

April 4, 2001

TRIBUTE TO THE LATE ALBERT  
TAITANO CARBULLIDO

**HON. ROBERT A. UNDERWOOD**

OF GUAM

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, April 4, 2001*

Mr. UNDERWOOD. Mr. Speaker, the island of Guam bids farewell to an esteemed public servant. Albert Taitano Carbullido, a colleague in the field of government service and public administration, passed away on March 23, 2001, at the age of eighty-two.

He was born on January 19, 1919, in the village of Agat, Guam—the son of Antonio Pangelinan and Maria Taitano Carbullido. On September 23, 1945, he married the former Nieves Pangelinan Martinez. They had eight children: Concepcion, Bernadita, Catalina, Clara, Jaime, Sylvia, Paulina, and Antonio. He was the patriarch of his family—greatly loved by his children and grandchildren. He touched the lives of many nephews, nieces and their children. He understood the meaning of family and served as a role model for parenting on Guam.

Mr. Carbullido's legacy lies in the field of community and public service. He served in executive capacities for the Guam legislature, the Guam Election Commission and the Guam Housing and Urban Renewal Authority. He was also chosen to sit in a number of Government of Guam boards and commissions. He was a member of the Chamorro Heritage Foundation, the Guam Economic Development Authority, and the Agency for Human Resource and Development. He also served as the Arbitrator for the Guam Federation of Teachers (GFT)/Department of Education Grievance Board. In addition to his government service, his record also includes employment in the private sector where he worked in various capacities for the Bank of America, the Bank of Guam, and James Lee Enterprises.

Civic activities and affiliations led Mr. Carbullido towards leadership posts in a number of the island's civic organizations. Aside from being the founder of the Guam Diabetes Association, he was also active with Rotary Club of Guam and the Young Men's League of Guam. Within the Roman Catholic Church, he served as a Eucharistic Minister. He belonged to the parish of Our Lady of the Waters in Mongmong. He was also a member of the Holy Name Society and the Knights of Columbus.

I personally knew Mr. Carbullido for nearly 30 years. He was the quintessential public servant. He provided public service in a number of capacities and he did so with a dignity and demeanor which was inspiring. He was honest, dignified, intelligent and conscientious. He was an excellent role model. We all had notions about his political loyalties, but politics always took a back seat to public service in all of the positions which he took on during his life.

Albert Taitano Carbullido leaves behind not only a grateful wife and family, but a grateful island. I join his family in celebrating his life, honoring his achievements and mourning the loss of a husband, father, community leader, and fellow public servant.

**EXTENSIONS OF REMARKS**

TRIBUTE TO ESTHER KRISTOFF

**HON. PETER J. VISCLOSKY**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, April 4, 2001*

Mr. VISCLOSKY. Mr. Speaker, it is with great honor and esteem that I congratulate Esther Kristoff on her retirement from the Girl Scouts of the Calumet Council after 32 years of service as the executive director. Esther has dedicated her career to providing the guidance that our children need, a service that is far too rare in today's society. She will be honored at a retirement celebration to be held on April 30, 2001.

Esther Kristoff has enjoyed an outstanding career with the Girl Scouts of the Calumet Council. When she became the executive director in 1969, she had already devoted over 16 years to the organization. She has held a myriad of positions, from troop leader and troop organizer to member of the Board of Directors. Esther has given innumerable hours of service to the Girl Scouts, but it is the quality of her work that is most impressive. She has received every one of the local Girl Scout Council awards that were available to her, including the Appreciation and Honor Pins and Thanks Badges I and II for outstanding service to both the Council and the surrounding community. In 1998, she received the Girl Scout service pin for 45 years of devoted service.

A graduate of Purdue University Calumet in Hammond, Indiana, Esther has undergone extensive training in the field of management. She has trained at such highly regarded institutions as Columbia University and Harvard University. She has also learned tremendously from her instruction experiences at Case Western Reserve University and the GSUSA Training Center in New York. The knowledge she gained from these programs has enabled her to become a true leader within the Council and the community.

Esther's history of volunteerism is impressive and praiseworthy. She has held a variety of positions and enjoys sharing her experiences with others. She served as president of the Hammond Woodmar Kiwanis from 1993-1995 and was recognized for her outstanding work and loyal service. She is an active member and secretary of the executive committee at the Lake Area United Way. Esther has also volunteered her time to work with local political leaders for the improvement of her community. She has worked with the Hammond mayor's office on several committees, the latest being the Hammond Marketing Committee. While on this committee she helped to organize the Keep Hammond Beautiful program and the Hammond Pride Week celebration. Esther has also served as a guest speaker for the Hammond Historical Society and as a volunteer speaker for the Lake Area United Way speaker's bureau.

Mr. Speaker, I ask you and my distinguished colleagues to join me in congratulating Esther Kristoff as she celebrates her retirement from the Girl Scouts of the Calumet Council after 48 years of service and 32 years of service as the executive director. Her commitment to the youth of Northwest Indiana should be recognized and must be com-

5599

mended. She has dedicated her life and her career to helping others, and her efforts will surely be missed.

THE MONUMENT TO FRIENDSHIP,  
CARTERSVILLE, GEORGIA

**HON. BOB BARR**

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, April 4, 2001*

Mr. BARR of Georgia. Mr. Speaker, the value of true friendship is too easy to lose sight of in today's society. We work so hard to provide for ourselves and our families, that we too often take for granted the selfless and generous deeds done by our closest friends.

I am proud to say Cartersville, Georgia, is home to an eternal reminder of the invaluable gift of unconditional friendship: The Monument to Friendship.

The monument's distinction as the world's only known memorial dedicated to friendship, is just part of its unique story. Mark A. Cooper, who created the monument in 1860, deserves a special place in the annals of Georgia history in his own right. A pioneer of one of Georgia's first railroad and ironworks ventures, Cooper laid the groundwork for the industrial and agricultural development of the Etowah River area of northwest Georgia, in the mid-19th century.

Ironically, Mark Cooper's Etowah Iron Works only survived the region's pre-Civil War economic slowdown because of a loan from 38 of his friends. After repaying the generous loan in full, Cooper honored his creditors with this timeless marble monument.

As if his business and community development endeavors were not enough, Cooper shone as a celebrated volunteer soldier, a longtime state legislator, and a U.S. Congressman. He served on the Board of Trustees of the University of Georgia for 40 years until his death in 1885.

The Monument to Friendship embodies noble Georgia values, just as Mark A. Cooper's memory personifies the ideal Georgia citizen. I join in recognizing the importance of a monument to all of our truest friends.

INTRODUCTION OF THE MEDICARE  
MENTAL HEALTH MODERNIZA-  
TION ACT OF 2001

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, April 4, 2001*

Mr. STARK. Mr. Speaker, today I join with Senator WELLSTONE and my House colleagues to introduce legislation that is long overdue. The Medicare Mental Health Modernization Act of 2001 does just what its title says—it updates and improves Medicare mental health benefits, removing the many roadblocks to treatment faced by seniors and people with disabilities.

This comprehensive legislation modernizes Medicare mental health coverage in three important areas:

Parity for Mental Health Services. Current benefit structure discriminates against people seeking treatment for mental health and substance abuse conditions. In effect, Medicare imposes a "mental health tax" by requiring a 50 percent co-pay for outpatient mental health services instead of the 20 percent co-pay required for most other Part B medical services. In addition, there is a 190 day lifetime cap on psychiatric hospital services—even though no similar cap on inpatient services exists for any other health condition. These discrepancies perpetuate the stigma surrounding mental illness and must be eliminated.

Our bill would eliminate the discriminatory 190 day lifetime cap and reduce the 50 percent co-pay for outpatient mental health services to the 20 percent level enjoyed for other Part B medical services.

Coverage of Community-Based Mental Health Services. Not only does our nation's largest healthcare program impose discriminatory limits and copayments, its overall mental health benefit package is outdated and inadequate. The net result is that seniors and people with disabilities don't have access to the latest, most cost-effective mental health treatments.

In the past few decades, there have been tremendous advances in mental health diagnosis and treatment. We know that mental health conditions are like other health conditions. With appropriate treatment, some conditions can be resolved entirely while others require lifelong management. The same is true for physical illnesses like diabetes or multiple sclerosis. Furthermore, as the 1999 Surgeon General's report concludes, "a wide variety of community-based services are of proven value for even the most severe mental illnesses." Yet with few meager exceptions, Medicare mental health benefits have remained virtually unchanged since they were enacted in 1965.

To correct these flaws, the Medicare Mental Health Modernization Act would allow beneficiaries to access a range of community-based residential and outpatient services that appropriately reflect the state-of-the-art in mental health treatment.

For example, although inpatient psychiatric services remain important, community-based crisis programs provide an evidence-based alternative to institutional care. Recognizing that fact, our bill would create Medicare coverage for up to 120 days/year for intensive residential services, such as mental illness residential treatment programs and substance abuse treatment centers.

In addition, for the relatively small percentage of Medicare beneficiaries with the most serious and disabling mental illnesses, this legislation would make available a range of intensive outpatient services. Research confirms that these innovative services provide necessary skill training and supports that help people with brain disorders, such as schizophrenia and bi-polar disorder, function better. In fact, costly inpatient hospitalizations can be reduced by as much as 60 percent. Examples of intensive outpatient services include Programs of Assertive Community Treatment (PACT), psychiatric rehabilitation, and intensive case-management.

Improved Beneficiary Access to Medicare-Covered Services. The Medicare Mental

Health Modernization Act would also address professional shortages and potentially discriminatory coverage criteria that can leave vulnerable beneficiaries unable to access care. According to the Surgeon General,

the supply of well-trained mental health professionals also is inadequate in many areas of the country, especially in rural areas. Particularly keen shortages are found in the numbers of mental health professionals serving . . . older people."

The Medicare Mental Health Modernization Act addresses these professional shortages by allowing marriage and family therapists and mental health counselors who are licensed or certified at the state level to provide Medicare-covered services. It also ensures that clinical social workers can continue to provide psychotherapy in nursing homes by allowing them to bill Medicare directly for these services as psychiatrists and clinical psychologists can do. Finally, because coverage criteria for therapy services require beneficiaries to demonstrate "continuing clinical improvement," our bill would mandate a study to determine whether these criteria discriminate against people with Alzheimer's disease and related mental illnesses.

There is no question that our country's senior citizens and people with disabilities have significant mental health and substance abuse needs. Consider data from the 1999 Surgeon General's report on mental health and the 2001 Robert Wood Johnson report on substance abuse:

Major depression is strikingly prevalent among older people. In primary care settings, 37 percent of senior citizens demonstrate symptoms of depression and impaired social functioning. Furthermore, older people have the highest rate of suicide of any age group—accounting for 20 percent of all suicide deaths.

About 20 percent of individuals age 55 and older experience specific mental disorders that are not part of normal aging. Unrecognized and untreated depression, Alzheimer's disease, anxiety, late-onset schizophrenia, and other mental conditions can lead to severe impairment and even death.

Older Americans tend to underutilize mental health services—only 50 percent of those who acknowledge mental health problems receive treatment.

Approximately 17 percent of adults over 65 suffer from addiction or substance abuse, particularly alcohol and prescription drug abuse. While addiction often goes undetected and untreated among older adults, aging and disability makes the body more vulnerable to the effects of alcohol and drugs, further exacerbating other age-related health problems.

Nearly 1 out of every 4 Medicare dollars spent on inpatient hospital care is associated with substance abuse.

About 5 percent of American adults experience a serious mental illness that is disabling with respect to employment, self-care, and interpersonal relationships. In fact, nearly 90 percent of people with serious mental illnesses are unemployed.

Nearly one-third of non-elderly, disabled Medicare beneficiaries have a primary diagnosis of mental illness.

Policymakers on both sides of the aisle agree that Medicare's mental health benefits are woefully inadequate and out-of-date—yet none of the current Medicare reform proposals

specifically address mental health. As a country, will we continue to stigmatize mental illness and deny elderly and disabled individuals access to mental health services that can improve their health and well-being? To me, the bottom line is clear—mental health modernization must be part of any fundamental Medicare reform.

On a national level, there is positive movement in this direction. On January 1, 2001, an executive order brought parity to 9 million Federal employees, retirees, and their dependents—providing them with improved mental health benefits equal to those for physical conditions. Most states and even many large corporations now recognize that unequal coverage for mental illnesses is not only discriminatory, but costs more money in the long run.

That's because untreated mental illness can lead to high cost hospitalization and crime—not to mention personal and family suffering, suicide, homelessness, lost productivity, and partial or total disability. These comprise the "indirect" costs of untreated mental illness. Together, these direct and indirect costs are tremendous. Yet over the past decade, spending for mental health care has declined relative to overall health spending and accounts for a mere 7 percent of total health expenditures.

The Medicare Mental Health Modernization Act is an important step forward in providing comprehensive mental health coverage for senior citizens and people with disabilities. It ends Medicare's longstanding discriminatory mental health benefits and recognizes that state-of-the-art mental health care takes place in the community. This bill will assure that the mental health needs of elderly and disabled Americans are more fully addressed.

A range of mental health advocacy organizations representing consumers, family members, and professionals has endorsed this bill. These include: American Association of Geriatric Psychiatry; American Association of Marriage and Family Therapists; American Association of Pastoral Counselors; American Association of Suicidology; American Counseling Association; American Foundation for Suicide Prevention; American Group Psychotherapy Association; American Mental Health Counselors Association; American Occupational Therapy Association; American Orthopsychiatric Association; American Psychological Association; Association for Ambulatory Behavioral Health; Association for the Advancement of Psychology; Bazelon Center for Mental Health Law; Clinical Social Work Federation; International Association of Psychosocial Rehabilitation Services; Kristin Brooks Hope Center; National Alliance for the Mentally Ill; National Association of Anorexia Nervosa and Associated Disorders; National Association of County Behavioral Health Directors; National Association of Psychiatric Health Systems; National Association of School Psychologists; National Association of Social Workers; National Mental Health Association; National Resource Center for Suicide Prevention and Aftercare; Suicide Awareness/Voices of Education; Suicide Prevention and Advocacy Network; Suicide Prevention Services of Illinois; The National Hope Line Network 1-800-SUICIDE; and Tourette Syndrome Association.

I urge my colleagues to join us in support of this important legislation.

A TRIBUTE TO REDONDO BEACH COUNCILMAN BOB PINZLER

HON. JANE HARMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 4, 2001

Ms. HARMAN. Mr. Speaker, I rise today to honor Bob Pinzler for his outstanding service to the citizens of Redondo Beach, California.

As a member of the Redondo Beach City Council for the past eight years, Bob demonstrated a profound commitment to civic service. He is known as a relentless advocate of better city government. He championed more effective use of technology by municipalities. He fought for infrastructure improvements and community development projects whose positive impacts have been felt throughout the City of Redondo Beach and indeed the entire South Bay.

Responding to his constituents' concerns about increased noise, pollution and traffic resulting from proposed expansion of Los Angeles International Airport, Bob worked with me and other civic leaders and elected officials on a task force shaping a regional approach to solving Southern California's air transportation needs. Our work continues, but Bob has made an invaluable contribution. I know that we will continue to work together on this issue.

In addition to his service on the Redondo Beach City Council, Bob is the current State League Director of the League of California Cities and was President of the League's Los Angeles County Division. He is the past president of the South Bay Cities Council of Governments. He is a member of the Regional Council of the Southern California Association of Governments and was vice-chair of the Santa Monica Bay Restoration Project.

Bob is a friend and an ally. I extend my very best wishes to him and his wife Arlene as they move into an exciting new chapter of their lives. It has always been a privilege to work with Bob and I invite my colleagues to join me in commending his exemplary public service.

ACCESS TO HEALTH CARE

HON. JOHN P. MURTHA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 4, 2001

Mr. MURTHA. Mr. Speaker, I want to express concern about the increasing challenges facing health care providers, both hospitals and long-term care providers. Pressed by continued government underfunding, inadequate managed care payments, exploding professional liability costs, growing numbers of uninsured, and workforce shortages, these providers are struggling to meet community needs. Access to care is being threatened.

At the Federal level, we have been trying to right the wrongs created when the Balanced Budget Act of 1997 cut millions of dollars in Medicare payments to hospitals. We have

made progress to return some of this money, but more must be done.

And to succeed, we need the continued support of all elements. I've spoken with Pennsylvania hospital administrators about efficiency, and Pennsylvania now has the second most cost-efficient system in the Nation. Costs in Pennsylvania acute care hospitals are 6 to 7 percent below their expected costs. Also I've spoken with Governor Ridge and Pennsylvania legislators about growing problems with nurse shortages, long-term care, and care for children and pregnant women and encouraged more support from the Commonwealth to help meet costs and address these problems.

In addition, a special independent Pennsylvania Legislative Budget and Finance Committee study released recently shows that hospitals' financial condition continues to deteriorate, and that Pennsylvania is paying only 74 cents for each dollar of Medical Assistance care provided.

The study reveals Pennsylvania hospital margins have deteriorated markedly since 1997, with total margins dropping to 2.4% in 1999 and operating margins averaging only .03%. Nationwide, total hospital margins in 1999 were 4.65% and operating margins were 1.07%.

The low margins in Pennsylvania's hospitals are not due to cost inefficiency since costs in Pennsylvania acute care hospitals are 6 to 7 percent below their expected costs. Pennsylvania hospitals are the second most cost efficient in the nation.

And add to the overall cost problem the fact that professional liability costs will go up this year a minimum of 35 to 50 percent and that we have a decreasing payment-to-cost ratio of commercial insurers, and a growing uninsured rate, the writing is on the wall. No organization can continue to survive and provide all the services our citizens need.

On the long-term care side, two reports delivered last week to the Pennsylvania Intra-Governmental Council on Long-Term Care revealed that Pennsylvania and long-term care providers must find new ways to raise the pay and status of long-term care workers or face an extended workforce crisis. There is a worker shortage across the "spectrum of elder services" that affects access to care and quality of care for our elderly. Turnover rates are skyrocketing. If we do not get a handle on this problem today, we will have a vulnerable population of seniors counting on a broken system that can't deliver.

Over one-third of long-term care providers reported serious problems finding and keeping direct-care workers. More than 40 percent of private nursing homes and home-care and home-health agencies report a serious problem with either recruitment or retention of workers.

We have Area Agencies on Aging with growing waiting lists because people can't arrange home services for needy clients. Nursing homes are looking to temp agencies to fill vacancies among staff aides, and between one-third and one-fourth of the long-term care workforce in the state have less than one year's experience with their employer.

Currently about 94,000 Pennsylvanians are employed by more than 3,400 providers to

help dress, feed, bathe and transport frail elderly persons. Low pay and low respect are to blame. Combine these issues with a growing demand for services and we find long-term care providers in a major dilemma.

We have the second largest senior population in Pennsylvania and an ever-growing number of seniors over the age of 80. Access to healthcare and all forms of long-term care are critical. Pennsylvania leaders, Congress and health care professionals must all work together to resolve these problems.

TRIBUTE TO THE LATE HONORABLE ADRIAN C. SANCHEZ

HON. ROBERT A. UNDERWOOD

OF GUAM

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 4, 2001

Mr. UNDERWOOD. Mr. Speaker, I rise today to make note of the recent passing of the Honorable Adrian C. Sanchez, a distinguished member of the Eleventh, Twelfth and Thirteenth Guam Legislatures. He leaves behind his widow, Young, his children Doris, Diana, Josephine, and Adrian.

Senator Sanchez was born on September 26, 1919 in the village of Hagåtña—the son of Simon Angeles and Antonia Cruz Sanchez. A product of the Guam public school system, he attended Padre Palomo Elementary, Leary Middle School and Seaton Schroeder Junior High School. He later received an Associate's Degree in Public Administration from the University of Guam and a Bachelor's degree in Business Administration from the Western States University.

His diverse and distinguished career began prior to World War II when he worked as a surveyor for the local Department of Records and Accounts. Between 1936 and 1938, he was employed as a school teacher by the Department of Education. He enlisted in the United States Navy in 1938 and served until his retirement in 1964. While in the Navy, he had the chance to serve in various capacities. He was the School Administrator for the Northern Marianas immediately after World War II and he also served as a member of the President's staff from 1958 until 1964. A veteran of World War II, the Korean War and the Vietnam War, he attained the rank of Master Chief Petty Officer—the highest enlisted rank in the United States Navy.

Upon his retirement, Senator Sanchez came back to Guam and was employed as the Assistant Director for the Department of Public Health and Social Services. Prior to his election to the Guam Legislature in 1970, he also served as Director of the Guam Department of Corrections and Deputy Director of the Guam Department of Public Works.

Senator Sanchez held office for three consecutive terms. As a Senator, he was known for his dedication towards the proliferation of the local culture. He is credited for having a day set aside to commemorate Guam's initial contact with European culture. Through his efforts, Discovery Day is now a local holiday celebrated with much fanfare in the village of Umatac.