

the elderly. The simple fact is that old age and the need for long-term care is a modern phenomenon. In the 1930s, the life expectancy of most people was around 65 years. Consequently, previous generations did not have to confront the prospect of tens of millions of citizens needing long-term care.

Current estimates greatly expand the life expectancy of Americans. A man born in 1957, the height of the baby boom, can expect to live to 78. A woman born the same year will live to 85, an additional 7 years. Improvements in general public health and medical practice, and changes in life style will continue to extend the average age that people can expect to live. The practice of medicine has witnessed monumental changes during recent decades. What was once considered medically impossible is now common place. Life-styles have changed as well. Our constituents are learning to ignore the lies spread by cigarette manufacturers and are turning away from this deadly habit. Similarly, more Americans now understand how diet and exercise can improve their health and extend their lives.

A common urban legend we must avoid is the belief that families gladly dump their parents into nursing homes as a ready convenience. 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 beyond 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 beginning of the baby boom. By 2010, those children born in 1945 will begin to retire. According 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. The trend will continue. By 2040, there will be 77.9 million people over the age of 65, 118 percent more than in 2000. Indeed, the 85 and older age group is the fastest growing segment of the population. As the average age of Americans increases, the proportion of citizens with disabilities will also increase. According to the CBO, by 2040 over 12% of the elderly will be disabled by a physical or mental condition. The growth in the number of persons with Alzheimer's disease illustrates the need to develop a comprehensive long-term care program.

As many as 4 million of the nation's elderly currently suffer Alzheimer's 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 over 14 million persons with this terrible disease that slowly destroys the brain. According to recent surveys, over 50 percent of persons with Alzheimer's disease continue to live with a relative 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 general public does not understand that Medicare does not provide for 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 sufficient 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 social 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 woman retires, her Social Security benefits will be far less than a man the same age who worked uninterrupted his adult life. Moreover, this woman will not have comparable 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 conclusion: 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 social support.

We cannot depend on single simple-minded solutions. Neither private insurance nor Medicaid can cover long-term care to any meaningful extent. Long-term care insurance is a shell game of dollar trading. Those who can afford these policies are usually better off investing their money in other ventures that produce 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 pressing financial obligations including raising a family, mortgages, and college tuition. Any mandate to require folks to buy long-term insurance is a regressive tax hidden behind a fancy name.

We cannot count on Medicaid as it is the resource of last resort. Patients cannot use this benefit until they have exhausted all their personal resources. Do we really intend to demand that people face financial ruin to maintain 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 opportunity to create the golden era for long-term care, but we must start now. The legislation that we offer today sets the stage for better 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 comprehensive 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 refinements and improvements.

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## SILK ROAD STRATEGY ACT OF 1999

SPEECH OF

**HON. DAN BURTON**

OF INDIANA

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 investment, increased trade and other forms of commercial ties between the countries of these regions and the rest of the world.

These are praiseworthy objectives, and legislation expressing U.S. support for the fledgling democracies of the Silk Road region deserves priority attention. Consequently, I support the goals of H.R. 1152, the Silk Road Strategy Act of 1999.

At the same time, however, many companies from OECD countries, including the United States, have substantial direct investments in several of the Silk Road countries and are not being accorded fair treatment. Investment contracts are not being honored, export permits are not being issued and de facto nationalizations of foreign investment have occurred. 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 mistreatment, the International Relations Committee amended the bill to include language conditioning U.S. assistance on the fair treatment 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 government.

I was pleased to sponsor this amendment, because without it the Silk Road bill could have caused the beneficiary governments to conclude that they had a green light to renege on commitments to foreign investors, jeopardizing hundreds of millions of dollars of investments. 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 receive U.S. assistance if they mistreat companies that provide critical investment capital and employment opportunities.

Mr. Speaker, I urge my colleagues to support H.R. 1152.