

the wrong way to approach a short term economic stimulus bill. It is not temporary, and instead of addressing the needs of laid off workers, the Republican bill is a give away to the wealthiest Americans and corporations. Even Treasury Secretary O'Neill has said the bill is misguided. The country would be much better served by considering the comprehensive aviation security bill I introduced with other Democrats on the Transportation and Infrastructure Committee. This should have been one of our top priorities in the days after September 11, but six weeks later we have not seen floor action.

There are numerous problems with the Republican bill, but I am particularly troubled by a provision that will allow multi-national corporations to avoid paying U.S. taxes by taking profits out of this country. How does this stimulate our economy? Some of the business provisions in this bill are retroactive all the way back to 1986. In addition, the Republicans provide no immediate federal support for unemployment insurance or health care benefits for laid off workers, but instead make benefits dependent on later actions by the states. We need to get money directly to middle and low-income workers to get that money back into the economy.

Mr. Speaker, I urge my colleagues to reject this outrageous Republican bill, and then let us move quickly to consider aviation security legislation. We have already waited far too long.

CONFERENCE REPORT ON H.R. 2217,
DEPARTMENT OF THE INTERIOR
AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

SPEECH OF

HON. JERROLD NADLER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 17, 2001

Mr. NADLER. Mr. Speaker, I rise in support of the Interior Appropriations bill. It is far from perfect, but it is thankfully free of the most objectionable provisions we have seen the last several years.

I want to take special note of the modest increase once again granted to the National Endowment for the Arts, Challenge America Grant. This is a very important program that helps bring the arts to areas of this country that have traditionally been under-served. I'm happy to see this vital program continuing to be supported.

At the same time, however, I can't help but be disappointed that the other activities of the NEA will continue to receive flat funding. After years of contentious debate, I suppose we could be thankful that at least it's not a cut. But in reality, it is a cut. Level funding means that the resources that the NEA needs to do its job get stretched thinner year after year.

I appreciate the hard work of the appropriators, but I hope that in the future we can work to increase the NEA's budget to a level that would enable it to fulfill its core mission of nurturing work that would not, on its own, receive popular support. At times, this may mean supporting forms of expression that we ourselves may not agree with. But that is one way we promote a free society.

A true National Endowment for the Arts would play a vital role in nursing back to

health the devastated arts community of New York in the wake of the September 11th attacks. Broadway may be rebounding, but the performance artists and the small art galleries, who have no marketing campaign behind them, are suffering. A fully funded NEA could be the key to restoring this once thriving arts community and drive the economic recovery of New York. But unless we make a commitment to dramatically increase its budget, it will not have the ability to lead these efforts.

However, the arts are not just an economic engine. They also provide the emotional and spiritual lift that we have all needed this past month. In the wake of the attacks, music halls around the country were packed. A crying nation flocked to the theater to laugh again. People went to dance concerts and museums for a sense of community and emotional release. In times of crisis, the arts can provide comfort in a frightening world.

I salute the appropriators for supporting Challenge America. But I caution, if we do not support the other vital elements of the NEA, the flourishing arts communities we have turned to in recent weeks will surely wither away.

TRIBUTE TO DONNA LARGESS
O'CONNOR

HON. JAMES P. MCGOVERN

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 30, 2001

Mr. MCGOVERN. Mr. Speaker, I rise today to honor Donna Largess O'Connor. Her political commitment to the ideals of the Democratic Party, as well as her contributions to civic and charitable causes deserves commendation and respect.

A life long resident of Shrewsbury, Mrs. O'Connor graduated from Shrewsbury High School, Memorial Hospital School of Nursing, and Worcester State College. She has been employed since 1973 at the Memorial Campus of UMass Memorial Medical Center, currently as Unit Manager of the Neonatal Intensive Care Unit.

While contributing to the care of newborns, Mrs. O'Connor also played a special role in the town. She was elected to the board of selectmen, serving as Chair, Vice Chair and Clerk during her twelve-year tenure. She was a Board member of the Massachusetts Municipal Association; the Massachusetts Selectman's Association, Women Elected to Municipal Office, and the Worcester County Selectman's Association. Additionally, she served as Chair of the Coolidge School Renovation Project, the Town of Shrewsbury Growth Study Committee, and the Worcester County Advisory Board. Currently, she is a member of the Town of Shrewsbury Finance Committee, Town Meeting Member, and a member of the National Association of Neonatal Nurses.

Somehow, Mrs. O'Connor found time for political volunteering as well. She served as the Co-Chair with her cousin Linda Parmakian for the Committee to Elect Congressman Jim McGovern, member of the Shrewsbury Democratic Town Committee, and delegate to many Democratic State Conventions. A tireless campaigner, Mrs. O'Connor works hard to secure an election.

However, despite her involvement with her community, her priority has always been her

family. Mrs. O'Connor has been a familiar sight on the playing fields of Shrewsbury. She and her husband John have three sons, John, Kevin, and Brian.

It is a pleasure to present the 2001 Eleanor Roosevelt Humanitarian Award to a woman whose devotion to community and family exemplifies the values of Eleanor Roosevelt.

INTRODUCING MEDICARE CHRONIC
CARE IMPROVEMENT ACT OF 2001

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 30, 2001

Mr. STARK. Mr. Speaker, today I join with several colleagues to introduce the Medicare Chronic Care Improvement Act of 2001. This comprehensive piece of legislation would update and improve the Medicare healthcare delivery system to better meet the needs of people with serious and disabling chronic health conditions.

Individuals with chronic illnesses represent the highest-cost, fastest-growing sector in healthcare, accounting for 90% of morbidity, 80% of deaths, and over 75% of national direct medical expenditures. For a person who is seriously disabled by their chronic condition, annual medical expenditures can be nearly 15 times that of a healthy person. Furthermore approximately 100 million Americans have chronic conditions and this number is expected to increase to 157 million—or half the population—by 2020.

Although chronic conditions are America's number one healthcare problem, we have a healthcare system that is designed around acute care needs. A recent IOM report, Crossing the Quality Chasm, appropriately concludes, "chronic conditions should serve as a starting point for the restructuring of health care delivery because chronic conditions are now the leading cause of illness, disability, and death in the United States, affecting almost half of the population and accounting for the majority of health care resources used."

This statement is particularly true with respect to Medicare beneficiaries—about 80% of those aged 65 and older have one chronic condition and two thirds have two or more. For women, the numbers are even higher—90% have one or more chronic diseases.

Chronic illnesses are physical and mental conditions that are persistent, recurring, and can range from mild to severely disabling. Some have acute periods that require hospitalization, while others can be successfully managed to prevent costly hospitalizations. Conditions like arthritis, depression, and hypertension are particularly common among older Americans. Others, such as schizophrenia and multiple sclerosis, can lead to profound impairment and disability in Americans under 65.

We cannot deliver 21st century healthcare with a system that was designed a half-century ago, before angioplasty or bypass surgery for heart disease and before L-dopa for Parkinson's disease. Medical discoveries like these have transformed many illnesses from rapidly disabling conditions to chronic conditions that people live with for a long time. But the healthcare system that works for devastating heart attack does not work for chronic