

Berman	Fortenberry	Mahoney (FL)	Scott (GA)	Speier	Walberg
Berry	Fossella	Manzullo	Scott (VA)	Spratt	Walden (OR)
Biggert	Foster	Marchant	Sensenbrenner	Stark	Walsh (NY)
Bilbray	Foxx	Markey	Serrano	Stearns	Walz (MN)
Bilirakis	Frank (MA)	Marshall	Sessions	Stupak	Wamp
Bishop (GA)	Franks (AZ)	Matheson	Shadegg	Sutton	Waters
Bishop (NY)	Frelinghuysen	Matsui	Shays	Tancledo	Watson
Bishop (UT)	Gallegher	McCarthy (CA)	Shea-Porter	Tanner	Wat
Blackburn	Garrett (NJ)	McCarthy (NY)	Sherman	Tauscher	Waxman
Blumenauer	Gerlach	McCaull (TX)	Shimkus	Taylor	Welch (VT)
Blunt	Giffords	McCollum (MN)	Shuler	Terry	Weldon (FL)
Boehner	Gilchrest	McCotter	Shuster	Thompson (CA)	Westmoreland
Bonner	Gillibrand	McCryer	Simpson	Thompson (MS)	Wexler
Bono Mack	Gingrey	McDermott	Sires	Thornberry	Wilson (NM)
Boozman	Gohmert	McGovern	Skelton	Tiaha	Wilson (OH)
Boren	Gonzalez	McHenry	Slaughter	Tierney	Wilson (SC)
Boswell	Goode	McHugh	Smith (NE)	Towns	Wittman (VA)
Boucher	Goodlatte	McIntyre	Smith (NJ)	Tsongas	Wynn
Boustany	Gordon	McKeon	Smith (TX)	Turner	Yarmuth
Boyd (FL)	Granger	McMorris	Smith (WA)	Udall (NM)	Woolsey
Boysd (KS)	Graves	Rodgers	Snyder	Upton	Wu
Brady (TX)	Green, Al	McNerney	Solis	Van Hollen	Wynn
Braley (IA)	Green, Gene	McNulty	Souder	Velázquez	Yarmuth
Broun (GA)	Hall (NY)	Meek (FL)	Space	Viscosky	
Brown (SC)	Hare	Meeks (NY)			
Buchanan	Harman	Melancon			
Burgess	Hastings (FL)	Mica			
Burton (IN)	Hastings (WA)	Michaud			
Butterfield	Hayes	Miller (FL)			
Buyer	Heller	Miller (MI)			
Calvert	Hensarling	Miller (NC)			
Camp (MI)	Herger	Miller, Gary			
Cannon	Herseth Sandlin	Miller, George			
Capito	Higgins	Mitchell			
Capps	Hill	Moore (KS)			
Capuano	Hinchey	Moore (WI)			
Cardoza	Hinojosa	Moran (KS)			
Carnahan	Hirono	Moran (VA)			
Carson	Hobson	Murphy (CT)			
Carter	Hodes	Murphy, Tim			
Castle	Hoekstra	Musgrave			
Chabot	Holden	Myrick			
Chandler	Holt	Neal (MA)			
Clarke	Honda	Neugebauer			
Clay	Hooley	Nunes			
Cleaver	Hoyer	Oberstar			
Clyburn	Hunter	Obey			
Coble	Inglis (SC)	Olver			
Cohen	Inslee	Ortiz			
Conaway	Israel	Pallone			
Conyers	Issa	Pascrell			
Costa	Jackson (IL)	Pastor			
Costello	Johnson (GA)	Paul			
Courtney	Johnson (IL)	Payne			
Cramer	Johnson, E. B.	Pearce			
Crenshaw	Johnson, Sam	Pence			
Crowley	Jones (NC)	Perlmutter			
Cubin	Jordan	Peterson (MN)			
Cuellar	Kagen	Petri			
Culberson	Kanjorski	Pickering			
Cummings	Kaptur	Pitts			
Davis (AL)	Keller	Platts			
Davis (CA)	Kennedy	Poe			
Davis (IL)	Kildee	Pomeroy			
Davis (KY)	Kilpatrick	Porter			
Davis, David	Kind	Price (NC)			
Davis, Lincoln	King (IA)	Pryce (OH)			
Davis, Tom	King (NY)	Radanovich			
Deal (GA)	Kirk	Rahall			
DeFazio	Klein (FL)	Ramstad			
DeGette	Kline (MN)	Rangel			
Delahunt	Knollenberg	Regula			
DeLauro	Kucinich	Rehberg			
Dent	Kuhl (NY)	Reichert			
Diaz-Balart, L.	LaHood	Reyes			
Diaz-Balart, M.	Lamborn	Reynolds			
Dicks	Lampson	Richardson			
Dingell	Langevin	Rodriguez			
Donnelly	Larsen (WA)	Rogers (AL)			
Doolittle	Larson (CT)	Rogers (KY)			
Doyle	Latham	Rogers (MI)			
Drake	LaTourette	Ros-Lehtinen			
Dreier	Latta	Roskam			
Duncan	Lee	Ross			
Edwards	Levin	Rothman			
Ehlers	Lewis (CA)	Royal-Allard			
Ellison	Lewis (GA)	Royce			
Ellsworth	Lewis (KY)	Ruppersberger			
Emanuel	Linder	Ryan (OH)			
Emerson	Lipinski	Ryan (WI)			
Eshoo	LoBiondo	Salazar			
Etheridge	Loesback	Sali			
Everett	Lofgren, Zoe	Sánchez, Linda			
Fallin	Lowey	T.			
Farr	Lucas	Sanchez, Loretta			
Ferguson	Lungren, Daniel	Sanbaras			
Filner	E.	Schakowsky			
Flake	Lynch	Schiff			
Forbes	Mack	Schmidt			

port for our entire staff, and her dedication to the people of the 17th Congressional District was invaluable.

Sadly, Kim was diagnosed with melanoma in 1993. Throughout her ordeal, she never complained, and enthusiastically carried out her work. On March 28, Kim lost her battle to cancer, surrounded by loved ones at her parents' home. Kim's courage and determination to live life to the fullest is a model for all of us. My condolences and best wishes go out to her husband Joshua Lang, her parents, Ann and Joseph, and all of her family and friends.

THE PRICE OF A BARREL OF OIL

(Mr. SHIMKUS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SHIMKUS. Mr. Speaker, from Congress Daily AM on Monday, 21 April, the heading was: Florida delight as talks intensify behind closed doors on several issues. Members negotiate behind the scenes to finish a farm bill conference and plan their maneuvers for moving a war supplemental bill and more possible tradeoffs to move a Colombia Free Trade Agreement. Funny. No talk about gasoline, no talk about the high energy prices. The number one issue affecting consumers today and the pocketbooks of mom and dad and driving kids to events is the high cost of gasoline.

When this majority took over, the price of a barrel of crude oil was \$58.31. Today—actually, this is wrong—it was updated at \$117. It did get to \$118 a barrel. When you don't have a plan, you plan to fail. I would hope that the Democrat majority would, in their negotiations, talk about how they are going to address the high cost of energy in this country.

ADMINISTRATION DRIVING UP OIL PRICES

(Mr. KUCINICH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KUCINICH. I'd like to follow up on the comments of my good friend from Illinois. The high cost of gasoline is troubling all Americans. \$3.50 a gallon, approaching \$120 a barrel. Now I just would respectfully suggest that the administration has a lot to do with this. This administration, which has a great familiarity with the oil industry, has pursued policies, including the war in Iraq, that has led to the price of oil being driven up. Even the threats on attacking Iran have at one time or another helped to increase the cost of the price of a barrel of oil.

There is one thing that this Congress can do immediately to start to gain the American public some relief, and that is to bring a windfall profits tax forward. Enforce some discipline in the marketplace. Bring these oil companies to heel by using the power of Congress to tax the excess profits and take

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore. Members are advised there is less than 1 minute remaining in this vote.

□ 1917

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. GUTIERREZ. Mr. Speaker, I was unavoidably absent from this chamber today. Had I been present, I would have voted "yea" on rollcall votes 205, 206, and 207.

IN MEMORY OF KIM HOA VERMEIRE LANG

(Mr. HARE asked and was given permission to address the House for 1 minute.)

Mr. HARE. Mr. Speaker, I rise today to honor and remember one of my finest constituents, Kim Hoa Vermeire Lang. A native of South Vietnam, Kim arrived in the United States at just 6 months of age. She was adopted by loving parents and grew up to be one of her community's greatest volunteers, devoting limitless energy to Prairieview Elementary School, the Vietnamese Culture Camp, and numerous local charities.

I had the pleasure of working with Kim when she was an intern for my predecessor, Congressman Lane Evans. She was an outstanding source of sup-

that money and put it into a fund that would enable Americans to get tax breaks for the purchase of energy efficient vehicles. This is the approach we ought to be taking.

CONGRESS MUST ACT ON ENERGY PRICES

(Mr. MCHENRY asked and was given permission to address the House for 1 minute.)

Mr. MCHENRY. Mr. Speaker, my constituents are concerned about high gas prices. We are a commuter district in western North Carolina, and so when we move to go to the marketplace, if we go to take our kids to school, we have to get an automobile and pay for gasoline. My constituents are struggling under these high gas prices.

It's about time that this Congress acted so we have more refineries, that we have new exploration here at home so we don't have to be dependent on foreign oil. And we must invest in alternatives long term so we don't have to rely on foreign oil at all.

Mr. Speaker, it's about time this Congress acted, and tax increases are not the way to do it. It is to increase production. That will help get down these high gas prices.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. McDERMOTT) is recognized for 5 minutes.

Mr. McDERMOTT. Mr. Speaker, reforming health care in America is not nearly as hard as the special interests would like the American people to believe. The special interests want to protect their profits, but Congress should concern itself with protecting the health and well-being of the American people.

There are two major news stories today that should be viewed side-by-side. On their own, each story is powerful. Taken together, however, the stories offer compelling evidence of what happens when special initiates lobby against meaningful reform in the United States; while in France, people receive universal health care that is ranked number one in the world by the World Health Organization.

A new study conducted jointly by Harvard University and the University of Washington in my district has yielded a startling conclusion. Reporter Tom Paulson has the story in today's Seattle-Post Intelligencer. Let me read an excerpt, "One of every five American women and one of every 25 men are either dying at a younger age or seeing no improvement in life span. The lead authors told the PI, "It is what you would expect to see in a developing Nation, not here in the United States," according to Dr. Ezzati, a Harvard professor. Dr. Chris Murray from UW called it a complete surprise, and said, "It's remarkable in the history of the U.S."

We pay more for health care than any nation on Earth, yet life expectancy is declining for millions of Americans.

□ 1930

At the same time, for about half the cost, every French citizen has access to universal health care, rated the best in the world.

ABC News Online carried the story of the French system. It includes data that shows that universal health care coverage works. In France, there is one doctor for every 430 people. In the United States, there is one doctor for every 1,230 people. The average life expectancy in France is 2 years longer than in the U.S. And the French system is one of the most expensive in the world at \$3,500 per person, but it is nothing compared to the \$6,100 we spend in the United States for every individual. And we have 47 million without any health care coverage, and millions more with less than adequate coverage because it is too expensive.

When the American people face soaring costs for health care, it is time to create an American universal health care system. When millions of Americans face a declining life expectancy, it is time to create an American universal health care system. When the U.S. health care system is ranked 37th in the world by the World Health Organization, it is time to do something.

We don't have one today, because special interests have used their influence to put profits ahead of people by perpetuating a broken-down system, and whenever someone tries to change it, they spend millions of dollars to try and scare people. They are not spending all that money to provide better health care; they are spending it to protect their profit margins. And they will try to scare us into thinking that the Americans can't develop a plan. That is not true.

An American universal system is not only possible, it is imperative. These two stories, which I will enter into the RECORD, are stark reminders of a crisis that is growing because it is not being treated.

In medicine, it would be as if all the tests showed that a tumor was growing inside a patient and we did nothing about it. It would be malpractice and it

would needlessly endanger a patient. Without an American universal health care plan, that is exactly what we are doing to the American people. Ignoring the truth has never worked in medicine, and it won't work for health care in this country. We need an American universal health care system, and we need it now.

[From the Seattle Post-Intelligencer]

LIFESPAN SHORTER IN PARTS OF U.S.—OBESITY, SMOKING CITED; STATE NOT IMMUNE TO TREND

(By Tom Paulson)

For the first time since the 1918 Spanish flu pandemic, life expectancy for a significant proportion of the United States is on the decline largely because of an increase in chronic diseases related to obesity, smoking and high blood pressure.

Although life expectancy for all other Western nations and for most of the U.S. has continued to improve over the past several decades, researchers at Harvard University and the University of Washington say many of the worst-off here are getting much worse.

One of every five American women, and one of every 25 men, are either dying at a younger age or seeing no improvement in life span. Although this deadly trend is mostly centered in the southern parts of the nation, several largely rural counties in Washington—Cowlitz, Lewis, Benton and Grays Harbor—are also on the verge of seeing a decline in overall life span.

"It is what you would expect to see in a developing country, not here," said Dr. Majid Ezzati, a Harvard professor and lead author of a study published in the open-access journal Public Library of Science Medicine.

"This was a complete surprise," said Dr. Chris Murray, co-author of the study and director of the UW's new Institute for Health Metrics and Evaluation in the Department of Global Health. "It's remarkable in the history of the U.S."

Between 1961 and 1999, life expectancy in the U.S. increased overall for men from 67 to 74 years and from 74 to 80 years for women.

Most of this improvement is attributed to a decline in deaths from heart disease and strokes.

Beginning in the early 1980s, however, life expectancy in some of the nation's "worst-off" counties (based on overall health indicators) either stayed the same or declined by 1.3 years for both sexes. For those living in those counties, men on average die about 11 years earlier and women die 7.5 years earlier than people in better-off counties.

Nothing like this trend has been observed in this country since the massive deaths caused by the 1918 flu pandemic, Murray said, and nothing like it appears to be happening in any of the other industrialized nations around the world.

"And I don't think you can take any comfort if you happen to be living in an area today without an overall decline," he said. "It appears to be a problem that is spreading."

Ezzati, Murray and their colleagues initially performed an exhaustive analysis of county mortality data between 1961 and 1999 (the latest year for which the data were available) looking for health disparities. They did not anticipate discovering that so many Americans, especially women, were dying at an earlier age.

"We started noticing this period, starting in the early 1980s, where the gaps between the best-off and worst-off were getting wider," Murray said. Not only were the disparities getting worse, he said, but those with the worst health indicators were dying earlier.