In keeping with this momentum, Under-Secretary for Economic Affairs Stuart Eizenstat visited the region and articulated a vision of enhanced foreign investment, liberalized trade arrangements, and regional economic cooperation between the U.S. and the three Maghreb nations—Algeria, Morocco, and Tunisia.

It is too soon to gauge the full measure of the legacy that Hassan II bequeathed to his son and the Moroccan people. However, beyond the fact that the baton of national leadership has been passed to the new king, Mohammad VI, and with it the task of governing one of the developing world’s most fascinating and important countries, there is much else of interest and value for Americans and others to ponder.

Consider for a moment the following. Morocco is a country that is at once African, Arab, Maghrebian, Mediterranean, Middle Eastern, and Islamic. Its international strategic importance is underscored by its coastal frontage and twenty ports on two of the world’s largest and most fabled seas.

Morocco’s geography and natural resource base—with its mountains, valleys, rivers, trees, and verdant fields—are as varied as any in the developing world. Its people, an extraordinary mix of diverse cultures and heritages, long before we became an independent nation, had links to our own.

With Morocco’s archives, and continuing to this day in the country’s international relations, is abundant and ongoing evidence of a record of friendship with the United States and the American people that, among the world’s politics, is second to none.

The implications of the change in Morocco’s leadership for American national interests are vast. The U.S. needn’t change any of its policies toward this oldest among contemporary Arab kingdoms.

They are to underscore the value of Morocco’s having stood by the U.S.—and the U.S. having stood by Morocco—throughout the Cold War and after, and our joint commitment to remain each other’s ally in the future.

They are to take heart in the realization that, if anything, the new King, who is no stranger to the United States and American values, has even harder work to do strengthening the U.S. Morrocco relationship.

They lie in the predictability of continued American national benefit from the leadership of a ruling family that, from the time of Eisenhower’s visit to Morocco in the midst of World War Two, straight through until the present, has never buckled when the going got rough.

They lie in the agreement of American and Moroccan foreign affairs practitioners on the ongoing relevance of a leader with the courage to carry on with his convictions.

Hassan II, the world was blessed with a visionary and dedicated leader who never shied from tackling the controversial issue of Middle East peace.

Longer than any other living Muslim leader, the late king, always far from the limelight, generated an immense amount of trust and cooperation among Arab and Jew alike.

In the end, Hassan II will be remembered for many things. Among them, not least will be the fact that, for more than a quarter of a century, he worked tirelessly at nudging, but never shoving, the protagonists much nearer to an enduring peaceful settlement than would have been likely had he, and now his son, upon whom the burden falls to continue the effort, not passed our way.

---

EXTENSIONS OF REMARKS

August 3, 1999

Mr. CRAMER. Mr. Speaker, I would like to take this opportunity to recognize Mrs. Marilyn Jones Morring of Huntsville, Alabama, for her many years of outstanding service to our community.

In the Huntsville community, Mrs. Morring is an emblem of education. She has lovingly devoted 25 years of her life to the service of imparting wisdom and a love of learning to the children of our community. In her many years of teaching both in public and private schools, Mrs. Morring taught every subject from sixth to twelfth grade, produced musicals for the school and initiated an organized a bus tour to Washington, D.C.

In her modest and selfless manner, Mrs. Morring has touched the lives of so many families in my district. To me, she symbolizes the model educator, dedicated, intelligent, caring and leading by example. Her reflections on her long career in education exemplify the simple joy she finds in children, teaching and life: ‘‘... by teaching others I learned about my own self, my community, and about other people. I made life-long friends and have watched with great satisfaction the lives and achievements of the young people I taught.’’

This is a fitting honor for one who has instilled in several generations of Huntsville citizens a respect and understanding for history and government. In 1982, her school honored her by establishing the Marilyn J. Morning History and Alabama Government Award.

Mrs. Morring’s volunteer work has been essential in building the quality of life the people of Huntsville enjoy today. Described as the ‘‘glue’’ that holds it all together, Mrs. Morring has given herself in countless capacities including the Huntsville Symphony Orchestra, the Huntsville Museum of Art, the Huntsville Public Library, Burritt Museum, the Leukemia Society and the Arts Council. In 1996, she won the prestigious Virginia Hammill Sims award. Her nominators said it best, “For over 46 years she has been a part of the beginning, growth and development of the cultural ‘best’ in this city, working tirelessly behind the scenes to make her home town a better place in which to live.”

I want to offer my best wishes to Mrs. Morring and her family. She has indeed inspired me and countless other students old and new to seek knowledge and to use that knowledge to serve others.

---

RECOGNIZING THE THOMAS AND BRIDGES FAMILIES

HON. ED WHITFIELD
OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES
Tuesday, August 3, 1999

Mr. WHITFIELD. Mr. Speaker, I rise in tribute to the Thomas and Bridges families, who will come together for their 28th reunion in Cadiz, Trigg County, KY, this weekend.

Drury Bridges brought his family to Kentucky from North Carolina in 1804. James Thomas, Sr., also a North Carolina, came 2 years later. Both patriarchs had taken part in the struggle for independence during the Revolutionary War, but they had never met until they acquired land grants near each other in a portion of Christian County that in 1820 would become Trigg County.

With the passing of time, three of the Bridges children married three of the Thomas children, the beginning of family connections that remain strong today.

During the almost 200 years since these two families chose Trigg County as their home, they and their descendants have made invaluable contributions to the cultural, religious, educational, and political life of the county.

It is my honor to represent these distinguished families in the congressional districts of the United States and I am proud to introduce them to my colleagues in the House of Representatives and recognize their patriotism and civic leadership.

---

OMNIBUS LONG-TERM HEALTH CARE ACT OF 1999

HON. FORTNEY PETE STARK
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES
Tuesday, August 3, 1999

Mr. STARK. Mr. Speaker, today, Representative Ed Markey, I and others are introducing a bill that will affect the quality of life for all Americans with long-term health care needs. Each day, millions of families struggle as they care for their loved ones who suffer from chronic and debilitating diseases. Alzheimer’s disease, Parkinson’s disease, multiple sclerosis, and the ravages of old age make many people dependent on others for their basic care. We legislators have a fundamental obligation to act decisively to ensure the quality of life for all citizens, especially those who can no longer care for themselves.

The simple fact is that we need to act now to avoid the “baby boomer” crisis in long-term health care. As Professor Ken Thorpe testified before the Senate Finance Committee on May 26, 1999,

The number of persons requiring assistance due to physical, cognitive or other disabili ties is expected to rise from 7 million today to over 15 million by the year 2030. Our current patchwork of programs funded through Medicare and Medicaid is well-positioned to meet the demographic challenges that await us.

There are no “good-old” days we can turn to and proclaim as the golden age of care for
the elderly. The simple fact is that old age and the need for long-term care is a modern phe-
omenon. In the 1930s, the life expectancy of most people was around 65 years. Con-
sequently, previous generations did not have to confront the prospect of tens of millions of
people needing long-term care.

Current estimates greatly expand the life ex-
pectancy of Americans. A man born in 1957, the height of the baby boom, can expect to
live to 85, an additional 7 years. Improv-
ements in general public health and medical
practice, and changes in life style will continue
to extend the average age that people can ex-
pect to live. The practice of medicine has wit-
nessed monumental changes during recent
decades. What was once considered medi-
cally impossible is now common place. Life-
styles have changed as well. Our constituents are learning to ignore the lies spread by ciga-
rette manufacturers and are turning away from
this deadly habit. Similarly, more Americans
now understand how diet and exercise can im-
prove their health and extend their lives.

A common urban legend we must avoid is the
belief that families gladly dump their par-
ents into nursing homes as a ready conven-
tience. The truth is that families want to look
after each other and use nursing homes only
as a last resort when the burden of care is be-
yond their control. The majority of the persons
with long term health care needs continue to
live in their home. Of the extreme elderly,
those 85 and older, only 21 percent live in
nursing homes. Most of those residents are
not there by choice, but because they require
skilled nursing services.

We need to focus on the facts and plan for the
future. The end of World War II was the begin-
ing of the baby boom. By 2010, those children born in 1945 will begin to retire. Ac-
cording to a recent CBO report, in the year 2010 there will be 40.6 million people over the
age of 65—a 14 percent increase from the year 2000. Those over 85 will continue to in-
crease. According to the CBO, by 2040 over
12% of the elderly will be disabled by a phys-
ical or mental condition. The growth in the
number of persons with Alzheimers disease il-
lustrates the need to develop a comprehen-
sive long-term care program.

As many as one in five of the nation’s elderly
currently suffer Alzheimers disease. Unless
someone finds a cure for this condition, the
numbers are sure to grow. Within the next 20
to 30 years there may well be 14 million persons with this terrible disease that slowly
destroys the brain. According to recent sur-
veys, over 50 percent of persons with Alz-
heimers disease continue to live with a rel-
ative or spouse who sees to their day-to-day
care. This personal care may last for many
years and represents the equivalent of a full-
time job.

Most Americans neither understand nor have
prepared for their long-term care needs. Many of our constituents do not understand the
difference between Medicare and Med-
icaid. They also have many misperceptions of
the benefits available from Medicare. The gen-
eral public does not understand that Medicare does not cover long-term care. This error
is compounded by the fact that most people mistakenly believe that their health care will
cover their long-term care needs. For these
reasons, and many others, Americans do not
have sufficient financial resources to pay for
long-term care.

Women are especially hard hit by the lack of
planning for long-term care. In general, women live longer, earn less money, and are
often required to be the primary care giver.
The consequence is that they do not have suf-
fi cient resources to meet their own health care
needs. Take as an example a young woman
who decides to take time from her career, stay
at home, and raise a family. The time out of
the job market means that she is not earning
an income and contributing to a retirement plan. In addition, she is not contributing to so-
cial security. Finally, she is not keeping pace
with her career and her salary will be less
than those who remained in the work force.
When this women retires, her Social Security
benefits will be far less than a man the same
age who worked uninterrupted his adult life.
Moreover, this women will not have com-
parable financial assets including pensions
and health care insurance. All too often, women then deplete their retirement savings and
assets paying for the ailing husband’s long-term care needs. Anyone who believes that
women now enjoy equal opportunity is woefully ill-informed.

These facts and trends lead to a clear con-
clusion: We must plan for the future and act
decisively now. If we do not, millions of our
fellow citizens will face catastrophic health
care problems without ample financial and so-
cial support.

We cannot depend on single simple-minded
solutions. Neither private insurance nor Med-
icaid can cover long-term care to any mean-
ingful extent. Long-term care insurance is a
shallow game of dollar trading. Those who can afford these policies are usually better off in-
vesting their money in other ventures that pro-
duce better financial yields. Those who need long-term care typically cannot afford the
insurance. Those who are young enough to
afford the policies typically have other press-
ing financial obligations including raising a
family, mortgages, and college tuition. Any
mandate to require folks to buy long-term in-
surance is a regressive tax hidden behind a
fancy name.

We cannot count on Medicaid as it is the re-
source of last resort. Patients cannot use this benefit until they have exhausted all their per-
sonal resources. Do we really intend to de-
mant that people face financial ruin to main-
tain health care? Suffering a severe physical
or mental health problem is stressful enough,
we should not further burden patients with the
anxiety surrounding financial disaster.

Mr. Speaker, my colleagues, we have the op-
portunity to create the golden era for long-
term care, but we must start now. The legisla-
tion that we pass today sets the stage for bet-
ter long-term care.

Our legislation recognizes that there is no
single quick fix for long-term care. For this
reason, we propose a range of legislative ini-
tiatives that, when combined, offer a com-
prehensive package. We describe the details
of the Comprehensive Long Term Health Care
Act elsewhere in today’s Record. We hope
that our colleagues and advocacy groups will
join in support and in recommending refine-
ments and improvements.

SILK ROAD STRATEGY ACT OF 1999

IN THE HOUSE OF REPRESENTATIVES
Monday, August 2, 1999

Mr. BURTON of Indiana. Mr. Speaker, the
House, today, considered H.R. 1152, which
seeks to promote free market policies in the
new republics of Central Asia and the
Caucasus and to encourage foreign invest-
ment, increased trade and other forms of com-
mercial ties between the countries of these re-
gions and the rest of the world.

These are praiseworthy objectives, and legi-
islation expresssing U.S. support for the fledg-
ding democracies of the Silk Road region de-
serves priority attention. Consequently, I sup-
port the goals of H.R. 1152, the Silk Road

At the same time, however, many compa-
nies from OECD countries, including the
United States, have substantial direct invest-
ments in several of the Silk Road countries
and are not being accorded fair treatment. In-
vestment contracts are not being honored, ex-
port permits are not being issued and de facto
nationalizations of foreign investment have oc-
curred. In several instances, formal complaints
have been lodged by investors through U.S.
and other embassies in the region.

In an effort to discourage this kind of mis-
treatment, the International Relations Com-
mittee amended the bill to include language
conditioning U.S. assistance on the fair treat-
ment of foreign investors. Specifically, the
amendment requires recipient governments to
demonstrate “significant progress” in resolving
investment and other trade disputes that have
been registered with the U.S. Embassy and
raised by the U.S. Embassy with the host gov-
ernment.

I was pleased to sponsor this amendment, be-
cause without it the Silk Road bill could have
caused the beneficiary governments to con-
clude that they had a green light to renege
on commitments to foreign investors, jeopard-
izing hundreds of millions of dollars of invest-
ments. In this regard, a number of pension
plans have investments in companies doing
business in countries such as Kazakhstan.
The average worker participating in a pension
is adversely affected as well, and this must
stop.

As amended, this bill should send a strong
signal that countries should not expect to re-
cieve U.S. assistance if they mistreat com-
panies that provide critical investment capital and
employment opportunities.

Mr. Speaker, I urge my colleagues to sup-
port H.R. 1152.