

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 gentleman 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 interests 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.