

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 2008

SPEECH OF

HON. DORIS O. MATSUI

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 17, 2007

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 3043) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2008, and for other purposes:

Ms. MATSUI. Madam Chairman, I rise in opposition of the Stearns Amendment to the FY 2008 Labor-HHS-Education and Related Agencies Appropriations Act. This amendment would cut vital funding from the Corporation for National and Community Service. I am proud to be a part of those standing up in support of the corporation. I believe strongly that the programs supported by the Corporation embody the spirit of the American people, and it is important for Members of Congress to continue to support these programs.

As a Co-Chair of the National Service Caucus, it is a pleasure to call attention to the tremendous work of those involved at every level and in every program of the corporation. As a part of the corporation, AmeriCorps is a national service program that engages Americans of all ages and backgrounds in service. Since AmeriCorps was established in 1994, AmeriCorps members have performed over 637 million hours of service that help in each of our communities.

Through programs such as AmeriCorps State and National, Volunteers in Service to America (VISTA), and National Civilian Community Corps (NCCC), AmeriCorps volunteers address critical needs in our communities.

These generous men and women help supplement opportunities and programs in the areas of education, public safety, disaster response and recovery, and environment preservation.

As a result of the great work of AmeriCorps members, extraordinary things are happening all around America. The Corporation supports such important non-profit organizations as Habitat for Humanity, City Year, Red Cross and Teach for America. AmeriCorps volunteers have built homes, healed wounds, and taught elementary school kids. These volunteers are part of the backbone of America.

With very little funding, AmeriCorps members leverage millions of dollars and perform crucial work in classrooms, in national parks, and in areas of our nation hit by disaster. As a result, I hope that my colleagues will support AmeriCorps programs and vote against this amendment. The spirit of service that is so important to all of our communities is one that should be encouraged, not stripped of federal support.

Madam Chairman, I want to extend my greatest appreciation to those who have served our country through AmeriCorps programs. These volunteers have embraced the American spirit of volunteerism, and they are to be applauded for their service.

I strongly urge my colleagues to reject this misguided amendment.

25TH ANNIVERSARY OF THE LAND
STEWARDSHIP PROJECT

HON. TIMOTHY J. WALZ

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 18, 2007

Mr. WALZ of Minnesota. Madam Speaker, today I rise to commemorate the 25th anniversary of the Land Stewardship Project.

I would like to applaud the outstanding work this organization does representing Minnesota's family farmers and promoting sustainable approaches to farming practices. From its very beginnings, the Land Stewardship Project has advanced practical stewardship solutions and built widespread public support for an agricultural system in which family farms, small towns and a healthy environment can thrive.

Over the years, the Land Stewardship Project has fought to ensure a healthier food supply, preserve our soil, water and wildlife habitat, and support diversified and profitable family farming. The Land Stewardship Project has created a positive alternative for Minnesota producers and rural residents. And, as those of us in elected office know, the Land Stewardship Project is a strong, effective voice on behalf of its members.

With their "Farm Beginnings Program," the Land Stewardship Project educates beginning farmers in the basics of financial management. This program has helped bring the next generation of farmers and ranchers into agriculture and has graduated over 300 students in the past 10 years.

For their 25 years of service to Minnesota's farmers and rural communities, I commend the members and staff of the Land Stewardship Project and I look forward to their bright future.

100TH ANNIVERSARY OF LAFARGE
OF NORTH AMERICA CEMENT
PLANT

HON. BART STUPAK

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 18, 2007

Mr. STUPAK. Madam Speaker, I rise today to honor a business in my district that has enjoyed a proud history in northern Michigan. This month, Lafarge of North America's cement plant in Alpena, Michigan celebrates its 100th anniversary. For one hundred years, through three different owners, the Alpena cement plant has led the cement industry with innovations and served as an example of the industriousness of the people of northern Michigan.

The plant began as the Huron Portland Cement Company. The idea for the plant originated from Harry J. Paxton of Fenton, Michigan. While, during this time, Michigan had many young men full of entrepreneurial spirit, Mr. Paxton had a unique passion: Portland cement. He had learned to produce cement while managing a small mill at Fenton. Another one of the early cement pioneers in Alpena was John B. Ford, who served as the company's first president.

In January of 1907, Articles of Association were filed for the Huron Portland Cement Company in Lansing, Michigan. The purpose of the corporation was stated simply as "The

Manufacture of Portland Cement." Capital stock was listed as merely "twelve hundred thousand dollars" divided into twelve thousand shares of the par value of one hundred dollars. From these meager beginnings, the City of Alpena Michigan would grow into its nickname "Cement City."

When the plant first started, stone from the quarries in Alpena were loaded by hand into horse-drawn wagons to be delivered to the plant. By these crude means, cement was produced in Alpena, loaded, again, by hand, into ships moored at Alpena's Thunder Bay. The cement was then transported across the Great Lakes to ports throughout the Midwest, where the product served as the basic fabric of America's economic growth and industrialization. As our great Nation paved its roads and built its highways, much of the cement used came from the Huron Portland Cement Company of Alpena, Michigan.

Over time, steam driven shovels and rail cars took the place of the horse-drawn wagons and human muscle. In turn, the steam driven shovels and rail cars were replaced by electric shovels and large haul trucks. Today, a large front-end loader and huge haul trucks are used to mine the rock. At Lafarge's modern plant, state-of-the-art electronics, computers and x-ray analyzers controlled by highly skilled and educated employees produce a high quality product with maximum efficiency.

Over the years, individuals with great vision, indeed, leaders of the cement industry, developed the cement plant in Alpena. There have been many significant technological developments at the Alpena plant. One of the most important was the invention of the air slide in the late 1940s. After the air slide patent was sold to the Fuller Company, it was refined and became a widely used piece of equipment in a number of industries.

The Alpena plant was also the first of two North American plants to use waste heat from its kilns to generate steam, which drives turbines producing electricity. In 4 days, the turbines produce enough electricity to power each residence in the county of Alpena for 3 weeks. In 1957, the plant was purchased by National Gypsum, which owned and operated the Alpena cement plant for nearly 30 years, until the plant was sold to Lafarge of North America.

Under Lafarge's leadership, the plant has continued to innovate. In recent years, the Alpena Plant has significantly reduced its use of the virgin natural resources it uses as raw material in the cement manufacturing process, replacing them with waste from other industries. This concept of reusing industries' waste for another industry's raw materials is called "industrial ecology," and Lafarge's Alpena Plant has been a pioneer in this area. This development provides another example of how Lafarge of Alpena has helped lead the North American cement industry into the future.

Madam Speaker, 100 years after it was built, the Alpena cement plant still towers over the City of Alpena and Thunder Bay. Today, the Alpena cement plant is the largest plant in Lafarge's North American portfolio, a testament to Lafarge's continued faith and investment in the people and community of Alpena.

While a century has passed, the Alpena cement plant remains standing as a physical tribute, a testament to the role northern Michigan and the City of Alpena has played in the cement industry and in our nation's economic

growth. This week, the people of Alpena will celebrate 100 years of the plant's existence and their reputation as "Cement City." The workers—past and present—who have labored there as well as the plant's previous and current owner all deserve our enduring respect for their contributions to the cement industry's past, present and future. Madam Speaker, on the centennial celebration of the Alpena cement plant, I would ask that you and the entire U.S. House of Representatives join me in saluting this northern Michigan institution.

MEDICAL WAITING TIMES A PROBLEM FOR AMERICAN CONSUMERS

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 18, 2007

Ms. SCHAKOWSKY. Madam Speaker, I rise today on behalf of my constituents who continue to receive inadequate health coverage in our broken health care system. With the recent release of Michael Moore's documentary, "Sicko," attention is being brought to the many problems perpetuated by our health care system, especially those that result from a desire on the part of insurers to maximize their profits. The movie strikes a chord with my constituents who know that, in a Nation in which over 45 million citizens are uninsured, even those with health insurance are at risk for not getting the health care they need. Although those who support the status quo have been quick to criticize the movie, its popularity in my district underscores its resonance with my constituents who are dissatisfied with a system that has failed them over and over again and who are demanding comprehensive change.

I am deeply troubled by recent comments from health insurance companies and their defenders arguing that wait times under universal health care systems are disproportionately longer than those in our private health system. Such comments gloss over the realities faced by my constituents, who continue to call and write my office frustrated that pre-existing conditions, pre-approval, and prohibitive costs have made long wait-times commonplace for them. Recent statistics from the Institution of Healthcare Improvement reveal that Americans nationwide are waiting an average of 70 days to see a provider. In many circumstances, people who are initially diagnosed with cancer are waiting over a month. Is this the best we can do for our citizens in the richest, most prosperous nation in the world?

When we compare ourselves to nations with national health care, the statistics paint a much different picture than the critics would like us to believe. According to a recent article in *Business Week* ("The Doctor Will See You—In Three Months"—July 9, 2007), "both data and anecdotes show that the American people are already waiting as long or longer than patients living with universal health-care systems." In addition, a Commonwealth Fund study that compared the U.S. health-care system to five industrialized countries with national health coverage showed that waiting times were worse in the U.S. than in all of the other countries but one. Only 47 percent of

U.S. patients can get a same or next-day appointment for a basic medical problem, and 26 percent of U.S. adults have gone to an emergency room in the past 2 years because they couldn't get in to see their regular doctor when needed.

As long as Congress ignores this issue, our constituents will continue to wait for medical care that should be provided to them expeditiously. It is disappointing that this problem has been left on the backburner for so long, and I hope that this reinvigorated health-care discussion will allow us as Members to seize the opportunity to do what is right for our constituents. I strongly urge Members to read the attached *Business Week* article and a recent column by Paul Krugman that describe the health-care waiting game that so many of our constituents face on a regular basis.

[From *Business Week*, July 9, 2007]
THE DOCTOR WILL SEE YOU—IN THREE MONTHS

(By Catherine Arnst)

The health-care reform debate is in full roar with the arrival of Michael Moore's documentary *Sicko*, which compares the U.S. system unfavorably with single-payer systems around the world. Critics of the film are quick to trot out a common defense of the American way: For all its problems, they say, U.S. patients at least don't have to endure the endless waits for medical care endemic to government-run systems. The lobbying group America's Health Insurance Plans spells it out in a rebuttal to *Sicko*: "The American people do not support a government takeover of the entire health-care system because they know that means long waits for rationed care."

In reality, both data and anecdotes show that the American people are already waiting as long or longer than patients living with universal health-care systems. Take Susan M., a 54-year-old human resources executive in New York City. She faithfully makes an appointment for a mammogram every April, knowing the wait will be at least six weeks. She went in for her routine screening at the end of May, then had another because the first wasn't clear. That second X-ray showed an abnormality, and the doctor wanted to perform a needle biopsy, an outpatient procedure. His first available date: mid-August. "I completely freaked out," Susan says. "I couldn't imagine spending the summer with this hanging over my head." After many calls to five different facilities, she found a clinic that agreed to read her existing mammograms on June 25 and promised to schedule a follow-up MRI and biopsy if needed within 10 days. A full month had passed since the first suspicious X-rays. Ultimately, she was told the abnormality was nothing to worry about, but she should have another mammogram in six months. Taking no chances, she made an appointment on the spot. "The system is clearly broken," she laments.

It's not just broken for breast exams. If you find a suspicious-looking mole and want to see a dermatologist, you can expect an average wait of 38 days in the U.S., and up to 73 days if you live in Boston, according to researchers at the University of California at San Francisco who studied the matter. Got a knee injury? A 2004 survey by medical recruitment firm Merritt, Hawkins & Associates found the average time needed to see an orthopedic surgeon ranges from 8 days in Atlanta to 43 days in Los Angeles. Nationwide, the average is 17 days. "Waiting is definitely a problem in the U.S., especially for basic care," says Karen Davis, president of the nonprofit Commonwealth Fund, which studies health-care policy.

All this time spent "queuing," as other nations call it, stems from too much demand and too little supply. Only one-third of U.S. doctors are general practitioners, compared with half in most European countries. On top of that, only 40% of U.S. doctors have arrangements for after-hours care, vs. 75% in the rest of the industrialized world.

Consequently, some 26% of U.S. adults in one survey went to an emergency room in the past two years because they couldn't get in to see their regular doctor, a significantly higher rate than in other countries.

There is no systemized collection of data on wait times in the U.S. That makes it difficult to draw comparisons with countries that have national health systems, where wait times are not only tracked but made public. However, a 2005 survey by the Commonwealth Fund of sick adults in six nations found that only 47% of U.S. patients could get a same- or next-day appointment for a medical problem, worse than every other country except Canada.

The Commonwealth survey did find that U.S. patients had the second-shortest wait times if they wished to see a specialist or have nonemergency surgery, such as a hip replacement or cataract operation (Germany, which has national health care, came in first on both measures). But Gerard F. Anderson, a health policy expert at Johns Hopkins University, says doctors in countries where there are lengthy queues for elective surgeries put at-risk patients on the list long before their need is critical. "Their wait might be uncomfortable, but it makes very little clinical difference," he says.

The Commonwealth study did find one area where the U.S. was first by a wide margin: 51% of sick Americans surveyed did not visit a doctor, get a needed test, or fill a prescription within the past two years because of cost. No other country came close.

Few solutions have been proposed for lengthy waits in the U.S., in part, say policy experts, because the problem is rarely acknowledged. But the market is beginning to address the issue with the rise of walk-in medical clinics. Hundreds have sprung up in CVS, Wal-Mart, Pathmark, and other stores—so many that the American Medical Assn. just adopted a resolution urging state and federal agencies to investigate such clinics as a conflict of interest if housed in stores with pharmacies. These retail clinics promise rapid care for minor medical problems, usually getting patients in and out in 30 minutes. The slogan for CVS's Minute Clinics says it all: "You're sick. We're quick."

How the U.S. Stacks Up: Able To Get Appointment Same or Next Day for Medical Problem

	Percent
New Zealand	81
Germany	63
Britain	61
Australia	56
U.S.	7
Canada	36

Data: Commonwealth Fund

[From the *New York Times*, July 16, 2007]

THE WAITING GAME

(By Paul Krugman)

Being without health insurance is no big deal. Just ask President Bush. "I mean, people have access to health care in America," he said last week. "After all, you just go to an emergency room."

This is what you might call callousness with consequences. The White House has announced that Mr. Bush will veto a bipartisan plan that would extend health insurance, and with it such essentials as regular checkups and preventive medical care, to an estimated