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 backbumer 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

4.1 million currently uninsured children. After all, it's not as if those kids really need insurance—they can just go to emergency rooms, right?

O.K., it's not news that Mr. Bush has no empathy for people less fortunate than himself. But his willful ignorance here is part of a larger picture: by and large, opponents of universal health care paint a glowing portrait of the American system that bears as little resemblance to reality as the scare stories they tell about health care in France, Britain, and Canada.

The claim that the uninsured can get all the care they need in emergency rooms is just the beginning. Beyond that is the myth that Americans who are lucky enough to have insurance never face long waits for medical care.

Actually, the persistence of that myth puzzles me. I can understand how people like Mr. Bush or Fred Thompson, who declared recently that ''the poorest Americans are getting far better service'' than Canadians or the British, can wave away the desperation of uninsured Americans, who are often poor and voiceless. But how can they get away with pretending that insured Americans always get prompt care, when most of us can testify otherwise?

A recent article in Business Week put it bluntly: ''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.''

A cross-national survey conducted by the Commonwealth Fund found that America ranks near the bottom among advanced countries in terms of how hard it is to get medical attention on short notice (although Canada was slightly worse), and that America is the worst place in the advanced world if you need care after hours or on a weekend.

We look better when it comes to seeing a specialist or receiving elective surgery. But Germany outperforms us even on those measures—and I suspect that France, which wasn't included in the study, matches Germany's performance.

Besides, not all medical delays are created equal. In Canada and Britain, delays are caused by doctors trying to devote limited medical resources to the most urgent cases. In the United States, they're often caused by insurance companies trying to save money.

This can lead to ordeals like the one recently described by Mark Kleiman, a professor at U.C.L.A., who nearly died of cancer because his insurer kept delaying approval for a necessary biopsy. ''It was only later,'' writes Mr. Kleiman on his blog, ''that I discovered why the insurance company was stalling; I had an option, which I didn't know I had, to avoid all the approvals by going to 'Tier II,' which would have meant higher co-payments.''

He adds, ''I don't know how many people my insurance company waited to death that year, but I'm certain the number wasn't zero.''

To be fair, Mr. Kleiman is only surmising that his insurance company risked his life in an attempt to get him to pay more of his treatment costs. But there's no question that some Americans who seemingly have good insurance nonetheless die because insurers are trying to hold down their ''medical losses''—the industry term for actually having to pay for care.

On the other hand, it's true that Americans get hip replacements faster than Canadians. But there's a funny thing about that example, which is used constantly as an argument for the superiority of private health insurance over a government-run system: the large majority of hip replacements in the United States are paid for by, um, Medicare.

That's right: the hip-replacement gap is actually a comparison of two government health insurance systems. American Medicare has shorter waits than Canadian Medicare (yes, that's what they call their system) because it has more lavish funding—end of story. The alleged virtues of private insurance have nothing to do with it.

The bottom line is that the opponents of universal health care appear to have run out of honest arguments. All they have left are fantasies: horror fiction about health care in other countries, and fairy tales about health care here in America.

INTRODUCTION OF THE LEAD POISONING REDUCTION ACT

HON. LOUISE McINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 18, 2007

Ms. SLAUGHTER. Madam Speaker, today I am pleased to introduce the Lead Poisoning Reduction Act, a bill that will remove toxic lead hazards from childcare facilities, and put an end to an entirely avoidable public health crisis. It is critical that Congress provide our communities the tools necessary to make the places where our children spend their time safe and defend them from the dangers that exposure to lead poses to their health.

Exposure to lead is not safe for anyone, but children are most vulnerable among us. Even the slightest amounts of lead can do serious, irreparable damage because their bodies and minds are still in developmental stages. Among many other things, lead poisoning can cause learning disabilities, brain damage, organ failure, coma and even death in children. Despite the knowledge of the risks associated with exposure to lead hazards and the availability of tools that can prevent more children from suffering from lead poisoning, 310,000 American children are affected every year.

Unfortunately, lead poisoning remains a threat to our children in places where they ought to feel the most safe—our childcare facilities. According to a report from the Environmental Protection Agency, nearly 12 million children under the age of five spend 40 hours a week in childcare. The Department of Housing and Urban Development has reported that approximately 14 percent of licensed childcare centers across the U.S. have hazardous levels of lead-based paint. Children attending daycare centers in the Northeast and Midwest are at a greater risk of being exposed to lead hazards, as 40 percent of the childcare facilities in those regions were built before 1960.

In addition to lead hazards posed by paint at childcare facilities, these old buildings are home to corroded pipes and water lines which are also sources of lead exposure. A parent should not have to worry about their child consuming lead when their thirsty child visits a drinking fountain.

Our childcare professionals must have the tools they need to guard our children from lead poisoning. The Lead Poisoning Reduction Act would establish a Select Group on Lead Exposure comprised of experts from the National Institute of Environmental Health Science, the Administration for Children and Families, the National Institute of Child Heath and Human Development, the Secretary of Education, and the Centers for Disease Control and Prevention. The Select Group will conduct a study of child-occupied facilities created before 1978 and develop baseline standards that facilities must meet to receive grants under this Act. To help childcare facilities comply with the new lead-safety standards, the bill establishes a grant program to defray associated costs. Finally, the Act requires that all contractors hired for repair, renovations, or reconstruction of childcare facilities be provided with educational materials about lead hazards and the guidance necessary to avoid imposing additional risks.

The Lead Poisoning Reduction Act fills a major gap in our national policy to eradicate lead poisoning by 2010 by providing the guidance and resources need to protect our children from lead hazards in their childcare facilities.

I urge my colleagues to join me in supporting the Lead Poisoning Reduction Act.

RESPONSIBLE REDEPLOYMENT FROM IRAQ ACT

SPEECH OF

HON. ALBERT RUSSELL WYNN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 12, 2007

Mr. WYNN. Mr. Speaker, I rise in support of this resolution. Our continued engagement in Iraq is obscene and pointless. We went into Iraq to thwart the development of weapons of mass destruction, then to effect regime change of a ruthless dictator, then to promote the establishment of a democratic government, then to our currently sad assessment that we cannot leave because it will result in a catastrophe—and now we find ourselves serving as policemen in the middle of a civil war.

The Administration can no longer deny, after 3,611 American soldiers dead, over a thousand American contractors dead and over twelve thousand wounded, an estimated 50 thousand or more Iraqis dead, and 12,014 Americans severely injured and countless American families disrupted, that to continue down this path is both irresponsible and tragic.

We cannot resolve the Iraqi civil war. We cannot prop up a government that refuses to lead, and despite Vice President CHENEY's fondest wishes, we will not be able to control Iraqi oil. It's past time to bring our troops home.

What about the aftermath of our leaving? The Shiite and Sunni in turn will have to look at each other and ask, now that the United States is gone what do we do? They can either continue killing each other or work for peace. The United States must disengage militarily, but we cannot abandon the Iraqi people. After our departure, the United States must work to assist Iraqis and the Muslim countries in the region to develop a peace process. I am confident the Iraqi people want peace, and neighboring countries don't want the sectarian conflict to spread across the region. Currently, we are an impediment to peace.

The United States should continue to provide humanitarian support and aid for reconstruction for schools and hospitals, with increased Congressional oversight. We must also support an Iraqi peace process, brokered by the parties in the region or respected 3rd