Kansas City, Missouri, had a white-coat flight day, where they walked across the State line to emphasize the point that if you do not deal with medical liability costs, you are going to lose physicians. And physicians have been migrating, closing their offices in Kansas City, Missouri, and opening them up in Overland Park and other places on the Kansas side where they have better protection for the liability crisis in medical malpractice.

Time magazine, they emphasized the problem in one of their issues. It shows a physician's white coat with a tie, and no one inside the shirt or the jacket. It says, "The doctor is out. Why so many patients are losing their doctors to the rising cost of malpractice."

It gives how much it costs. For a neurosurgeon, the annual cost for medical malpractice is \$71,200. How many surgeries does he have to perform just to pick up the cost of his insurance? For OB-GYN, the average is \$56,546. How many babies have to be delivered just to pay the liability insurance? Emergency physicians, \$53,500; orthopedic surgeon, \$38,000; general surgeon, \$36,354. It has become a crisis in America, and what we are seeing, because that crisis is signs like this where at Phoenix Memorial Hospital the emergency room was closed.

It has also has found its way into our manufacturing process, and, again, it is part of the problem that is driving jobs overseas. You know, in America today, we have seen some jobs come in, insourcing jobs. For example, BMW is now manufacturing automobiles in America and exporting them to Germany. Honda builds automobiles here; Toyota, Mazda, a lot of other companies build cars, like GM, Ford and Saturn. But this is a typical, average automobile in America.

Well, how much of that car does it take to cover the cost of health care for the auto manufacturers? Again, this is just a typical auto manufacturer.

If you look at the cost, the cost buried into the cost of every automobile is about \$1,300 on an average and up. Thirteen hundred dollars. Now, that is the cost of the wheels and the tires and the frame of the automobile. So, this

much of an automobile showed in the lower left-hand corner, right-hand corner on your television screen, to those here in the House floor, that frame which is the outside of the car and the wheels and the tires, that is the costs that are buried into health care.

If you extracted the health care costs, you would have the frame left over with the motor and the undercarriage and the seats and the dashboard and all of that, but you would not have the outside of the car and you would not have the tires. It is an expensive proposition to cover the cost of health care. And that is part of the reason why it has been excluded, or it has been driving up costs and driving jobs overseas.

The Kansas Hospital Association tells me that if we cannot revise some of the problems they are having with paperwork, today the costs they are absorbing are the equivalent of what they provide in health care. In other words, for every hour of health care they provide, it requires an hour of paperwork to comply with all these health care burdens that have been placed on them.

We have also been seeing a lot of escalating jury awards that have been very difficult in providing, and we talked about that with the Time magazine article. It has required a lot of additional costs for physicians, and that has increased the cost of health care. And there has been very little means for us to control those costs.

The problems have been, financially, percentage-wise they have increased just in 2003 by 12 percent or more. That is the fifth consecutive year of double-digit increases, and it has doubled the health care costs for employers since 1999.

By decreasing these costs, we could see an increase in jobs in America. With each percentage point rise in health care insurance costs, it increases the number of uninsured people in America by 300,000 people, according to the Congressional Budget Office. That means that if we can hold down costs, we will see less uninsured people in America.

Medical liability insurance premiums have increased 505 percent since 1976, and that has driven many doctors out of the profession, closing some specialty practices in entire regions and placing an unnecessary financial burden on the Nation and its employers.

The average jury award now is \$3.5 million, which is up by more than 70 percent since 1995. The increasing cost of insuring doctors against petty lawsuits is severely reducing the quality and access of America's top-rate health care.

We have got a lot of problems to deal with here. One of the statistics I wanted to bring out here is the National Association of Manufacturers. They have calculated the benefit it costs for American companies, and it puts us at a 5.5 percent disadvantage compared to our nine largest trading partners.

Not only is the United States spending more on health care annually, but 7.7 percent of our gross domestic product goes into health care from our private sector. That is effectively matched by the public sector, so it is now 14 percent of our gross domestic product.

We have been blessed with the best health care system. We must make it affordable and available to all of us.

So we have come up with three specific pieces of legislation this week. I have joining me this evening the gentleman from Minnesota (Mr. KENNEDY), and he is going to talk to us about his view of the issues that we are facing to make health care more affordable and help us to bring jobs back.

I yield to the gentleman from Minnesota.

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Mr. KENNEDY of Minnesota. Mr. Speaker, I thank the gentleman from Kansas; and I thank him for his passion for keeping jobs here in America, for growing jobs in America, for understanding what it takes to have that happen.

As I go around my district and talk to businesses that are growing those jobs, health care costs are one of the top issues that they talk about to us. The gentleman has hit right on many of the key issues of medical malpractice driving doctors out of practice, getting them to do what they would tell you is unnecessary practices, just to make sure that they are covered in case something happens. We are going to get into talking about health savings accounts and flexible savings accounts and how we can really help individuals better control costs, and how association health plans can help associations of businesses that do not really have a good program available to them provide that to their many, many employees.

Mr. Speaker, there are two different ways that people think about how do we control costs long term. Some would suggest that we need to move towards a single-payer plan where one government entity is paying all of the health care costs across the country. We know what that looks like. That looks like government rationing. That looks like standing in a queue and waiting forever to get a basic procedure. We see that up in Canada. Canadians come down here to America to get their health care because they know what that looks like.

What we are talking about here is empowering individuals, putting individuals and their relationship with their doctor in charge of their health care, having them control the decision, having them have the say and the knowledge and the ultimate give-and-take on how to move forward. I look forward to talking about how each of the things we are talking about here really addresses that issue.

Mr. TIAHRT. Mr. Speaker, if the gentleman would continue to contribute

here, the gentleman is from Minnesota, up there bordering Canada. I have heard reports from our northern cities like Seattle, Minneapolis, Detroit, Buffalo, that we see an influx of Canadians coming in to get the health care coverage that has been denied them in Canada because their socialized health care system is rationed. They have to wait too long for procedures, or that procedure simply is not available because of their age or weight restrictions.

Has the gentleman noticed that occurring in Minnesota?

Mr. KENNEDY of Minnesota. Mr. Speaker, that is absolutely the case. Health care will be allocated by some means. If it is totally free, totally available in a single-payer plan, then the government will come up with restrictions. We have too much today, even in this country, of government deciding to ration what they are going to pay for health care, ration the procedures, and having businesses make too many of those decisions.

One of the most beautiful things that we have done to advance health care empowerment of individuals is the health savings accounts that we passed as part of the Medicare reform last year. What this does is if you have a high deductible plan, a minimum of \$1,000 per person, \$2,000 per couple, it can be up to over \$2,500 per person, \$5,000 per couple, you can put that amount away, tax-free, into an account, use it for health expenditures tax-free. If you do not use it, you can roll it over, earn interest on it tax-free, and build up a nest egg that you can use in your senior years. But what this means is that rather than some impersonal party getting the bill that you never see for your health care costs, you can know what it costs, shop for the best price, and make decisions.

The best example I have is the young woman that helps me in my office on health care matters said that she once twisted her knee, and they had an MRI done. That MRI costs \$1,500, and they found nothing. And she said, you know, if I had a health savings account and that was my \$1,500 being spent, I might have had a simple x-ray done; and if nothing was broken, I would walk on it for a week before I decided I was going to spend another \$1,500.

It is those types of decisions made over and over again that will affect health care costs; and we have seen when these types of programs have been put in place in businesses, they have dramatically reduced costs while, at the same time, they are giving individuals better care and better control over their care.

Mr. TIAHRT. Mr. Speaker, I think that the gentleman would agree that we need to have more transparency in the cost of health care so that consumers can make better decisions; also, so that physicians can make better decisions.

One of the gentlemen that I spoke with is a physician who has retired

from running a surgical group. He said when he was just a surgeon, he would order a lot of tests because he thought they were good data points for him to sort of mull over and make a decision, and he gave me the example of an x-ray and an MRI. He said, quite often, you need one or the other and occasionally, you need both; but for most information, especially in his type of work, he thought that an MRI is the most productive for him, but on occasions, x-rays. He said that it was very difficult for him to determine where these costs were going until he started looking down as the manager of this surgical group and saying, what are driving my costs? He realized that all his doctors did the same thing that he used to do. They would order every possible test as data points whether they were necessary or not, and that transparency for him made him tighten up his procedures and lower the costs of health care. I think if consumers had good, clear transparency in the costs that were involved, they also would make good decisions, and health savings accounts would help consumers have more control over their health care.

Before we go on to these three bills that we are going to deal with this week as part of this Health Care Security Act, I wanted to mention my first-hand experience and how it relates to why I think socialized medicine or a single-paid plan would not be right for this country, because it does end up in the rationing of health care.

My father is 85 years old. I am very proud of him. He is a World War II veteran. He served in Heiwaajima during World War II. A year ago January he had trouble with his heart and went in for open heart surgery. It was a difficult month. He spent 3 weeks in the hospital. It was touch-and-go for a couple of weeks. We worried about it a great deal. But he came out very strong, and we still have him today. He is very active, and he travels still frequently and is a productive member of our society. But he would not have received that health care treatment had he lived in Canada. He would have been above the age of eligibility for open heart surgery. Even if he was within the age requirements, right now the wait is 6 to 8 months for open heart surgery in Canada. Can my colleague imagine somebody who has had a borderline heart condition or even a heart attack and they say, well, yes, we know you had a heart attack and if you can hold on for another 6 months, we will get you right in.

That is why they have people crossing the border and coming to America to get health care, because it is the only place that it can be provided. And because of that, because of our excellent health care system we have today, I still have my father. I get to talk with him on the phone, I get to see him on holidays, and I get to gain the wisdom that he is passing on to me and on to my children. It is because of our health care system that I still have him.

Mr. KENNEDY of Minnesota. Mr. Speaker, I can tell my colleague that the health savings accounts let your father and your family be in control.

If a young person starts out and they are putting away the maximum amount you can into a health savings account and they live a healthy life and they spend their money frugally for health care costs, they can build up a pretty significant nest egg by the time they get to be your father's age. When you talk to people approaching their senior years, making sure they can have that control over their medical life and make the medical decisions that they want to are vitally important to them.

That is what I think these health savings accounts will do, ultimately. If they can build up \$100,000 or \$200,000 of a nest egg over a lifetime, they can make the decisions and have the resources for whatever the health care plan is saying to get that kind of treatment. If they have to go into some type of senior care rather than being forced to spend their way to poverty before we do anything in terms of long-term care, they can work with their children and say, hey, listen, I have this nest egg, so that you can buy the services I need, buy home health care and take care of me, and here is the resources for it.

So I think the flexibility, combined with the market-based services availability we have here in America, is vitally important.

I would also say, if you look to controlling costs, which is what we are talking about here with growing jobs and getting these costs under control, if you look at the growth in costs that we have experienced, whether you are a public or private plan, they are straight up. But if you look at what it is for cosmetic surgery, which is about the most personal and invasive surgery there is, those costs are almost flat.

Now, why are they flat? They are flat because the market is involved. If you look at Lasik eye surgery, the costs are down, because you have both the combination of the market and technology bringing that down. That makes everyone's costs more affordable. That makes our jobs more competitive here in America, and it makes whatever surgery you or your father are going to be having later on in life something that is more likely to be within their means. It is a great move forward, and a step that we are building on with the steps we are taking this week.

Mr. TIAHRT. Mr. Speaker, the gentleman makes a very good point about where the free market is involved we see no increase in health care costs. Dr. Greg Ganske, who was elected in 1994 to the United States House of Representatives from Iowa and now is back in private practice, told one of our other classmates from the class of the 104th Congress that right now, when somebody has selective surgery, and he is a plastic surgeon, when they have selective surgery, they call around to get

three or four quotes. He said, we all know in Des Moines, Iowa, who is charging what because we hear it from our customers. And because of that, the growth in costs for plastic surgery has been flat over the years. If you compare that to the health care costs that are managed by these big insurance companies, by Medicare, by Medicaid, which is managed by the government, then we see a continual increase in costs.

So we have a situation where health care costs that are available for small businesses, for example, are going up 12 percent per year for the last 6 years. They have doubled since 1999, and it is a continuous increase, much faster than the rate of inflation; and yet where the free market is involved, then we see a reduction in the growth and sometimes it is very flat.

Mr. KENNEDY of Minnesota. Mr. Speaker, we have also added other things in the Medicare bill that we just passed to get us going in this direction. We have strong incentives and encouragement for health care providers to do electronic prescriptions so that we not only have quality because we cannot always read the doctor's signature, but we have the ability to have a travelocity.com approach to getting that prescription. We also have strong incentives and requirements for increased quality reporting; and what we ultimately need to get to is, like you would with any other kind of product you are buying, where you can see it, call it up on the Internet: I am looking for this type of procedure, here is the ranking of the providers in my area, here is what each of them is costing, here is what the quality ratings are on them. Because if I were to look for this podium and want to buy a podium, the market offers me an endless variety of podiums and sizes, colors, styles, shapes, materials in every single product category imaginable except where we try to keep the market out, such as in education, in transportation, frankly, and in health care.

We have got to take away the barriers to providing quality, affordable services to our people, and that is exactly what we have done with the reforms that were part of the Medicare prescription drug bill. It is exactly what we are talking about in the additional reforms we are going to be passing this week in the House.

Mr. TIAHRT. Mr. Speaker, to illustrate the transparency that we have been talking about and what impact it has and the free market on prices, we have some places where you can buy drugs over the Internet and elsewhere and the prices they were on selected prescriptions.

This chart that I am holding in my hand is based on prices as of May 4. We can see some of these red lines very clearly where they extend out here for about \$1,400 per year is the cost of those prescriptions.

After 1 week of having transparency and visibility in the marketplace, the

shift is very dramatic. The same set of companies, Walgreen, Costco.com, drugstore.com, et cetera, what the free market has done is reduced the prices on the top line, which is the Primary Care Alliance, the costs were nearly \$1,400. Now, because of transparency in the free market system, it is down to \$1,000, a 40 percent reduction. We can see all of the costs are now coming into line, and that is the impact of transparency and the impact of the free market system.

I think that what we can say safely is that when we have the ability for people to make market decisions, they will make good decisions.

□ 2100

They will bring costs down. In this case, it is prescription drugs, but also it occurs in health care costs. I think that is very important.

Mr. KENNEDY of Minnesota. Mr. Speaker, I would just compare this to how you get your auto insurance. When you buy auto insurance, your auto insurance does not cover filling up with gas. It does not cover the oil change. It does not cover the car wash. It does not cover a whole lot of things.

It covers when you have a major accident and you have a major expenditure, and because of that car insurance, although when you have four teenagers like myself it can be pretty steep, it still has not had the type of increases that we have seen in health care.

We need to have a similar type of approach with what the health savings accounts provide which is basically saying we have catastrophic coverage. You and your employer, either one of you, or your family members, can contribute to the health savings account. You are going to spend those dollars. You are going to shop for the cheapest place for nonemergency service for health care, just like you would shop for the cheapest place for gas which, oh, by the way, if we got this energy bill passed, as my colleague mentioned, would be lower, and this is the type of thing that we need do.

I would just say that one of the things we are doing this week is loosening up the restrictions on flexible savings accounts, and flexible savings accounts are similar to a health savings account, but they are employer offered. They allow cafeteria plans, put in their pretax, but they are not really used because it is a use it or lose it.

We have allowed the rollover option in health savings accounts. Why was it use it or lose it? It is use it or lose it because those that want to have a single-payer government plan know how powerful this approach can be, wanted to limit that. So we are allowing people that have flexible savings accounts offered through their employer. If they do not use it all, be able to roll over \$500 to the next year or take \$500 out and invest it in their own personal health savings account that they can carry with them wherever they go, and given that the average 32-year-old has

been at seven or nine different employers in their life, having that portable plan that is with you always should be a great comfort and a great benefit to them.

Mr. TIAHRT. We have under our Health Security Act this week three phases. It is a 3-point plan.

The first part of the plan is called the Small Business Health Fairness Act. It allows for consolidated risk pools. The House plan allows small businesses to create these association health care plans, and it gives them the opportunity to join together, through existing trade associations, to purchase health care insurance for their workers at a lower cost, and that is because 60 percent of the nearly 44 million uninsured Americans are employed at small businesses today and/or they are dependent on someone who is employed by one of the small businesses.

By allowing the creation of association health plans, we will significantly decrease the number of uninsured in America. The plan establishes eligibility requirements so that all AHPs, or association health plans, are required to offer fully insured or self-insured benefits certified by the U.S. Department of Labor. It encourages broad participation and coverage by prohibiting discrimination against any kind of certain high-risk individual.

It increases the bargaining power. Small businesses will see increased bargaining power with health care providers, more freedom from costly State-mandated packages and lower overhead costs by as much as 30 percent.

Insurers selling directly to small employers typically incur administrative costs of 20 to 25 percent. Under the plan that the Republicans have here in the House, AHPs will save small businesses an average of 13 percent on their employee health care costs.

AHPs also cover specific diseases, maternal and newborn hospitalization, and mental health issues. It requires that AHPs be financially responsible and have strong reserves, strong enough to fund any potential costs and other obligations.

So, one of the first things we are dealing with the short version is AHPs as they are known by, but really, it is the Small Business Health Fairness Act.

Mr. KENNEDY of Minnesota. These AHPs, or association health plans, are a critical link in lowering the uninsured. Just repeating what you said, 60 percent of the uninsured are employed by companies that really have a hard time getting availability of health insurance. By the time you sell to that small company, it is, as you mentioned, a very high overhead cost.

So many of these would want to pool together, provide a plan that is tailored for the type of employees they have, and lower their cost in a bargaining pool.

Who would these associations be? These associations are like we just had

the Realtors in visiting us today. The major issue they spoke to me about, saying Realtors are a lot of times independent contractors with some umbrella firm. They need to have negotiated lower prices that can combine this with the health savings accounts very nicely, but they need it to be able to offer insurance to Realtors.

Look at restaurants that have a wide variety of full-time and part-time employees. They could tailor a plan specifically for those, again meshed with a health savings account.

So these are the types of plans that are going to really help to let more small businesses offer insurance.

One of the things that is important to point out is I know the gentleman from Kansas represents a rural State and has significant parts of his district which are rural, just as I have. A lot of times in those rural areas, they do not really have options. In our State in Minneapolis-St. Paul, there are multiple health plans available, and there are three or four or five, or significant options and several other smaller options; but if we get out into small-town U.S.A., you do not have a lot of options.

This really has even a stronger benefit for those small businesses operating in the rural areas that can combine themselves with an association health plan that goes across State borders, pools businesses of character. And it just does not need to be businesses; this could be a religious organization, a nonprofit organization, a community service organization. The Lion's Club, of which I belong, could do an association health plan for Lion's Club members.

It opens up the amount of people participating, thinking about how can we offer services to those with a commonality. Having more options is exactly what we need if we are going to really grab control of these health care costs and reduce the number of people that are uninsured.

Mr. TIAHRT. Mr. Speaker, the second point of our plan and the way we are going to help reduce health care costs in America is called flexible spending accounts. That allows an employee to have some flexibility in his health care. It allows workers to direct their employers to deduct money from their paychecks to be placed in a flexible spending account. It is tax free, and it is to pay for health care expenses that they may incur during the year.

Employers are not restricted based on the size of their business on whether or not they offer FSAs as their choice interpreted so that employees are restricted by whether or not their employer offers the option. There are no health insurance requirements for the workers to open up an FSA. There is no minimum or maximum contribution limits. Money can be drawn from an FSA to pay most medical expenses. That money may not be used for long-term care or health insurance premiums, but it is a tax benefit to the employees. Workers could save on their

taxes because the amount committed to an FSA is subtracted from their wages before taxes are applied.

There are long-term coverage advantages. Thirty-seven million employees in America have access to FSAs, but few take advantage of them today because they have a use-it-or-lose-it rule. Currently, if you do not use the money that an employee puts into an FSA, that money is forfeited to an employer, and it is a huge disadvantage or two disadvantages. Quite often we will see employees will not get into it because of that.

Number two, they will get to the end of the year and they will see that money going back to the employer so they will have selective surgeries or they will have botox or something they do not really need, and again, it is driving up health care costs.

But under the plan, up to \$500 of unused funds in this new plan can be carried forward each year on an FSA and allow them to continue to invest in their future. If they do not use it, it is available for them in the future. Alternatively, up to \$500 of unused funds can be rolled over to a health savings account for eligible individuals.

So there are some real advantages to these FSAs. Because employees will have their money at stake, they will be more selective on the health care they receive. We will have less frivolous visits to emergency rooms or to physicians. I think people will start to use home remedies a little more. Right now, there is a tremendous amount of information on the Internet. All you have got to do is put in health care into some of the search engines on the Internet and you can find a lot of Internet Web sites that you can get information on. And I think people will start to use those to reduce their health care costs, save money, lower their taxes; and again, this is part of our plan to lower the cost of health care so we can attract jobs back into America.

The last of the 3-point plan is medical liability reform. This includes a speedy resolution of claims. Instead of having health care claims drag on and on, there is a fair accountability. The plan waives the degree of fault so that a person with 1 percent of the blame is not forced to pay 100 percent of the damages. This component eliminates the incentives to look for deep pockets, making one party unfairly responsible for another party's negligence.

This also has maximum patient recovery. It empowers the courts to maximize patient awards by ensuring that an unjust portion of the patient's recovery is not misdirected to his or her attorney. The plan prohibits attorneys from pocketing large percentages of an injured patient's award. The award is to go to the patient, not the attorney.

Full compensation for patients' injuries are allowed. There are reasonable limits on punitive and noneconomic damages. There are flexibility for

States that already have enacted damage caps. It respects those States' ability to enact these caps and enforce the damage caps.

It also has experts predict significant positive change from the reform. The plan would decrease premiums for medical malpractice insurance by an average of 25 to 30 percent according to the Congressional Budget Office.

The Joint Economic Committee study asserts that the number of Americans with health insurance would increase by 3.9 million if medical liability reform is passed. Specifically, the plan places reasonable limits on malpractice that would save from \$60 to \$100 billion each year and that would not have to be buried back into the rates.

It would allow American business to expand their operations through hiring, and it enacts sensible liability reform that would save American taxpayers at least \$30 billion annually by reducing the Federal health care spending.

I showed you the map earlier of the States. The white States, again, who are currently okay on this map, and California is one of the white States. They have enacted medical liability reform. They are a great model for it. The Nation's medical liability premiums have increased by 505 percent since 1976. California's has only increased by 167 percent since it passed its medical malpractice reforms in 1975.

An OB-GYN in California pays about \$57 annually for liability insurance while OB-GYNs in the crisis States, like Pennsylvania shown in the red over here, and Florida and Ohio, all in red, they pay about \$100,000 a year annually.

What it means to be a medical liability crisis State, these 19 States that are depicted in red, in Pennsylvania, Philadelphia's Methodist Hospital announced it would stop delivering babies and discontinue its prenatal program for low-income women.

In Florida, women are facing waiting lists for 4 months before being able to get an appointment for a mammogram because at least six mammogram centers in south Florida alone have stopped offering the procedure as a result of increased medical liability insurance premiums. This trend is troubling. There are a growing number of older people and less and less people are being provided with mammograms, according to Jolean McPherson, a Florida spokeswoman for the American Cancer Society.

In Arizona, a baby was born on the side of the road after a mother had passed her community hospital where the insurance crisis had closed the maternity ward.

In Nevada, more than 30 Las Vegas obstetricians have closed their practices in recent months, leaving the city with about 85 obstetricians to deliver more than 23,000 babies in the next year. Kathryn Moore, the director of



the State Legislation for the American College of Obstetricians and Gynecologists said, "If I was a woman planning a family in Las Vegas, I'd be very concerned. I would certainly think twice about starting a family."

Well, we want families to start in Las Vegas, and we think it is unfair that 85 obstetricians are going to have to handle approximately 23,000 births next year.

We need to do something about that, and what we have passed tonight, as a matter of fact, in the House is medical liability reform, and it is the first step on the road to lowering health care costs and bringing jobs back into America.

I think it is very clear that if you cannot support these three measures, you are turning your back on the people who want jobs in America, high-quality, high-paying jobs. The only way we are going to bring them back is lower health care costs. We cannot do it by socialized medicine. We know that does not work. We can do it by our Health Care Security Act, by lowering the costs, bringing jobs back into America.

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Mr. KENNEDY of Minnesota. Mr. Speaker, I would also say to my colleague that, unfortunately, what we see here too much on this floor and what we hear is anger and complaining about health care costs going up, they are being harder for the average family to afford. We agree, but we do not hear very often, unfortunately, except with the great dialogue we have had here tonight, about what the solutions are. And I would like particularly my fellow Members from the other side of the aisle to talk about what their solutions are, talk about how you are going to control costs.

The uninsured is a huge issue. Besides growing jobs, each one of these proposals reduces the level of the uninsured. This is really the most effective way for us to reduce the uninsured.

I would also suggest one more piece in the puzzle, which includes my Fair Care Act, which I have introduced and am pleased to have 127 other Members joining me on. And if we think about it, right now, the uninsured can go into a hospital and get care; but it is through the most expensive vehicle possible, the emergency room, through the EMTALA law. We could provide for that service at one-fifth the cost in a community clinic, if we had an individual on some base level of insurance at least, and probably address the underlying problem of that cost much more efficiently, and let people live a healthier life by letting us also do a better job of controlling costs.

Because what happens when an uninsured comes into a hospital and is not paying for it? It ultimately layers onto the premiums for the insured and increases their costs. As my friend from Kansas mentioned, when the cost goes up more on the insured, it creates a vi-

cious, vicious cycle. My bill, to allow for a \$1,000 credit per person, \$500 per child, up to \$3,000 for a family, refundable tax credit so they can get that insurance, pay for that insurance policy directly, is another piece of this puzzle.

And as we think about the uninsured side, we need to recognize that we have, just as we have in education, left too many of the disadvantaged behind. Thirty-five percent of Hispanic households are uninsured; 18 percent of African American households, with only 11 percent of white. There is a disparity in who is hurting, and we need to address them.

While we address the uninsured, we also get control of costs. By getting control of costs, we make American jobs more competitive, and we keep American jobs here. And I think it is also important as we look off on the horizon at how do we control the long-term deficit, how do we control the long-term liabilities that we have, the unfunded liabilities in Medicare and Medicaid are significant. The number one variable that will determine how we control those will be to help control health care costs.

These measures that we have proposed, that we have talked about tonight will not just lower the uninsured, will not just grow jobs here in America, but will get long-term costs under control so we can control that deficit, which again will help make for a stronger economy now and in the future.

So I thank my friend from Kansas for bringing this very important topic to the floor.

Mr. TIAHRT. In summary, Mr. Speaker, we have over the last generation watched Congress continually raise barriers for us to keep and create jobs in America. We have found out by investigating this that we could develop these problems into eight categories, eight issues that we are going to deal with.

The problem is not Benedict Arnold CEOs. They only have a couple of costs they can control, and that is wages and overhead. And the problem is not the wages, because most of them want to have high-quality employees they want to pay high wages to. They want to attract the best and the brightest. The problem is not overhead. We found out it costs the same to build a building in India, in the Philippines, or in America. It is Congress. The problem is in Congress and what we have done over the last generation to continually put barriers in the way for people to keep and create jobs.

We have started with these eight issues. We are starting this week with health care security. We talked about the three plans that we are dealing with this week, including medical malpractice reform, association health plans, and what was the other one?

Mr. KENNEDY of Minnesota. The flexible savings accounts and the ability to roll those over.

Mr. TIAHRT. Flexible savings accounts, correct. Next week we are mov-

ing on to bureaucratic red tape termination, because we found out that the cost of complying with bureaucratic red tape in America is about 12 percent of every manufactured product. If we can cut that in half, we would be 5 percent more competitive.

We are going to deal with life-long learning so that we have high-skilled, high-trained workers. We need to get more science and technical and engineering graduates.

Then we are going to deal with trade fairness and opportunity. We must have fairly applied trade agreements. We must open up new markets, but we have to overcome monetary manipulations by other countries and by unfair trade practices by other countries. And we are going to deal with that.

Then we will move on to tax relief and simplification and figure a way to pull the cost of taxes that are buried into our products out of it so that we are more competitive.

Then we will deal with energy self-sufficiency and security. We are going to present legislation that will create 700,000 jobs in America. We are going to deal with research and development so that we can continue to be innovative and bring new ideas to the world and more jobs to America.

Then we are going to deal with ending lawsuit abuse and litigation so that we can lower the cost of liability insurance, limit liability so we can create new jobs, and, again, bring workers back into America.

The lines are very clear. Congress over the last generation has created these barriers. The people who employ workers cannot vote on this. They cannot reduce these barriers. They cannot remove these barriers. Only the Members of Congress can remove these barriers, and so we must deal with them.

This is the debate we should be having today. This is the debate we need to have so that we can remove the barriers and bring workers back into America, bring jobs back into America, high-quality, high-paying jobs. We call it "Careers for the 21st Century" because we want people to be able to pursue their dreams, pursue the career that they desire the most.

So we are going to complete health care security this week and next week move on to bureaucratic red tape. And if you cannot support these issues, it is my firm belief that you cannot support bringing jobs back into America, because these are clearly the barriers to bringing jobs back. They are barriers faced by every small businessman I talk to. They are barriers faced by even the large employers. They know this is what is controlling their costs. They want to pay high wages and build buildings and have their plants here in America, but they cannot reduce these costs: health care security, bureaucratic red tape, life-long learning, trade fairness and opportunity, tax relief, energy self-sufficiency, research and development, and ending lawsuit abuse.

If we can overcome these barriers, we will bring jobs back into America. That is the plan the Republicans have in the House.

Mr. Speaker, I want to thank the gentleman from Minnesota (Mr. KENNEDY) for joining me this evening. I think we have covered some good territory. We have covered the topic, I think, very well, and next week we will move on to bureaucratic red tape.

#### PETROLEUM PRICES AND THE TRADE DEFICIT

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

Ms. KAPTUR. Mr. Speaker, today the United States Department of Commerce announced a record U.S. trade deficit of over \$46 billion for just the month of March as imports coming into our country swamped our exports going out. That means more good U.S. jobs are being off-shored to China, to India, to Latin America, jobs everywhere but here in the United States.

Since this President took office, 2,740,000 more people in this country have lost their jobs; and we have record trade deficits, as these numbers indicate today, record budget deficits, unemployment, people who cannot get unemployment benefits, and soaring gas prices at the pump. It sounds to me like we are trading away America's economic independence.

This chart describes the trade deficits keep growing year after year after year as we keep losing our good jobs. This year it is projected over one-half trillion dollars in trade deficit. The numbers today confirm this.

One of the interesting aspects of the numbers today is the trade deficit related to petroleum, imported petroleum, which has grown by \$1.3 billion more imports into our country since February, with rising prices. In fact, the new record trade deficit increased by one-third due to our trade deficit related to petroleum. Every time an American goes to the gas pump and spends one dollar, 54.5 cents goes out of this country. Saudi Arabia gets 7.5 cents, Mexico gets about 6.5 cents, Canada gets 6.5 cents, Venezuela 6.25 cents, Iraq gets nearly 5 cents, and a penny goes to Kuwait.

Over years and months, this totals billions of dollars of wealth draining out of this economy. Today, our trade deficit for petroleum is over \$12.5 billion a month. Imagine if we were investing those dollars in ourselves here at home in new energy industries, which we are not.

Becoming energy independent at home could yield the strongest impetus to job creation that this Nation has seen since we began to move to launch a Moon shot nearly 40 years ago.

This evening, I would like to insert into the RECORD an excellent editorial done by Paul Craig Roberts entitled

"Disaster Lurks in April Jobs Numbers." He says there is no good news in the April payroll data because disaster lurks in the job numbers. The U.S. Labor Department is becoming Third World in character. He says the troubling pattern is that despite a massive trade deficit that pours \$500 billion of our money into foreign pockets, the U.S. economy cannot create jobs in the export or import competitive sectors. The U.S. economy is creating domestic service jobs only, and that cannot create real wealth.

The 280,000 private sector jobs created in April break out as follows: over half were in temporary work. As the prior Special Order had to do with health insurance, believe me, there are no health benefits associated with temporary work. There were 34,000 American hired, but as waitresses and bartenders, lucky to make the minimum wage and lucky if they have any health insurance at all.

Since January 2001, the United States has lost nearly 3 million jobs. We can tick them off, and we will submit them for the record: in wood products, 50,000 lost jobs; in computer and electronic products, which was supposed to save us, over 536,000 jobs; in transportation equipment, similar losses; in petroleum and coal products, another 10,000 more lost jobs. And the service jobs that are partly trying to replace them simply cannot replace the hundreds and hundreds of thousands of jobs lost in tradeable services, including telecommunications, computer services, bookkeeping, architecture, and engineering. This leaves the U.S. economy with 2.2 million fewer private sector jobs at the end of April, this year than existed 3 years ago.

Once free trade was a reasoned policy, hopefully based on sound analysis. But today it is an ideology that hides labor arbitrage. Because of the low cost of foreign labor, U.S. firms produce off-shore for U.S. customers, bring their products in here, and then wipe out U.S. jobs. Where does this leave Americans? It leaves them in the lowest paid domestic service jobs.

Mr. Speaker, these types of trade deficits are sapping America's wealth and our strength. It is time to change the policies, starting here in Washington, D.C., and begin to move free trade into fair trade, or the American people are going to continue to suffer the hemorrhage of wealth and jobs out of this society.

So, here we go again. Sometimes it feels like a broken record. The administration touts trade deals. The president negotiates more deals in secret. The Congress gets an up or down vote. The agreement goes into effect. Trade surpluses turn to deficits. More good jobs are lost. Small deficits reach record deficits. When are we going to learn?

The American people have learned and, unfortunately, they are paying the price. Since this President took office, 2.74 million people have lost their jobs. Not many of those are corporate executives. When THEY go, they go with massive severance packages. What are

we giving to America's working families? Record trade deficits, budget deficits, unemployment and soaring prices at the gas pumps. That does not sound like a fair trade. Sounds like we are trading away our economic independence.

Let's just take a look at three of our trading partners. Before NAFTA we had a trade surplus with Mexico and a small deficit with Canada. After the signing of NAFTA, companies skipped town from U.S. cities to exploit the workers across the border. Who wins? Not the working families of the U.S. with little hope for the future. Not the families forced off their land in Mexico only to crowd into the cities and maquiladora zone. In fact, companies are skipping right over the Mexican workshops for the next lowest common denominator—China.

Boy did we hear great promises about the Chinese marketplace and its one billion consumers. Strangely enough, the most recent trade statistics put China's trade deficit for one month at over \$10 billion. That is just for one month. What is the administration doing to shore up our economic security? Are they pursuing limits on China's manipulation of currency? No. Are they willing to stand up for workers in the U.S. and China by officially pressing the government of China to address atrocious workplace conditions? No. They have grand plans of talking to the Chinese. All of that talking has taken us to record setting deficits. That is not what most Americans would call a plan for economic independence.

When it comes to oil, there is not much of a difference—unless you count the media reports that the Saudis have promised to lower the price of oil in time for the elections. Are we going to stake our energy independence on the whims of the Saudis? Does not sound like a good idea to me.

The Department of Commerce today issued a release that announced "The deficit increased \$3.8 billion from February to \$46 billion in March as imports increased more than exports." Fairly typical jargon from this Administration. What they fail, and I repeat fail to mention is that the trade deficit related to petroleum has grown by \$1.3 billion since February. The new record trade deficit increased by one third due to our trade deficit related to petroleum. Let me repeat myself because this is the key, the new record trade deficit increased by one third due to our trade deficit related to petroleum. That is \$1.3 billion more that was drained out of our nation and sent to the nations of OPEC.

The \$5.6 billion trade deficit with oil-producing countries, including Saudi Arabia and Venezuela, is the highest on record. For every dollar that an American spends at the gas pump 54.49 cents goes out of the country, Saudi Arabia gets 7.35 cents of that dollar, Mexico 6.57 cents, Canada 6.52 cents, Venezuela 6.26 cents, Iraq 4.96 cents, and 1.03 cents go to Kuwait.

Today our trade deficit for petroleum is over \$12.5 billion a month. That is an increase of over \$1.3 billion from the previous month. The average price of imported crude oil rose to \$30.64 a barrel in March, the highest since February 1983, today the price of crude peaked at \$40.92, this is only 23 cents less than the all time record.

The United States annually consumes roughly 7,171,885,000 barrels of petroleum. (164 billion gallons of vehicle fuels and 5.6 billion gallons of heating oil) In 2001, 55.4 percent of these fuels were imported, part of a