

PERSONAL SOCIAL SECURITY  
ACCOUNT ACT OF 2000**HON. JOHN R. KASICH**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 14, 2000*

Mr. KASICH. Mr. Speaker, today I am introducing the "Personal Social Security Account Act of 2000." Since its inception in 1935, Social Security has provided financial independence and retirement security for millions of senior citizens. Unfortunately, Social Security is on the road to bankruptcy. Just fifteen years from now, Social Security will not collect enough payroll taxes to pay promised benefits. This is not a temporary problem limited to the retirement of the baby boomers. Americans are living longer and having fewer children. There will be fewer workers to support each retiree even after the baby boomers are gone.

Social Security faces a cash shortfall of more than \$130 trillion over the next 75 years. While these deficits will not affect today's seniors, our children face three choices—raise payroll taxes by 50%, reduce promised benefits by 30%, or face a crushing burden of debt. We must not let Social Security's tidal wave of red ink be our legacy to America's children. We must find a way to protect our seniors' retirement security without sacrificing our children's standard of living. That's why I have introduced the "Personal Social Security Account Act of 2000." This legislation would increase future benefits by prices instead of wages, and it would allow workers to create their own personal savings account.

Under current law, initial benefits for new retirees are increased each year by the growth in wages. As a result, over the next 75 years, promised benefits will nearly double, even after adjusting for inflation. Under this legislation, benefits for workers under the age of 55 will be increased by the consumer price index. Switching from wage indexing to price indexing will eliminate the Social Security shortfall and avoid future payroll tax increases while at the same time guaranteeing today's level of benefits for future retirees.

Workers under the age of 55 will also be given the option to invest an average of 2% of their wages in their own personal savings account. The exact amount each worker can invest will be related to their wages in order to maintain the progressivity of the current Social Security system. Based on historical rates of return, most workers who choose to set up a personal account will earn far greater benefits than the government could ever afford to provide under current law.

Today's economic prosperity provides us with an historic opportunity to preserve Social Security for three generations—our parents, ourselves, and our children. We must seize this opportunity and build a bipartisan consensus for Social Security reform.

## HONORING JOANNE LOTHROP

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 14, 2000*

Mr. STARK. Mr. Speaker, today I pay tribute to Joanne Lothrop, a longtime community ac-

tivist in San Leandro, where she has served on the city council since 1996.

Her involvement in public service began nearly 22 years ago as a volunteer with the Girls, Inc. program. As a staff member, she learned the importance of being a role model to youth and understood the importance of introducing life skills to young women to foster leadership and independence. She was a program director of Health Initiatives for Youth and has an extensive background in community organizing. Whether advocating on behalf of inter-city children, farm workers, or HIV positive youth, Joanne's focus is unwavering and her commitment is exemplary. Joanne is always available to lend a hand be it fundraising, advocacy, legislation, education, or community organizing.

As a San Leandro City Councilwoman, Joanne has worked toward a regional cooperative approach in the areas of environmental justice and sustainable communities. She brought together citizens, business leaders, and environmental interests to form the West San Leandro Advisory Committee to study the environmental impacts of both industrial and residential development. Joanne has demonstrated leadership in maintaining the jobs-housing balance in San Leandro and adjacent communities. She has worked to retain high wage employers in the city and attract new businesses to increase job opportunities for San Leandro and East Bay residents.

Joanne has received numerous awards and special recognition including five National Girls Inc Outstanding Program Awards. I join her colleagues in thanking her for her community service as well as her contributions to the city of San Leandro during her tenure on the city council. Joanne has chosen not to run for another term on the city council. Her voice on the council will be missed but we look forward to many more years of her dedicated community service.

IMPROVING QUALITY OF CARE IN  
ASSISTED LIVING FACILITIES**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 14, 2000*

Mr. STARK. Mr. Speaker, the Institute of Medicine will shortly release a publication entitled, "Improving the Quality of Long-Term Care." A committee of our nation's leading experts in the area of long-term care compiled information on quality in various long-term care approaches, including assisted living.

The report finds that there are few studies of outcomes and quality in assisted living facilities, primarily because of the lack of a uniform definition of this category of facilities. Assisted living facilities can have enormous variation in services and environment, and the varying definitions from state to state make comparisons difficult.

The report also finds that the small body of research that does exist illustrates that "residential care facilities, including assisted living, present a mixed picture in terms of both quality of care and quality of life. Some offer individualized, high-quality care in facilities that afford privacy, dignity, and individualization. However, others appear to lack adequately trained staff, and offer neither sufficient

amount of care nor privacy and 'homelike' settings. Also, there are indications that consumers may receive too little information to make informed choices regarding these facilities and the services provided."

Many consumers are drawn to the philosophy of assisted living, a model developed to combine the care of other long-term care settings with an environment promoting dignity and independence. This upcoming IOM report, though, highlights the disconnect that exists between the philosophy of assisted living and its implementation. It references a study that found only 11 percent of facilities provided high levels of both privacy and service, the philosophy of assisted living. On the contrary, the majority of assisted living facilities, 65 percent, offered low levels of service (e.g., no full-time registered nurse on staff) and 40 percent offered low levels of privacy.

Another disconnect between assisted living philosophy and practice is the concept of "aging in place." Despite the marketing claims of consumers being able to live out their lives in their assisted living homes, consumers are finding out they may not be able to obtain needed services or be allowed to stay if they develop conditions that require more care. The IOM report references a survey of assisted living facilities that found 76 percent of assisted living facilities would discharge anyone who needed skilled nursing care for more than 14 days, and 72 percent had already done so within the past 6 months.

The wide variation in definitions of assisted living facilities also poses problems for states in developing regulations that ensure quality. Some states view assisted living as an alternative to nursing home care while others view assisted living as a model for people with less serious conditions than nursing home residents. These differing perceptions as to what constitutes assisted living leads to varying standards from state to state. In my view, there needs to be a more consistent approach to ensuring quality and protections for the residents in these facilities.

IOM provides further support for the need to focus on quality of care in assisted living facilities. I introduced H.J. Res. 107, calling for a White House conference for conducting a national dialogue on this issue and for developing recommendations. I hope that my colleagues will join me in ensuring the safety of our nation's elderly in their assisted living homes and make this an important effort of the 107th Congress.

## HONORING THE LATE GINA VEGA

**HON. JOE BACA**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 14, 2000*

Mr. BACA. Mr. Speaker, today I Honor a devoted wife and mother of six, Gina Vega. It is with much sadness that we mark the passing of such a great person who graced this world and the lives of all those who were close to her, especially her husband Felipe.

Gina exemplified compassion, family values, and dedication. She gleamed with joy at the thought of her children and would go to the ends of the earth to ensure their security and comfort. She never questioned the needs of others and was always willing to help out where ever she could. She was and will remain such a tremendous person in our thoughts and in our memories.

Gina was never the type of parent to push her children, but instead offer her support. Her eldest child, Raquel, blind from birth, was blessed with a voice from heaven and has used that voice for the good or her culture. Since the age of 14, Raquel has been singing with the Inland Empire Mariachi Youth Foundation and has plans to someday teach children just like herself. Raquel could not have done this without the devotion of her mother. Gina devoted her time and efforts to the success of her daughter as well as the success of the group.

This past May, in an effort to expose Washington to the culture of Mariachi music as well as provide an opportunity for the children to experience our Nation's Capitol, I brought these talented children here to Washington, DC. Gina gave up her opportunity to go on the trip so she could stay at home to take care of her other children and prepare the group for their journey.

This is exactly the type of person Gina was. She never complained and was willing to give up large portions of herself to the needs of her children as well as the needs of the entire group as a whole.

Gina lived a fulfilling life graced by her husband and her children. Not only was she blessed with Raquel, but she was blessed with five other children that are just as talented and beautiful as the first. Vanessa—age 16, Tatiana—age 14, the twins Felipe and David—age 11, and the youngest Steven—age 5, all stand as a reminder of the excellence and selflessness that was Gina.

I join with all of those who loved Gina in extending our prayers to the family and hope they find peace and comfort during this time of sorrow.

God Bless.

COMMENDING IRVINGTON HIGH SCHOOL FOR RECEIVING THE NEW AMERICAN HIGH SCHOOL AWARD FROM THE UNITED STATES DEPARTMENT OF EDUCATION

### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 14, 2000*

Mr. STARK. Mr. Speaker, today I commend and congratulate Irvington High School in Fremont, California for receiving a New American High School Award from the United States Department of Education.

The U.S. Department of Education New American High School Award is given to high schools that demonstrate a commitment to ensuring that all students meet challenging academic standards and are prepared for colleges and careers. This program is part of the Department of Education's effort to reform our schools.

Irvington High School was one of only 27 schools in the country to win this award for

2000. Irvington High School won this award by making a schoolwide effort to refuse to accept subpar schoolwork from any student. To make sure all students can earn good grades, the school offers extra help to pupils with academic difficulties. To aid these students, the teachers help the student identify their weaknesses and develop a pact for rectifying them. The school also fosters responsibility to one's community by requiring students to complete a minimum of 40 hours of community service as a requirement for graduation.

Finally, the school requires that all seniors participate in a "personal quest" by doing a research project and oral presentation on a subject that fascinates them. Students have embarked on "personal quests" to learn about careers that they want to pursue after graduation. These quests have ranged from one student learning about becoming a photographer to another learning about becoming a marine biologist. Each student must work with a school advisor and must gain actual work experience in the occupation in which they are interested.

This combination of innovative teaching and emphasis on public service has made Irvington High School a shining example to other schools across America on how to educate our students to thrive in the 21st century. Again, I want to extend the highest commendation and congratulations to Irvington High School for its outstanding performance in educating our children. This award recognizes what the citizens of Fremont, California have always known, that the faculty and students of Irvington High School are first rate in every aspect.

### ELIMINATE RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE

### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 14, 2000*

Mr. STARK. Mr. Speaker, Medical Care Research & Review recently released a special issue, compiling ten articles from our nation's leading researchers in the area of racial and ethnic health disparities. Taken altogether, these investigations add to a growing body of evidence that leaves little doubt as to the pervasive and persistent presence of racial and ethnic disparities in health insurance coverage and access to care.

Many variables are thought to contribute to racial and ethnic disparities in health care, such as status of health care coverage and income level. Yet across each investigation, regardless of outcome measured, racial and ethnic disparities persisted—even when the effects of income, health care coverage status, and other individual characteristics were controlled.

As our country continues to diversity, with growing populations of African Americans, Latinos, Asians & Pacific Islanders, and Native Americans, we, as a nation, must be responsive to the needs of all citizens. As reflected in the following findings, this special issue of Medical Care Research & Review highlights areas that need to be addressed to ensure equitable health care access for everyone.

People of color are far more likely to lack health care coverage as compared to whites,

primarily due to lower rates of private health insurance coverage, especially employment-based coverage. In 1996, people of color comprised only one quarter of the non-elderly population, yet they represented 41% of the uninsured.

The effects of race and ethnicity extend beyond insurance coverage to encompass the entire treatment process. For example, the referral process for invasive cardiac procedures involves multiple steps and decisions. At every step, ranging from the initial recognition of symptoms by the patient to obtaining referrals for coronary angioplasty or coronary artery bypass surgery, race and ethnicity issues can (and often do) enter into the equation.

Hispanics and African Americans are much more likely to lack a usual source of health care and less likely to use ambulatory care as compared to whites. The disparities are greatest for Hispanics—for whom the probability of lacking a usual resource of care increased from 19.9% in 1977 to 29.5% in 1996. By way of contrast, this figure represents twice the risk faced by whites in 1996.

Race and ethnicity are also factors in the likelihood of being hospitalized for a preventable condition, which is an indicator of limited access to primary care. When preventable hospitalizations are compared across minority groups and whites, those that fare the worst are Hispanic children, African American adults, and Hispanic and African American elderly. Even among elderly Medicare beneficiaries, all of whom have equal health insurance coverage, the odds of minority beneficiaries requiring a preventable hospitalization are 6 to 21% greater than for white beneficiaries.

These many differences are not simply due to unresponsive attitudes of a few individual physicians, but the health care delivery system as a whole. People of color are twice as likely to say that racism is a major problem in health care. Two-thirds of African Americans and more than half of Latinos believe they receive lower quality care than whites, but most whites believe everyone receives the same quality of care. Not surprisingly, those patients who perceive more racism and who are more distrustful of the medical system are less satisfied with their health care.

These findings illustrate the importance of delivering culturally competent health care at the provider level and throughout the health care delivery. One model, presented in this special issue of Medical Care Research & Review, illustrates how cultural competency is comprised of nine major components, including interpreter services, recruitment and retention of bilingual and bicultural health care professionals, and the inclusion of family and community members throughout treatment. As a result of these techniques, positive changes in clinician and patient behavior, such as improved communication, increased trust, and expanded understanding of how cultural and environmental factors affect patient behavior, can occur. Such positive changes can lead to the provision of more appropriate health care services and better outcomes—not just in health status but also in quality of life, well being, and satisfaction across all ethnic groups.