

make us truly one nation. Today, as we rally for unity and patriotism a common means of communication propels us toward our goal.

The English Language Unity Act declares English the language of the United States. Like its predecessors, it does not affect the teaching and study of other languages. It does not deter the use of other languages in the home, community, church, or elsewhere. The Act includes commonsense exceptions to the policy, for international relations, national security, teaching of languages, and preservation of Native Alaskan or Native American languages.

A common language has enabled generations of Americans to realize the dream of American opportunity and freedom. Studies continue to prove those who know English get better jobs, earn more money and receive better health care than those who cannot speak the language. As a result, an emphasis on English decreases reliance on the federal government.

The need for official English appears in our newspapers every day—injuries in the workplace, mistranslations at hospitals, people who are unable to support themselves and their families—all because they could not speak English.

Recognizing a common language is neither racist nor exclusionary. It is a principle enacted by 177 countries worldwide to allow for the transmission of ideas and customs and to allow people of multiple cultures to come together. This bill does not inhibit people from speaking other languages, nor does it attempt to place any limits on culture, religion or customs.

The Unity Act gives newcomers an opportunity to succeed in the United States. It bonds the newcomer with his fellow Americans, allowing both to reach for the highest rung on the economic ladder and provide for a family.

According to the U.S. Department of Education, those with limited English proficiency are less likely to be employed, less likely to be employed continuously, tend to work in the least desirable sectors and earn less than those who speak English. Annual earnings by limited English proficient adults were approximately half of the earnings of the total population surveyed.

Few doubt this reality. In a 1995 poll by the Luntz Research firm, more than 80 percent of immigrants supported making English the official language of the United States. They are joined by 86 percent of all Americans who agree with English as the official language of the United States.

Similar English legislation in the 104th Congress (H.R. 123) drew 197 bipartisan House cosponsors and won a bipartisan vote on August 1, 1996. That spirited effort, led by our late colleague Bill Emerson, is unfinished business that we must attend to for the benefit of all Americans.

I urge my colleagues to co-sponsor The English Language Unity Act of 2005 in the 109th Congress so that we can ensure that all Americans have the opportunity to attain the American dream.

RECOGNIZING NATIONAL KIDNEY MONTH

HON. MARK STEVEN KIRK

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 3, 2005

Mr. KIRK. Mr. Speaker, as co-Chairman of the Congressional Kidney Caucus, I would like to recognize that March is National Kidney Month. The Kidney Caucus partners with groups such as the National Kidney Foundation to increase public awareness of risk factors for chronic kidney disease and emphasize the importance of early detection. Anyone with high blood pressure, diabetes or a family history of kidney disease is at risk.

This March, the National Kidney Foundation is urging all those at risk to undergo a kidney screening. Simple urine and blood tests during a routine doctor's visit can show the earliest signs of kidney damage. According to the National Kidney Foundation, more than 20 million Americans—that's one in nine adults—have chronic kidney disease. More than 20 million more are at increased risk for developing the disease. Nearly half of all Americans with chronic kidney disease are unaware of their condition.

Early detection and intervention can halt the progression of the disease before it reaches kidney failure, at which point there are no other alternatives but dialysis or transplantation. Catching kidney disease at an early stage saves patient's lives and saves the taxpayer tremendous sums otherwise spent on costly dialysis and transplant procedures. Please help me honor National Kidney Month by urging those at risk for kidney disease to take this threat seriously and undergo a screening.

LETTER FROM THE MENTAL HEALTH LIAISON GROUP

HON. TED STRICKLAND

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 3, 2005

Mr. STRICKLAND. Mr. Speaker, I would like to submit the following letter for the CONGRESSIONAL RECORD:

DEAR REPRESENTATIVES STRICKLAND AND MURPHY: The undersigned organizations in the Mental Health Liaison Group, representing patients, health professionals and family members, are pleased to support your legislation, the Medicare Mental Health Copayment Equity Act. Under your legislation, Medicare's historic discriminatory 50 percent coinsurance for outpatient mental health care would be reduced over six years to 20 percent, bringing the coinsurance into line with that required of Medicare beneficiaries for other Part B services.

Simply put, current law discriminates against Medicare beneficiaries who seek treatment for mental illness. This affects elderly and non-elderly Medicare beneficiaries alike when they seek mental health care. According to the 1999 U.S. Surgeon General's report on mental health, almost 20 percent of elderly individuals have some type of mental disorder uncommon in typical aging. In addition,

elderly individuals have the highest rate of suicide in the U.S., often the result of depression. The Surgeon General's report states, "Late-life depression is particularly costly because of the excess disability that it causes and its deleterious interaction with physical health. Older primary care patients with depression visit the doctor and emergency rooms more often, use more medication, incur higher outpatient charges, and stay longer at the hospital."

The 50 percent coinsurance requirement also is unfair to the non-elderly disabled Medicare population. Because many of these individuals have severe mental illnesses combined with low incomes and high medical expenses, a 50 percent coinsurance obligation is a serious patient burden. For elderly and non-elderly Medicare beneficiaries alike, Medicare is a critical source of care. Your legislation to ensure that Medicare beneficiaries needing mental health care incur only the same cost-sharing obligations as required of all other Medicare patients would end the statutory discrimination against Medicare beneficiaries seeking treatment for mental disorders.

Thank you for your leadership in addressing this important issue for the nation's 40 million Medicare patients.

Sincerely,
Alliance for Children and Families.
American Academy of Child and Adolescent Psychiatry.
American Association for Geriatric Psychiatry.
American Association of Children's Residential Centers.
American Association of Pastoral Counselors.
American Association of Practicing Psychiatrists.

American Group Psychotherapy Association.
American Mental Health Counselors Association.
American Occupational Therapy Association.
American Psychiatric Association.
American Psychiatric Nurses Association.
American Psychoanalytic Association.
American Psychological Association.
American Psychotherapy Association.
Anxiety Disorders Association of America.
Association for the Advancement of Psychology.
Association for Ambulatory Behavioral Healthcare.
Bazelon Center for Mental Health Law.
Children and Adults with Attention-Deficit/Hyperactivity Disorder.
Clinical Social Work Federation.
Clinical Social Work Guild.
Depression and Bipolar Support Alliance.
Eating Disorders Coalition for Research, Policy & Action.
Ensuring Solutions to Alcohol Problems.
International Society of Psychiatric-Mental Health Nurses.
NAADAC, The Association for Addiction Professionals.
National Alliance for the Mentally Ill.
National Association for Children's Behavioral Health.
National Association for Rural Mental Health.
National Association of Anorexia Nervosa and Associated Disorders (ANAD).
National Association of Mental Health Planning & Advisory Councils.
National Association of Protection and Advocacy Systems.
National Association of Psychiatric Health Systems.