

Mohammad VI, proceeded smoothly and effectively. Also as expected, no significant changes in Morocco's domestic and foreign policies are envisioned at this time.

What, if anything, are the implications for American and other international interests in the passing of Africa's and one of the Arab and Islamic world's longest-serving heads of state?

At first glance, the most important certainty is the certainty that key Moroccan policies are likely to continue as before.

In this, for the many who have applauded some of the routes less traveled that Morocco chose to traverse for the past decade—in the areas of constitutional reform, economic liberalization, political pluralism, advancement of human rights, the pursuit of a just and durable peace between Arabs and Israelis—there is comfort.

For those who pray and plot for the quicker rather than later passing of hereditary systems of governance—for the demise of the Arab and Islamic world's emirs, shaikhs, sultans, and monarchs—their day, certainly with regard to Morocco, appears to be no nearer to hand than before.

Indeed, a case can be made that, in large measure because of the timeliness, relevance, and overall popularity of the late King's reforms, the imminence of the Moroccan monarchy's political demise is even more distant than it was when Hassan II succeeded his father as King of Morocco in 1960.

To say this is but to underscore the extent to which the Middle East has become so topsy-turvy within the adult lifetime of a single person: the late King of Morocco.

Had Hassan II lived and chosen to speak his mind on the subject, it's likely that he would have agreed with Diogenes, who is alleged to have requested that he be "buried with my fact to the ground, for in no time at all the world will likely be upside down."

There are ironies here. For one, search any library on the Middle East from the mid-1950s onward, and the work of one political science author to the next will be shown as having predicted with a certainty bordering on arrogance that, in short order, all the Arab world's dynasts would be overthrown, blown away as so many will-o'-the-wisp dandelions into the dust.

Conventional wisdom of the day postulated that the wave of the future belonged to the Nasirists and their camp followers from Morocco to Muscat, from Baghdad to Berbera, from Aden to Algiers and Aleppo in between.

Pundits prognosticated that the coming generation, nowadays' nineteen nineties—yesterday's tomorrow—would be led not by Hassan II and his dynastic counterparts, or anyone else whose lot was hereditary, but, rather, by the proverbial middle class military officer, the khaki-clad knight on horseback.

But, in Morocco, as elsewhere in the Arab world, this was not to be. That it proved not to be the case was in large measure because Hassan II was not bereft of equestrian political skills of his own.

That those who sought to precipitate the late King's political demise failed in the end was not, however, for lack of trying. Twice, in 1970 and again in 1971, they came close to succeeding. Nor, for that matter, can it be said that they truly failed.

Indeed, the King's opponents can claim credit for having quickened his conscience and common sense to realize Morocco's national interests dictated that he institute sweeping constitutional, political, economic, and human rights reforms.

Few developing countries have traveled as far and as fast in reforming the underpinnings and trappings of its economy and socio-political system as Morocco in the last decade of the late King's reign.

In the past few years, a steady stream of American leaders have become eye-witnesses to the ongoing implementation of a range of economic and political reforms launched during the era of Hassan II.

Together with Tunisia, Morocco has been a pacesetter in embracing the economic precepts of globalization and in forging a multifaceted trade and investment relationship with the member-states of the European Union.

In heightening their awareness of the opportunities for American businesses in the "new Morocco," U.S. Congressional Representatives and staff have not been far behind. In March 1999, 110 Members of Congress signed a "Congressional Friends of Morocco" letter to President Bill Clinton. Shortly afterwards, First Lady Hillary Clinton visited Morocco, Egypt, and Tunisia.

In keeping with this momentum, Under-Secretary of State for Economic Affairs Stuart Eizenstadt visited the region and articulated a vision of enhanced foreign investment, liberalized trade arrangements, and regional economic cooperation between the U.S. and three Maghreb nations—Algeria, Morocco, and Tunisia.

It is too soon to gauge the full measure of the legacy that Hassan II bequeathed to his son and the Moroccan people. However, beyond the fact that the baton of national leadership has been passed to the new king, Mohammad VI, and with it the task of governing one of the developing world's most fascinating and important countries, there is much else of interest and value for Americans and others to ponder.

Consider for a moment the following. Morocco is a country that is at once African, Arab, Maghrebian, Mediterranean, Middle Eastern, and Islamic. Its international strategic importance is underscored by its coastal frontage and twenty ports on two of the world's largest and most fabled seas.

Moreover, Morocco's geography and natural resource base—with its mountains, valleys, rivers, trees, and verdant fields—are as variegated as any in the developing world. Its people are the heirs of an extraordinarily rich culture and heritage that, long before we became an independent nation, had links to our own.

Within Morocco's archives, and continuing to this day in the country's international relations, is abundant and ongoing evidence of a record of friendship with the United States and the American people that, among the world's politics, is second to none.

The implications of the change in Morocco's leadership for American national interests are that the U.S. needn't change any of its policies toward this oldest among contemporary Arab kingdoms.

They are to underscore the value of Morocco's having stood by the U.S.—and the U.S. having stood by Morocco—throughout the Cold War and after, and our joint commitment to remain each other's ally in the future.

They are to take heart in the realization that, if anything, the new King, who is no stranger to the United States and American values, is likely to work even harder at strengthening the U.S. Morocco relationship.

The implications of the smooth and effective passing of the mantle of leadership from father to son, as had been envisioned all along, were encapsulated in the act of Presidents Clinton and Bush walking with other heads of state behind the King's coffin on the day of his funeral.

They lie in the predictability of continued American national benefit from the leadership of a ruling family that, from the time of Eisenhower's visit to Morocco in the midst of World War Two, straight through until the

present, has never buckled when the going got rough.

They lie in the agreement of American and Moroccan foreign affairs practitioners on the ongoing relevance of a leader with the courage to act upon her or his convictions. In Hassan II, the world was blessed with a visionary and dedicated leader who never shied from tackling the controversial issue of Middle East peace.

Longer than any other living Muslim leader, the late king, always far from the limelight, generated an immense amount of trust and confidence among Arab and Jew alike.

In the end, Hassan II will be remembered for many things. Among them, not least will be the fact that, for more than a quarter of a century, he worked tirelessly at nudging, but never shoving, the protagonists much nearer to an enduring peaceful settlement than would have been likely had he, and now his son, upon whom the burden falls to continue the effort, not passed our way.

TRIBUTE TO MRS. MARILYN JONES MORRING OF HUNTSVILLE, ALABAMA

HON. ROBERT E. (BUD) CRAMER, JR.

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. CRAMER. Mr. Speaker, I would like to take this opportunity to recognize Mrs. Marilyn Moring of Huntsville, Alabama, for her many years of outstanding service to our community.

In the Huntsville community, Mrs. Moring is an emblem of education. She has lovingly devoted 25 years of her life to the service of imparting wisdom and a love of learning to the children of our community. In her many years of teaching both in public and private schools, Mrs. Moring taught every subject from sixth to twelfth grade, produced musicals for the school and initiated an organized a bus tour to Washington, D.C.

In her modest and selfless manner, Mrs. Moring has touched the lives of so many families in my district. To me, she symbolizes the model educator, dedicated, intelligent, caring and leading by example. Her reflections on her long career in education exemplify the simple joy she finds in children, teaching and life; ". . . by teaching others I learned about my own self, my community, and about other people. I made life-long friends and have watched with great satisfaction the lives and achievements of the young people I taught."

This is a fitting honor for one who has instilled in several generations of Huntsville citizens a respect and understanding for history and government. In 1982, her school honored her by establishing the Marilyn J. Moring History and Alabama Government Award.

Mrs. Moring's volunteer work has been essential in building the quality of life the people of Huntsville enjoy today. Described as the "glue" that holds it all together, Mrs. Moring has given of herself in countless capacities including the Huntsville Symphony Orchestra, the Huntsville Museum of Art, the Huntsville Public Library, Burritt Museum, the Leukemia Society and the Arts Council. In 1996, she won the prestigious Virginia Hammill Sims award. Her nominators said it best, "For over 46 years she has been a part of the beginning, growth and development of the cultural 'best' in this city, working tirelessly behind the

scenes to make her home town a better place in which to live."

I want to offer my best wishes to Mrs. Moring and her family. She has indeed inspired me and countless other students old and new to seek knowledge and to use that knowledge to serve others.

RECOGNIZING THE THOMAS AND
BRIDGES FAMILIES

HON. ED WHITFIELD

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. WHITFIELD. Mr. Speaker, I rise in tribute to the Thomas and Bridges families, who will come together for their 28th reunion in Cadiz, Trigg County, KY, this weekend.

Drury Bridges brought his family to Kentucky from North Carolina in 1804. James Thomas, Sr., also a North Carolina, came 2 years later. Both patriarchs had taken part in the struggle for independence during the Revolutionary War, but they had never met until they acquired land grants near each other in a portion of Christian County that in 1820 would become Trigg County.

With the passing of time, three of the Bridges children married three of the Thomas children, the beginning of family connections that remain strong today.

During the almost 200 years since these two families chose Trigg County as their home, they and their descendants have made invaluable contributions to the cultural, religious, educational, and political life of the count

It is my honor to represent these distinguished families in the Congress of the United States and I am proud to introduce them to my colleagues in the House of Representatives and recognize their patriotism and civic leadership.

OMNIBUS LONG-TERM HEALTH
CARE ACT OF 1999

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. STARK. Mr. Speaker, today, Representative ED MARKEY, I and others are introducing legislation that will affect the quality of life for all Americans with long-term health care needs. Each day, millions of families struggle as they care for their loved ones who suffer from chronic and debilitating diseases. Alzheimer's disease, Parkinson's disease, multiple sclerosis, and the ravages of old age make many people dependent on others for their basic care. We legislators have a fundamental obligation to act decisively to ensure the quality of life for all citizens, especially those who can no longer care for themselves.

The simple fact is that we need to act now to avoid the "baby boomer" crisis in long-term health care. As Professor Ken Thorpe testified before the Senate Finance Committee on May 26, 1999,

The number of persons requiring assistance due to physical, cognitive or other disabilities is expected to rise from 7 million today

to over 15 million by the year 2030. Our current patchwork of programs funded through Medicare and Medicaid are not well positioned to meet the demographic challenges that await us.

There are no "good-old" days we can turn to and proclaim as the golden age of care for the elderly. The simple fact is that old age and the need for long-term care is a modern phenomenon. In the 1930s, the life expectancy of most people was around 65 years. Consequently, previous generations did not have to confront the prospect of tens of millions of citizens needing long-term care.

Current estimates greatly expand the life expectancy of Americans. A man born in 1957, the height of the baby boom, can expect to live to 78. A woman born the same year will live to 85, an additional 7 years. Improvements in general public health and medical practice, and changes in life style will continue to extend the average age that people can expect to live. The practice of medicine has witnessed monumental changes during recent decades. What was once considered medically impossible is now common place. Life-styles have changed as well. Our constituents are learning to ignore the lies spread by cigarette manufacturers and are turning away from this deadly habit. Similarly, more Americans now understand how diet and exercise can improve their health and extend their lives.

A common urban legend we must avoid is the belief that families gladly dump their parents into nursing homes as a ready convenience. The truth is that families want to look after each other and use nursing homes only as a last resort when the burden of care is beyond their control. The majority of the persons with long term health care needs continue to live in their home. Of the extreme elderly, those 85 and older, only 21 percent live in nursing homes. Most of those residents are not there by choice, but because they require skilled nursing services.

We need to focus on the facts and plan for the future. The end of World War II was the beginning of the baby boom. By 2010, those children born in 1945 will begin to retire. According to a recent CBO report, in the year 2010 there will be 40.6 million people over the age of 65—a 14 percent increase from the year 2000. The trend will continue. By 2040, there will be 77.9 million people over the age of 65, 118 percent more than in 2000. Indeed, the 85 and older age group is the fastest growing segment of the population. As the average age of Americans increases, the proportion of citizens with disabilities will also increase. According to the CBO, by 2040 over 12% of the elderly will be disabled by a physical or mental condition. The growth in the number of persons with Alzheimer's disease illustrates the need to develop a comprehensive long-term care program.

As many as 4 million of the nation's elderly currently suffer Alzheimer's disease. Unless someone finds a cure for this condition, the numbers are sure to grow. Within the next 20 to 30 years there may well be over 14 million persons with this terrible disease that slowly destroys the brain. According to recent surveys, over 50 percent of persons with Alzheimer's disease continue to live with a relative or spouse who sees to their day-to-day care. This personal care may last for many years and represents the equivalent of a full-time job.

Most Americans neither understand nor have prepared for their long-term care needs. Many of our constituents do not understand the difference between Medicare and Medicaid. They also have many misperceptions of the benefits available from Medicare. The general public does not understand that Medicare does not provide for long-term care. This error is compounded by the fact that most people mistakenly believe that their health care will cover their long-term care needs. For these reasons, and many others, Americans do not have sufficient financial resources to pay for long-term care.

Women are especially hard hit by the lack of planning for long-term care. In general, women live longer, earn less money, and are often required to be the primary care giver. The consequence is that they do not have sufficient resources to meet their own health care needs. Take as an example a young woman who decides to take time from her career, stay at home, and raise a family. The time out of the job market means that she is not earning an income and contributing to a retirement plan. In addition, she is not contributing to social security. Finally, she is not keeping pace with her career and her salary will be less than those who remained in the work force. When this woman retires, her Social Security benefits will be far less than a man the same age who worked uninterrupted his adult life. Moreover, this woman will not have comparable financial assets including pensions and health care insurance. All too often, women then deplete their retirement savings and assets paying for the ailing husband's long-term care needs. Anyone who believes that women now enjoy equal opportunity is woefully ill-informed.

These facts and trends lead to a clear conclusion: We must plan for the future and act decisively now. If we do not, millions of our fellow citizens will face catastrophic health care problems without ample financial and social support.

We cannot depend on single simple-minded solutions. Neither private insurance nor Medicaid can cover long-term care to any meaningful extent. Long-term care insurance is a shell game of dollar trading. Those who can afford these policies are usually better off investing their money in other ventures that produce better financial yields. Those who need long-term care typically cannot afford the insurance. Those who are young enough to afford the policies typically have other pressing financial obligations including raising a family, mortgages, and college tuition. Any mandate to require folks to buy long-term insurance is a regressive tax hidden behind a fancy name.

We cannot count on Medicaid as it is the resource of last resort. Patients cannot use this benefit until they have exhausted all their personal resources. Do we really intend to demand that people face financial ruin to maintain health care? Suffering a severe physical or mental health problem is stressful enough, we should not further burden patients with the anxiety surrounding financial disaster.

Mr. Speaker, my colleagues, we have the opportunity to create the golden era for long-term care, but we must start now. The legislation that we offer today sets the stage for better long-term care.

Our legislation recognizes that there is no single quick fix for long-term care. For this