

emotional and financial ruin. The disease affects over 4 million people nationwide and will affect as many as 14 million by 2050. Alzheimer's patients will symptomatically lose ability to perform routine tasks, and suffer impaired judgment, personality change and loss of language and communication skills. More than 7 out of 10 people with this disease live at home. Their caregivers are not wealthy, yet they spend on average \$12,500 per year to support the person with Alzheimer's they are caring for. They work hard, but often must leave, reduce, or change employment to care for their loved ones. Ninety percent of Alzheimer's caregivers are giving care to a relative, and an overwhelming majority, 75 percent, of caregivers are women. Studies have shown that the typical family caregiver is in her 70's and has two chronic health problems.

Of course, the real tragedy of Alzheimer's is the human cost associated with the disease—it ravages patients and caregivers. For millions, being an Alzheimer caregiver means giving up more hours for more years and more money. It means less time, less energy, and fewer resources for other family members, for dear friends, and for the caregivers themselves.

Alzheimer's is now the third most expensive disease in our country after heart disease and cancer, and yet the federal commitment to Alzheimer's research is three to five times less than the commitment the government has made to research on those other diseases. Last year, I led the effort to have Congress increase Alzheimer's funding at NIH by \$100 million—we got \$50 million. This year I'm working to increase that funding by \$100 million again.

Alzheimer's Disease is only part of the problem, however. We have a chronic care crisis in our country today. Without a coherent and comprehensive approach to care for people with disabling chronic conditions, this situation will only worsen. People with chronic diseases and disabilities will continue to suffer the consequences of deteriorating health if a strategy is not implemented to meet their long-term care needs.

As part of that strategy, we must recognize that there are thousands of spouses and other family members struggling to provide care for their loved ones in their homes each year. A new study in the latest issue of Health Affairs estimates the current market value of unpaid caregiving to adults who are disabled or chronically ill to be nearly \$200 billion a year.

These family caregivers are heroes—they fill a virtual "no care zone" where loved ones have no chronic care coverage but still have chronic care needs that require monitoring, oversight, and assistance.

The cuts passed as part of the Balanced Budget Act have had a devastating impact on real people's lives. In my district, one hospital has closed and two have been radically altered—one of them became a "hospital without beds" performing only outpatient day surgeries and closing its emergency room and maternity ward. Home health agencies and community health centers are closing. And the community hospital system serving my hometown of Malden and the surrounding communities has slashed its home health visits from 470,000 in 1997 to 332,000 in 1998 and they estimate

only 260,000 for 1999. 1,400 patients have been cut from the system's home health care roster.

The Congressional Budget Office is having a hard time explaining the remarkably slow rate of growth in Medicare. At the same time, the CBO has drastically miscalculated the level of Medicare cuts attributable to the Balanced Budget Act. The CBO now predicts that the BBA will result in \$207 billion in "Medicare savings" over the 1997–2002 period, nearly double its August 1997 estimate of \$112 billion. The collapse of Medicare growth will result, in budget terms, in over \$63 billion in unanticipated savings in the next three years. These unanticipated savings should be redirected to their unintended victims.

Our plan will help to alleviate some of the pain caused by the BBA and ease the burdens of patients and families affected by conditions like Alzheimer's, Parkinson's, Congestive Heart Failure, Multiple Sclerosis, Cerebral Palsy, Spinal Cord Injury, Muscular Dystrophy, and Stroke to name a few.

Our bill will help these caregivers in many different ways—through refundable tax credits, and a change in Medicare to better meet beneficiaries' chronic care needs at home or in adult day care and other community-based settings to name just a few.

This legislation is not perfect. But it is a beginning. It will be expensive—but I think there is a compelling argument to be made that long-term care needs to be at the top of our priority list. In 1995, Republicans were prepared to let Medicare "wither on the vine." In 1997, in the mad rush to pass the BBA the Republicans said Medicare is too expensive, and by the way, we need to cut it to pay for a tax cut. So in 1997 they chose Millionaires over Medicare. Earlier this year, I proposed the 2 percent Solution—using 2 percent of the projected future budget surplus to fund a long-term care program for in-home and community-based chronic care and respite care. I offered the proposal as an amendment in the Budget Committee and every Republican voted against it—they said covering long-term care through Medicare is too expensive, and by the way, we need every penny to pay for \$800 billion in tax cuts. So, despite a soaring economy that's filling the pockets of the wealthy, and despite the fact that the Republicans gave them a Balanced Budget Bonus in 1997, the 1999 atrocity is their choice of Billionaires over Beneficiaries.

What's worse, in 10 years, just as the first wave of baby boomers is set to retire—the price tag for the second 10 years of this year's Republican tax cut will explode to nearly \$3 trillion. Surely, we can do better.

We have entered a new era in Washington—an era with surplus as far as the eye can see—an era when the stock market is soaring, unemployment is at record lows, and American prosperity is unparalleled in the world. We can afford to give America's caregiver heroes help—PETE STARK and I have a plan which will send the message to these heroes that help is on the way.

I am pleased to join in introducing this bill today. Rep. STARK and I will be devoting a lot of time and energy recruiting members who care deeply about the long-term care crisis in our country—together we will be working on

solutions for patients, for caregivers, and for families managing the impact of chronic and disabling conditions on their everyday lives. We look forward to working with our colleagues in the weeks and months to come building the coalition and passing legislation to bridge the gap between need and coverage for people suffering from chronic illness and disability in our country.

OPPOSING THE BURTON
AMENDMENT

HON. RUSH D. HOLT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. HOLT. Mr. Speaker, for the last few years, my distinguished colleague from Indiana, DAN BURTON, has been introducing legislation to either eliminate or greatly reduce development assistance to India unless certain conditions with regards to human rights are met. These initiatives have never won the approval of the House.

Yesterday, we were slated to vote on amendment to the foreign operations appropriations bill that threatened to reduce development assistance to India under the Agency for International Development by 25 percent.

I rose in opposition to this amendment.

As in the past, my colleague cited human rights abuses in India as the reason for his legislative initiative. While human rights abuses have been uncovered in India, it is important to note the significant progress India has made in resolving human rights problems, as noted in the State Department's human rights report on India.

In Punjab the serious abuses of the early 1990's were acknowledged and condemned by the Supreme Court. The Supreme Court delegated responsibility for investigation of these abuses in the Punjab to the National Human Rights Commission (NHRC), whose investigation continues. Prison visits by the International Committee of the Red Cross in Jammu and Kashmir are another example of government transparency.

India is addressing its human rights problems because it is a democracy—the world's largest. Although the country has confronted many challenges since gaining independence in 1947, it has stayed true to its founding principles. India is a model for other nations that are still striving to build civil societies, institutionalize democratic values of free expression and religion, and find strength in the diversity of their land and their people.

All this sets India favorably apart from other countries all over the world. It is incomprehensible to me why my colleague chose to single out the country that is particularly well prepared to address its human rights problems—and has shown the willingness to do so.

It is also incomprehensible to me why we would jeopardize the development assistance provided by the Agency for International Development. This development assistance is essentially humanitarian aid. Withholding this aid would have punished the same people his ill-conceived amendment sought to protect. Access to adequate nutrition, shelter, and education—the objective of our aid to India—is a human right as well.