

neediest seniors, gave a \$600 credit per year for 2 years. That is \$1,200 worth of free, much-needed prescription drugs for our neediest seniors. And the relief that we bring to them we have not yet seen but we will see it as 2006 begins, January, when part D, the Prescription Drug Act, starts.

But in regard to the Medicaid system, our colleagues on the other side of the aisle also say, well, why do we spend so much money on Social Security when what we really need to do is address the Medicaid problem. Let me just say this, Mr. Speaker. We have a Medicaid problem. There is no question about it. But that Medicaid problem is primarily because of three things: Waste, fraud, and abuse. And I can put it in one phrase: Gaming the system.

In fact, there are States in this great Nation that have figured out a way to leverage the system and draw down more Federal dollars and that sort of thing, and then use the money to cover other expenses that have nothing to do with health care, and that is gaming the system. We need to fix it, and we will.

But these seniors and our children and our grandchildren that need Social Security, that problem exists not because they have gamed the system. And I think my colleague from Texas understands that so well, Mr. Speaker. These people, through no fault of their own, are not going to have something that they have paid into with their money. They had no choice. It was almost confiscated from their paycheck. So we have to solve that first.

And I applaud the leadership for sticking to their guns on this. Not just the President, but, as I said earlier, our great majority leader, the gentleman from Texas (Mr. DELAY), and our Speaker of the House. They are right, we need to address this problem, do the heavy lifting, and worry more about the next generation than the next election.

With that, I yield back to my colleague from Texas.

Mr. CONAWAY. Mr. Speaker, I thank my colleague from Georgia.

There are two other reported bills we have passed in this first hundred days of the 109th Congress that have gained broad Democratic support. The first was the Continuity of Government Act. This would provide set procedures for holding elections should 100 or more of our colleagues be killed in some sort of an event. That bill enjoyed 122 Democrats joining with their Republican colleagues in the passage of that bill.

The final one I want to talk about which the Democrats showed support for is the Energy Policy Act of 2005. We have all had, those of us who drive automobiles, have had the wonderful opportunity of pulling up to the pump and paying prices for gasoline that are the highest we have ever paid, in our minds. I am not speaking to whether that is right or wrong, but it is certainly an expensive process to drive an automobile these days.

We passed the Energy Policy Act, which, unfortunately, is not designed and does not have the capacity to have an immediate impact on gasoline prices. That is a long-term problem, it has been a long time coming, and there is no silver bullet. There is no immediate solution to that. It is simply supply and demand.

As more of us continue to drive, as China continues to go from a bicycle economy to a moped economy to a 4-cylinder engine economy, to a 6-cylinder engine economy, their demands for crude oil and gasoline continues to grow much faster than anywhere else. India, likewise, has significant growth in their demand for the use of gasoline and crude oil. So it is a supply-and-demand issue that the Energy Policy Act we have just passed and sent over to the Senate just cannot address.

However, it can address opportunities to reduce our dependency on crude oil imported and natural gas imported from other countries. Each barrel of oil and each MCF of natural gas that we need to import from other sources makes us more dependent on those sources. Now, while we will never wean ourselves, or certainly not in our lifetimes, from imported crude oil and natural gas, we can take the necessary steps and the rational well-thought-out steps to reduce our dependency on that imported crude oil and imported natural gas through a variety of opportunities.

These opportunities include encouraging renewable energy sources, like wind generation for creating electricity. We have to know how to learn to burn coal cleanly. We currently capture sulfur properly, but we do not capture the CO₂ that is emitted when coal is burned. India and China will dwarf our coal consumption in their own capacity, in their usage of coal to generate electricity. We have to develop technologies that will capture that CO₂ and dispose of it properly. Because whether you believe in greenhouse gases or global warming or not, the evidence is pretty clear there is more carbon dioxide in the air today than certainly in any of our lifetimes. So capturing that CO₂ that is created when coal is burned is an essential part of this. This energy bill would provide dollars for the research for that technology.

It also creates jobs. Because as we continue to develop new ways to provide energy for this country, jobs are created when that happens.

We have a litany of other things I want to quickly run through in the final 5 minutes I have to brag on this House for the first 109 days. We passed a Supplemental Appropriations Act that will provide for the global war on terror funding in Iraq and Afghanistan, as well as some modest tsunami relief and other funding. This has gone to the Senate, is in a conference now, and will be back to us later this week.

We passed a budget resolution last week that for the first time since Ron-

ald Reagan we cut nondefense, non-Homeland Security discretionary spending, and it provides for reconciliation for the first time since 1997. This is another real accomplishment given the circumstances that we find ourselves in.

We have also passed the Transportation Equity Act of 2005. This provides for \$284 billion in transportation spending on the needed infrastructure improvements for our highways and bridges and other transportation infrastructure needs that will be spent over the next 6 years. We need that legislation to pass in the Senate so that the President can sign that bill and we can get on with the process of building a transportation infrastructure that will allow our economy to continue to grow and expand.

We have also passed the Job Training Improvement Act earlier in this session, which simplifies and combines some of the job training programs that are in our community colleges and colleges.

Mr. Speaker, we have had a terrific first hundred days. As a freshman, it is my first term here and it has been an exciting hundred days. I suspect the next hundred days will be as exciting as well, as we take up hopefully some specific plans on Social Security, and I look forward to joining with my Democrat colleagues, as we have done on six of these bills that I mentioned, in passing solutions to problems that face this country.

HEALTH INSURANCE CRISIS

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

GENERAL LEAVE

Ms. BALDWIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the subject of my special order this evening.

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

There was no objection.

Ms. BALDWIN. Mr. Speaker, for the third consecutive year, this week our country has designated Cover the Uninsured Week. Led by former Presidents Ford and Carter, hundreds of national and local organizations, as well as thousands of Americans in all 50 States, are participating in week-long activities to highlight the national health care crisis. This is one of those annual events that I wish we did not need to observe.

Cover The Uninsured Week should be unnecessary. Moreover, millions of Americans who are underinsured should not be paying such a high price both emotionally and financially. There is simply no justifiable reason

why the United States is the only industrialized country in the world that does not guarantee health care for all. So, Mr. Speaker, I rise tonight to draw attention to the 45 million Americans who do not have health insurance and the millions more who are underinsured.

Our Nation is in the midst of an escalating health care crisis. As health care costs soar, it becomes increasingly difficult for Americans to obtain comprehensive and affordable health care. Our current health care system is failing not only the 45 million Americans who are uninsured, but also millions more who do not receive comprehensive health care. We can no longer turn our backs while millions more lose access to health care.

Additionally, health care is becoming increasingly expensive even for those who are fully insured. Rising premiums, increasing deductibles, and the increasingly high cost of prescription drugs are making health care more and more unaffordable for those who have insurance. The lack of comprehensive and affordable health care affects every single Congressional district in this Nation. To highlight this issue and the real impact that being uninsured has on the lives of Americans, I have decided to read to my colleagues from some of the people that I represent in their own words. Often the people most affected tell the story of our uninsured crisis more eloquently than many policymakers.

I would like to begin with a few letters from my district in Wisconsin that express real people's struggles as part of our Nation's 45 million uninsured. Starting with Kimberly from Madison, Wisconsin, Kimberly writes "I am writing you today because of my family's frustration and anxiety over health care. My husband recently quit his job to launch his new company. Obviously, it will take some time for his new company to see any profit, much less income. In the meantime, we are without health insurance." She writes, "I am 5 months pregnant, and we have a 2-year-old son. Because of my preexisting condition, we cannot buy affordable health insurance. COBRA would cost us \$1,200 a month. I am currently applying for Medicaid and other forms of public assistance as a last resort. This is ridiculous."

□ 2300

"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 and doctors, longer waiting lists for procedures, and less incentive among doctors and researchers to develop new techniques. What is most frightening for me is the chance that my son might get sick or my baby might be born with expensive complications and we are uninsured."

Janet from Portage, Wisconsin writes to me: "I have a 53-year-old brother

who has psoriasis all over his body and arthritis 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 will not help him get it fixed so he can find a 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 2003. He has applied for over 100 positions only to be told that he lacks a college degree or he is overqualified or they can only pay \$8 an hour." Gail writes: "I was diagnosed with breast cancer in June 1989 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 years old and I am 58 years old. 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 paid into these insurance companies only to be turned away when we need that coverage the most."

Lisa from Madison writes: "I write to tell you and let you know that I understand why most people would not think there is a health care crisis. Most middle-class employed people never have to do an insurance questionnaire. We just sign on the dotted line and get into a group policy with our employer." Lisa writes: "I am a very healthy person and my husband and children are very healthy. We cannot get insurance. I think everyone should attempt to get an individual health insurance policy to see just how impossible it is. I am not a risk, really I am not. I am terrified right now because we are uninsured. The insurance companies are not concerned with our health. They are concerned with profits. That is sad and that is wrong."

Countless studies, including that of the Institute on Medicine has confirmed over and over again that uninsured has real consequences. One of those most serious and troubling consequences of being uninsured or underinsured is having to postpone or skip needed health care. Families USA reports that one out of five Americans has postponed needed medical care due to lack of coverage. And of those, more than one in three said the delay brought about significant pain or suffering. This is happening every single day all over America.

Another letter I received from Carol from Madison says: "As someone who has had no health insurance at all for 3 years, I can tell you that it was pretty miserable being one of the 45 million people in this country without health

insurance. Not long ago, my best friend died at age 42 because of ovarian cancer because she did not have health insurance and waited too long to see what was causing all of her symptoms. Yes, people in America actually die from not having health insurance."

Darla from Fitchburg, Wisconsin writes: "I lost my job because of unpredictable attendance due to my health issues. Upon losing my job, I signed up for COBRA. Last week I received a letter indicating my COBRA eligibility ends soon. In order for me to get health coverage, I would have to work at least 20 hours per week. My physicians believe that would do me more harm than good relating to my health issues. If I do not get some kind of health insurance, I will need to stop all treatments as I have no money to pay for doctors' services. My prescription drugs will have to stop as I will not be able to pay for them either. What can I do?"

Heather from Waterloo, Wisconsin writes: "I am married. Together with my husband, I own a home. We live a modest, middle-class life, managing always to 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 the plan, we would need to pay nearly \$400 per month. That is two-thirds as much as our mortgage. Through school, I have worked less and less. In order to maintain health care 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. However, even now if I have a sore throat, I will wait for several days and see how I feel. I will wait because if I do not need to go, I will save money." She writes: "This is disturbing to me as a nursing student because I know about the importance of early treatment and prevention. It is upsetting to me as a person because I value my health, and it is unacceptable to me as a citizen because I know there are people just like me who wait and get sicker, or cannot even get the medications that they need."

These are heart-breaking stories, but perhaps what is more heart breaking is they are just not unique. Millions of American families are confronted with these impossible decisions regarding their health care every single day. According to a recent Kaiser Family Foundation poll, more Americans are personally worried about their health care costs than they are about losing their jobs, paying their rent or mortgage, losing money in the stock market, or being the victim of a terrorist attack.

I will give an example. 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 that 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 hard-working families and individuals can get the treatment they need without going broke.”

David from Cross Plains, Wisconsin, writes: “My wife and I have been self-employed for over 18 years and have paid thousands of dollars for health insurance premiums. As of a few months ago, we had to drop out and are now without health insurance. The cost is completely out of reach. In fact, it is nuts. Now that I am 50 years old, it is not a matter of if I will ever have health problems, it is when. Tammy, we will lose everything we have ever worked for. So much for the American Dream. Now we look forward to dying, broke and possibly homeless.”

□ 2310

Mr. Speaker, part of the reason why I find these letters so compelling and why I make a point to share them with my colleagues and the American public is that finding and affording health care is a challenge faced by all types of Americans, young and old, those living in Wisconsin and those living in Texas, those who have jobs and those who do not. Put simply, this is a national crisis.

I have been especially troubled lately that instead of working hard to find a solution to the health care crisis, the majority party here in the House seems to be making the crisis worse for Americans in need. The House recently passed a bankruptcy bill which makes it more difficult for people to cope with the massive costs brought on by health care crises. This is ridiculous, especially since we know that nearly half of all personal bankruptcies filed in the United States are due to medical reasons, be it medical debt or an illness or injury that keeps somebody from the workforce and earning a living.

We are now poised to enact cuts to Medicaid, the Nation’s health care safety net. On that note, I would like to share a few additional stories before I get a chance to call on my colleague from Missouri to make a few statements.

First I share the letter of Chris from Monona, Wisconsin. She writes, “I’m writing because I’m concerned that the fiscal 2006 budget resolution may include drastic funding cuts to Medicaid. I have lived with multiple sclerosis for 12 years, and I know that significant decreases in funding would be devastating to people like me who have chronic conditions. I’m still able to work, but other folks with MS depend on Medicaid to access critical health programs. I need you to stick up for me and the thousands of Americans with MS.”

And then there is Mary from Madison, Wisconsin, who came to meet with me in my office to talk about Medicaid. Mary is a nurse and while she was certainly familiar with the Medicaid program, she never thought she would have to rely on Medicaid. But

then her daughter had a child who was born with a heart defect. The child had to have heart surgery almost immediately after he was born and was in the hospital for a very long time. During this time, Mary’s insurance for her daughter and her grandson expired, but they were very fortunate to have Medicaid to fall back on. Mary is incredibly thankful that she had Medicaid. Otherwise, her grandson’s health would have suffered and she would literally be hundreds of thousands of dollars in debt.

And lastly, there is the story of Silvia from Fitchburg, Wisconsin. Silvia was uninsured when she was hospitalized with a need for an appendectomy. Even after the hospital charity program reduced her bill, she still owed over \$11,000 to the hospital. Sometimes bill collectors call her home five times a day. Silvia chips away at this bill, sending \$20 to \$50 a month.

Mr. Speaker, before I continue, I yield to the gentleman from Missouri (Mr. CARNAHAN) who has some words to share about Cover the Uninsured Week.

Mr. CARNAHAN. I thank the gentleman from Wisconsin for yielding.

Mr. Speaker, this week is Cover the Uninsured Week in our country. I rise tonight to voice my concern for the 45 million Americans, including 8 million children and over 600,000 citizens in my home State of Missouri who are currently living without health insurance. I want to encourage all Americans to get involved in this week-long observance in their communities or on the Web at www.covertheuninsuredweek.org and to dedicate ourselves to getting America covered. This is a broad and diverse coalition of individuals and organizations throughout our country, including the U.S. Chamber of Commerce, the AFL-CIO, Health Care Leadership Council, AARP and many other organizations in our country that have the common goal of getting America insured. Uninsured Americans come from many age groups and backgrounds. In fact, eight out of 10 people who do not have insurance live in families with at least one person working full-time. Yet either their employer does not provide health insurance or they cannot afford the premiums that continue to escalate out of control. These Americans live day to day, dreading the slightest cold, praying for their children, that they stay healthy. This can no longer continue in our country.

I understand these concerns all too well. When my wife and I owned our small business many years ago, we did not have insurance for the birth of our youngest son. We were fortunate that there were no serious complications and that we were able to obtain insurance eventually. But many American people are not so fortunate. This is a grave and serious problem that affects all Americans, not just those without insurance. Even those who currently have health insurance are impacted by this. When people do not have the pro-

tection of quality health insurance coverage, they often put off seeing a doctor until their condition worsens to the point that they must go to the emergency room. If they cannot pay for the large hospital bill, the costs are passed on to other patients who are insured through higher premiums and oftentimes overcrowded emergency rooms.

There is a better way. I am proud to stand here with the gentlewoman from Wisconsin and many other Members of this Congress to recognize Cover the Uninsured Week and to advocate for real solutions to this nationwide crisis. The problem of the uninsured is not something that we can put off solving anymore. I urge Congress to act and improve the lives of millions of hard-working and uninsured Americans by ensuring accessible and affordable health care.

Ms. BALDWIN. I thank the gentleman for his words. As I was earlier sharing some of the letters written to me by my constituents, I recognized how powerful those stories are. I thank the gentleman also for sharing his own and his own experience with this issue. I am sure it strengthens his advocacy on behalf of all of his constituents and all Americans.

Mr. Speaker, when I first announced that I was going to seek a seat in Congress several years ago, I chose the location of the football stadium in my hometown, the stadium where the UW Badgers play their football games. It is a stadium with a capacity of just under 60,000 people. The reason I chose that location was to bring to light the fact that if you filled that stadium, every seat, with people who are uninsured from that congressional district, there would still be a line to get in. That is how many people there are. In other congressional districts around the country, you could fill multiple football stadiums of that same size.

It is staggering. It is hard for us to get a grip on what it really means that there are 45 million Americans with no health insurance at all. And these are people who have had longtime uninsurance. In fact, the Census Bureau, who puts out that number, bases it on being uninsured for a full year. If you count the people who are only uninsured for a month or two, some estimates go as high as 70 million Americans who experience some time without insurance. Forty-five million is a staggering number. And add to that some of the people I referenced earlier who have some type of insurance but are still facing exorbitant expenses, whether it is rising premiums, enormous deductibles, copays. It is a system in crisis.

I hope as we observe Cover the Uninsured Week and as we think about our responsibilities as Members of Congress representing many people who are uninsured and underinsured that we take serious aim at this crisis in our country. I hope that in a few years, maybe even next year, that there will

be no need to commemorate and observe Cover the Uninsured Week. This is a problem that screams out for our response. I invite my colleagues to join me in working to provide health care for every American.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, we all know someone who is living without health insurance. The perception is that the uninsured don't work. Over 80 percent of the uninsured have jobs. Most work in retail and service industries, but many are small business owners and employees. They are the individuals who care for our children, check our groceries, or run the local pharmacy. Americans who work hard for a living, should have health insurance.

Often times, the uninsured ignore their medical problems and delaying doctors visits. Children go without vaccines because visiting the doctor is just too expensive. They are gambling that they won't get seriously ill. But those who lose face staggering medical bills. Millions of dollars and many lives can be saved with timely medical attention.

Almost one quarter of Texans are uninsured. This is the highest rate of uninsured in the United States. In Dallas, 25 percent of the population is uninsured.

Despite the number of Texans who are uninsured, medical assistance programs continue to be cut. In 2003, the Texas Health and Human Services Commission implemented budget cuts to the Children's Health Insurance Program. CHIP was designed to help families who earn too much to qualify for Medicaid, but not enough to afford private medical insurance. These budget cuts made it more difficult for families to qualify for CHIP. It also imposed higher premiums and co-payments. In addition, there is now a 90 day waiting period before coverage begins. There is no longer any coverage for dental care, vision, or mental health. And families are now required to reapply for CHIP every 6 months.

Since the budget cuts, over 175 thousand children have been dropped from CHIP. Less than half of those children were able to find another form of medical insurance.

For weeks now this Congress has dealt with legislation that harms some of our most vulnerable citizens. Many of whom are dealing with serious medical difficulties.

Staggering medical bills and considerable debt is a problem for many uninsured Americans. Many of these individuals are forced to file bankruptcy. Last month the House passed the Bankruptcy Reform Bill. With these changes, those with moderate or higher incomes are now required to pay back most, if not all, of their debt.

For example, under these reforms an uninsured family who has a child to cancer will now be saddled with those medical bills indefinitely.

Mr. Speaker, last month the House also passed the Energy Bill. This was NOT a positive bill for Americans whose health depends on clean air and clean water.

Under the Clean Air Act, areas that have unhealthy air were required to reduce ozone-forming pollution by strict deadlines. The Energy Bill extends these deadlines allowing polluters more time to continue polluting. This means more asthma attacks, hospital visits, and premature deaths for residents in highly polluted areas.

Today, 45 million American are uninsured. Even those families that do have health insur-

ance today, fear they may not have coverage tomorrow. The truth is that no American family is more than one job change, one corporate cost cut, or one serious illness or accident away from being uninsured.

This country faces an uphill battle in solving this health crisis. Now is the time for this Congress to address this problem with innovative ideas and actions.

□ 2320

PEAK OIL

The SPEAKER pro tempore (Mr. DENT). Under the Speaker's announced policy of January 4, 2005, the gentleman from Maryland (Mr. BARTLETT) is recognized until midnight.

Mr. BARTLETT of Maryland. Mr. Speaker, several weeks ago I read a treatise written by Matt Savinar, and I was galvanized by his introduction. Let me read it.

"Dear reader," he begins, "civilization as we know it is coming to an end soon. This is not the whacky proclamation of a doomsday cult, apocalypse Bible prophecy sect, or conspiracy theory society. Rather, it is the scientific conclusion of the best-paid, most widely respected geologists, physicists, and investment bankers in the world. These are rational, professional, conservative individuals who are absolutely terrified by a phenomenon known as global peak oil."

Mr. Speaker, in the weeks since I read this, I have checked with a large number of experts in this area across the country and indeed around the world. He could be right. He will be right unless we appropriately address this big challenge which faces the world and particularly faces the United States, and that is what we will be talking about in our Special Order this evening.

I have been joined by the gentleman from the eastern shore of Maryland (Mr. GILCHREST), one of my colleagues who shares a concern in this area of energy, and I yield to the gentleman.

Mr. GILCHREST. Mr. Speaker, I am only going to speak for just a couple of minutes because the gentleman from Maryland (Mr. BARTLETT) has a fascinating story to tell, one that richly deserves everybody's attention.

But, just briefly, I want to thank the gentleman for yielding to me.

The gentleman from Maryland (Mr. BARTLETT) will talk about energy, peak oil. As the demand increases enormously, the supply of the fossil fuel that we are using continues to decrease. We know that energy is power, and energy is what drives the Nation's economy. And we have assumed for a long time, for decades anyway, that energy supplies have a bottomless well. And that is correct. The energy source at the bottom of the well is bottomless. It is endless. But what is at the bottom of that well is not oil. It is not even natural gas. It is not coal. What lies at the bottom of the bottomless well is our intellect, our logic, our knowledge, our know-how.

We used to the light our homes with whale oil. They did not stop lighting homes because we ran out of whales, thank goodness; but we transitioned to a number of other things. We used to use just wood all over the world, and thank goodness we transitioned from wood to coal because we were tearing our forests down, and there are a lot better uses for wood than to burn that wood.

We transitioned for our transportation needs and many other needs from coal to oil, and oil is a lot cleaner and it is a lot more efficient. Then we went from oil and we found that natural gas is cleaner yet and more efficient than oil. We also began to realize that coal has more hydrogen than wood. Oil has more hydrogen in its content than coal. Natural gas has more hydrogen than oil. The transition through our energy sources has not come about because we ran out of those energy sources. It has come about because we got a little smarter. Our intellect, our quest for knowledge, our curiosity about something that is better overtook the status quo.

And when the gentleman from Maryland (Mr. BARTLETT) talks about peak oil, not only do we need to move away from the status quo when we hear his words about fossil fuel; it is essential. There is a sense of urgency to move away. In all our measurements of oil or natural gas, whenever one looks at a heater in their home, whether it is their oil furnace, a Carison heater or whatever it is, it is measured in Btus.

I want to show a number. This is a 1 with 15 zeros. That is 1 quadrillion. In 1910 we used 7 quadrillion Btus in the United States. In 1954 we used 35 quadrillion Btus, energy demand increase. Right now we use 100 quadrillion Btus, and that is not slowing down.

What we need in this country is logic and intellect to move us away from an energy source that has now lost its usefulness for a number of reasons. It is putting carbon dioxide into our atmosphere faster than we have seen that infusion of carbon dioxide in the last 400,000 years, and our supply is diminishing quickly as our demand is increasing even faster.

There are a number of energy sources. The gentleman from Maryland (Mr. BARTLETT) will talk about some of them. We will have these on a number of occasions. We are looking at nuclear. We are looking at solar. We are looking at wind. We are looking at hydrogen. We are looking at a number of alternatives. But before we have the technology to move into those alternatives for energy security, which means energy independence, the transition has got to be vastly improved efficiency for oil, for natural gas, to move into biofuels, and I am not talking about ethanol, which is corn which will feed the world. I am not talking about biodiesel, which is soy beans, which is used to feed the world. What I am talking about are other sources like certain grass or poplar trees, which farmers