

Now, we cannot make too much of this, Mr. Speaker, or emphasize it enough. The President and the Speaker of the House had agreed to the notion of across-the-board savings, maybe not even a penny on every dollar, but savings enough to make sure we stay out of the Social Security Trust Funds.

We welcome back the gentleman from Missouri (Mr. GEPHARDT), the minority leader. We are pleased he is back in town, back from his campaign cash swing on the West Coast. We hope now he will sit down and solve the problems. We can get it done.

Mr. SCHAFFER. Mr. Speaker, I thank the gentleman from Arizona (Mr. HAYWORTH) for joining us.

I just want to point out one more time that the Department of Education tomorrow will tell the Congress that it is unable to account for its spending in 1998. Its books are not auditable.

This is a threat to American school children around the country. It is a threat to our efforts to try to get dollars to the classroom. It is a huge problem that the White House needs to come to grips with and deal with. We on the Republican side want to fix this mismanagement problem we have over in the Department of Education.

At this point, I would, before I yield back, just ask subsequent speakers to be sure to address this topic of unauditable books over in the Department of Education, tell us whether they are willing to help work with the Republicans to correct this mismanagement, and direct the White House to get us to a point where the Department of Education, a \$120 billion agency, will be able to audit its books.

REPORT ON HOUSE RESOLUTION 382, PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. DREIER (during the Special Order of Mr. SCHAFFER) from the Committee on Rules, submitted a privileged report (Rept. No. 106-475) on the resolution (H. Res. 382) providing for consideration of motions to suspend the rules, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS REPORTED FROM COMMITTEE ON RULES

Mr. DREIER (during the Special Order of Mr. SCHAFFER) from the Committee on Rules, submitted a privileged report (Rept. No. 106-476) on the resolution (H. Res. 383) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to

the House Calendar and ordered to be printed.

NATIONAL ALZHEIMER'S MONTH

The SPEAKER pro tempore (Mr. NUSSLE). Under a previous order of the House, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

Mrs. MORELLA. Mr. Speaker, I want to have a Special Order on National Alzheimer's Month, which is this month of November.

In 1906, a German doctor named Dr. Alois Alzheimer noticed plaques and tangles in the brain tissue of a woman who had died of an unusual mental disease. Today, these plaques and tangles in the parts of the brain controlling thought and memory and language Dr. Alzheimer observed are hallmarks of Alzheimer's disease.

Today, Mr. Speaker, Alzheimer's disease is the most common cause of dementia in older people, affecting an estimated 4 million people in the United States. And while every day scientists learn more about this disease, after almost a century's worth of research, its cause remains unknown and there is no cure.

Unless scientific research finds a way to prevent or cure the disease, 14 million people in the United States will have Alzheimer's disease by the middle of the 21st century.

Despite this, we have learned much about Alzheimer's disease during this century of research. We know that Alzheimer's disease is a slow disease starting with mild memory problems and ending with severe mental damage. At first the only symptom may be mild forgetfulness, where a person with Alzheimer's disease may have trouble remembering recent events, activities, or the names of familiar people or things. Such difficulties may be a bother, but usually they are not serious enough to cause alarm.

However, as the disease progresses, symptoms are more easily noticed and become serious enough to cause people with Alzheimer's disease or their family members to seek medical help. These people can no longer think clearly; and they begin to have problems speaking, understanding, reading or writing.

Later on, people with Alzheimer's disease may become anxious or aggressive or wander away from home. Eventually, patients may need total care. On average, a person will live 8 years after symptoms appear.

Let me pause at this moment, Mr. Speaker, because the fact that so many Alzheimer's patients may need total care in the future is so very important. Congress must take a long hard look at the way we finance the future health care needs of the Nation's elderly.

With the aging of our population, we can expect an increase in the number

of people with Alzheimer's and other age-related diseases that will require nursing facility care at some point. Simply put, longer lives increase the likelihood of long-term care.

At least half of all nursing home residents have Alzheimer's disease or another dementia, and the average annual cost of Alzheimer nursing care is \$42,000. And that is modest.

Unfortunately, for many people paying for long-term care out of pocket, it would be a financially and emotionally draining situation as assets worked over a lifetime to build could be lost paying for a few months of long-term care.

Congress must take action to encourage private initiatives, such as expanded use of private long-term care insurance to help families plan for the long-term care needs of their elderly relatives, and they need to in a wide variety of settings that are currently available.

That is why I am proud to have this support of 125 of my colleagues for my bill, H.R. 1111, the Federal Civilian and Uniformed Services Long-term Care Insurance Act of 1999.

This legislation, developed in consultation with the Alzheimer's Association, makes long-term care insurance available at group rates to active and retired Federal civilian personnel, active and retired military personnel, and their families. I hope that my Federal and military long-term care bill will serve as an example for other employers that would lead to increased societal use of long-term care insurance. Having coverage eases the pressure on Federal entitlement spending while protecting the hard-earned assets of American families.

In addition to meeting the needs of Alzheimer's patients, H.R. 1111 also seeks to ease the financial burden on spouses or other family members who often provide the day-to-day care for people with Alzheimer's disease.

As the disease gets worse, people often need more and more care. This can be hard for caregivers and can affect their physical and mental health. It can affect their family life, their jobs, their finances.

In fact, 70 percent of people with Alzheimer's live at home and 75 percent of home care is provided by family and friends. What a strain.

Under H.R. 1111, participating carriers would give enrollees the option of receiving their insurance benefits in cash, as opposed to services, to help family members who must rearrange their work schedules, work fewer than normal hours, or who must take unpaid leaves of absence to provide long-term care.

In addition to meeting the financial needs of people with Alzheimer's disease today, we must continue our research into treatments and cures for Alzheimer's. This is something that