

Vermonter whose legacy will nurture future generations. Vermont has been greatly improved because of both Justin Brande and Carl Reidel.

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BRANDE EXEMPLIFIES SECRET OF VERMONT
(By Carl Reidel)

“What’s Vermont’s secret?” a friend in Minnesota asked after I gave a talk in 1975 about Vermont’s innovative environmental laws. He couldn’t understand how such a small state could be “so creative, even bold.”

I replied that I didn’t know. I had only lived in Vermont two years.

I’m confident now that I know the secret of Vermont. It is people like Justin Brande, who lived in Cornwall from 1951 until he died on April 11 at the age of 83. Like so many who come to live in Vermont from elsewhere, Justin and Susan Brande knew they were coming home when they moved here. And the Vermont Constitution asserts that they are real Vermonters: “Every person of good character, who comes to settle in this State . . . shall be deemed a free denizen thereof, and entitled to all rights of a natural born subject of this state . . .” (Chapter II, 66).

After graduating from Williams College and several years of legal studies, Justin married Susan Kennedy and moved to Vermont. They settled on a dairy farm in Cornwall, where they raised eight children. In the late ‘60’s Justin sold their herd and enrolled at the University of Vermont, where he earned a master’s degree in resource economics. He continued to work his land, honing the ability to farm organically long before most people heard of “organic” agriculture. I can’t guess how many people he taught over the years to make compost and garden in ways that made pesticides and chemical fertilizers unnecessary by drawing on the inherent health of the land.

Early on Justin became involved in his community as a relentless advocate for the land—a free denizen who may have participated in the founding of more Vermont environmental institutions than anyone I have known. And always as a volunteer. He has been a delegate or alternate on the Addison County Regional Planning Commission since its founding. He helped establish the Lake Champlain Committee, and was a founder and the first director of the Vermont Natural Resources Council.

In recent years he co-founded the Smallholders Association, which advocates ownership of small, sustainable farms and businesses. Once again, he was ahead of others in seeing the dangers of large enterprises out of scale with Vermont. He argued that his call for moderation and limits was “not nostalgia for the past, but a real workable model for today and the future * * * a truly humane, democratic and sustainable society.”

Former Sen. Art Gibb recalls him as “a man ahead of his time, a voice crying in the wilderness” in his advocacy for land protection. Gov. Deane Davis who, with Gibb, crafted Act 250, said of him that “although a staunch environmentalist, he came to problems open-minded until all the evidence was in. Then he took his stand. Justin got me started, and kept after me until Act 250 was signed into law.”

My first encounter with Justin was shortly after I came to UVM in 1972 to direct the new Environmental Program. One of the first to teach in the program, his courses seemed to cover everything from cosmology to composting, with no student surviving without new respect for the English language and permanent doubts about conventional economics.

When he offered a course in “organic gardening”—the first at UVM—the dean of the College of Agriculture chided me for allowing such “nonsense” in a classroom. It wasn’t the first or last time that Justin Brande defined conventional thinking.

The secret of Vermont exemplified in Justin Brande’s life is not, however, to be found in this summary of his accomplishments. Rather, it is in the words of the Constitution, which define a free denizen of Vermont as a “person of good character.” Justin passed the test in every way.

He was a person of unusual integrity—a man who lived his convictions, every day, in every place. Never a traitor to his beliefs, Justin taught me and many others by example the deeper meanings of personal integrity.

He was a man of courage who was himself in the presence of anyone, be it a fellow farmer, college president, governor or member of Congress. Friend or foe did not daunt him, because he always put principle above reputation.

He was a man who cared enormously, for family and friends, for Vermont, for Lake Champlain, for land and life itself. Justin and I enjoyed a good debate. We could disagree strongly, but never with an unkind word.

Once, at the end of a lively discussion, he said to me: “What I like about you, Reidel, is that you are often in error, but never in doubt.”

I have no doubts whatsoever that the secret of Vermont is people like Justin Brande, the every-day denizens who are the real heroes of this state.●

MEDICARE’S BIRTHDAY

• Mr. GRAMS. Mr. President, I come to the floor to recognize the birthday of one of the most important programs known to the American people today: Medicare. Thirty-five years ago this week, the Medicare program was established in order to provide timely, quality health care coverage for America’s retirees and the disabled. Today, the Medicare system still serves this country well, and I believe issues relating to its modernization, long-term solvency, and improvement should be among our top priorities in this legislative session.

The Balanced Budget Act of 1997 had a tremendously detrimental effect on provider payments under Medicare and on the organizations that deliver daily care to our seniors. The provisions in the Balanced Budget Act (BBA) relating to Medicare were designed to gradually help control costs to the program. Instead, the result has been an affront to organizations fighting for their existence. As a Member of the Senate, I meet with people daily from Minnesota who come to detail their concerns, their frustrations, and the impact the BBA continues to have on their institutions. These are institutions serving all segments of the healthcare industry, including inpatient and outpatient hospital care, skilled nursing facilities, home health care and emergency medical services.

Prior to the BBA, my state of Minnesota already experienced one of the lowest capitation, or reimbursement rates, in the country, so the BBA and

additional reductions in Medicare payment strategies have taken an enormous toll in my state. In fact, the situation has become so dire for so many institutions, providers and patients that the Minnesota Attorney General and the Minnesota Senior Federation have filed a lawsuit against the Department of Health and Human Services in an effort to restructure payment schedules and capitation rates under Medicare Part C, or Medicare +Choice.

As I was working on my statement for today, I glanced across my desk and came across an advertisement that I think is relevant. The advertisement reads: “Where Will Our Patients Go?” It cites a new study conducted by Ernst & Young showing that between 1998 and 2000, hospital operating margins in the United States declined from 5.5 percent to 2.6 percent, a reduction of more than 50 percent in 2000. During that same period, hospitals’ operating margins on services to Medicare patients declined from 2.5 percent in 1998 to negative 0.5 percent in 2000. Negative 0.5 percent. Translation: every Medicare patient that walks through the door of our hospitals and clinics cannot continue down this path of payment reduction while continuing to provide timely, quality health care services to our seniors and the disabled.

I raise these issues to emphasize the measurable consequences of legislative efforts to date, and to outline the challenges we face when attempting to add a prescription drug benefit onto an already ailing Medicare system. That is why during the budget process, I, along with Senator ABRAHAM and several of our colleagues, sent a letter to the budget resolution conferees requesting that language be included in the final report ensuring that any Medicare reforms, including the addition of a prescription drug benefit, would not be implemented at the expense of the provider payment rates that are in drastic need of restoration.

The simple fact is that Medicare does require reform. What form that will ultimately take is really the question. Clearly, Congress has taken steps to reinvigorate Medicare since passage of BBA including: the Balanced Budget Refinement Act, which in a broad sense returned funds to hospitals for outpatient services; the Hatch bill, which reduced the arbitrary caps on complicated cases in skilled nursing facilities; and the American Hospital Preservation Act, which currently addresses the other half of the hospital equation inpatient services. But these are only band-aids applied to a system that needs comprehensive reform or modernization, including a prescription drug benefit.

As you know, the Bipartisan Commission to Reform Medicare, under the direction of Congressman BILL THOMAS, and Senators BREAUX and FRIST, advocated dramatic reform in order to better position Medicare in the future and enhance the benefits offered under the program. Their plan relied heavily on

the injection of private-sector competition in managing benefits. My sense is, whatever additional reforms we pursue in Congress need to incorporate this kind of private-sector approach. By allowing the private sector to compete for the business of Medicare beneficiaries, both the Medicare system and the beneficiaries under it would stand to benefit from greater choice and greater flexibility when it comes to meeting their health care needs.

In fact, Senators BREAUX and Senator FRIST have recently drafted a new proposal: Breaux-Frist 2000, the Incremental Bipartisan Medicare Reform and Prescription Drug Proposal. The proposal calls for a new Medicare agency outside of the Health Care Financing Administration and the Department of Health and Human Services, which would administer the competitive relationship between traditional Medicare Fee for Service plans and private plans, and would include a prescription drug benefit.

Is this ultimately the approach we should take? I do not know. However, I am committed to exploring efforts like these that place a premium on reform or modernization, while attempting to improve benefit levels for beneficiaries through private-sector competition.

One of the important improvements that has received a lot of attention lately is the provision of a prescription drug benefit. I think most of us would agree that were Medicare to be developed today, it would include a benefit of this type. Now, I am not a pharmacologist, nor am I a medical doctor, so when I first introduced my own prescription drug plan for Medicare over a year ago, I was amazed at the discoveries that have taken place in this area. The most remarkable thing to me is that not only do many of these new, innovative products slow the rates of disease progression, but they often create measurable differences in the number of emergency room visits, expensive and invasive procedures, and even deaths. Prescription drugs today have an enormous financial impact in terms of reducing overall health care costs over the long term and should be incorporated into the Medicare system.

To that end, I introduced the Medicare Ensuring Prescription Drugs for Seniors Act, or MEDS. My bill was an early attempt to heighten the debate surrounding prescription drugs, and at the same time provide a plan that would address the needs of the nearly one third of senior citizens in this country who currently lack any form of prescription coverage. We have all heard the frightening stories of the choices that many seniors are forced to make when it comes to paying for prescription drugs. Unfortunately, many of these stories have been used to stir the political cauldron over the past several months. But the reality is that making choices between food, shelter, and medicine is all too common among our neediest seniors. MEDS was introduced to help these people.

My plan would add a prescription benefit under the already existing Part B of Medicare, without creating or adding any new overly bureaucratic component to the Medicare program. It works like this: The Part B beneficiary would have the opportunity to access the benefit as long as they were Medicare eligible. Those with incomes below 135 percent of the nation's poverty level would be provided the benefit without a deductible and would only be responsible for a 25 percent copayment for all approved medications. I think the neediest American seniors who are Medicare eligible should be able to access the benefits of medical technology like everyone else, and while they will be responsible for 25 percent of the costs, I believe the benefit will reduce the necessity for tough decisions between food and medicine. Most important, MEDS has no benefit cap. This allows seniors to access the care they need when they need it, for as long as they need it.

My bill also provides relief for seniors above the 135 percent threshold who may be facing overwhelming prescription drug costs because of the number of medications they take, or the relative expense of them, by paying for 75 percent of the costs after a \$150 monthly deductible is met. A provision of this type, in addition to the fact that there is no cap on the benefit, is necessary for those who confront high monthly prescription costs.

An important part of my plan is that it is not universal and will not displace anyone from the private insurance coverage that they currently have and probably prefer. Rather, it is offered to provide prescription coverage to those who really need it.

Is MEDS perfect? Will it appeal to everyone? Maybe not. But it includes principles that I believe must be included in order for any prescription drug bill to hit its mark.

In closing, Mr. President, let me say that the challenge before us today is to enable Medicare to shape and adapt itself to reflect the realities of an ever-changing health care system. After 35 years of endless tinkering, we have a real opportunity to make it more responsive, more helpful, and more attuned to the needs of current and future retirees and disabled persons in this country. I can think of no better birthday gift for a program that has served so many—and for the aging, baby-boom generation—than a reinvigorating shot in the arm to Medicare that will deliver it into the twenty-first century and keep it healthy for years to come. This is something to which I am wholly committed.●

TRIBUTE TO REBECCA RYAN

• Mrs. FEINSTEIN. Mr. President, I rise today to pay tribute to Ms. Rebecca Ryan, who recently retired after more than twenty years of teaching in the South San Francisco Unified School District. Ms. Ryan is a shining

example of what a dedicated teacher can do.

Becky Ryan began her teaching career in 1972 in the South San Francisco Unified School District. After 28 years, she is ending a career that has been filled with many accomplishments.

With over twenty years of experience teaching English as a Second Language Classes, Becky recognized that many immigrant parents, because of their inability to speak English, were reluctant to become involved in their children's education. This lack of parental involvement was detrimental to the children, and led her to found the Spruce Literacy Project at Spruce Elementary School in South San Francisco. This unique program teaches immigrant parents, mostly mothers, how to read, write, and speak English. With a better understanding of the English language, parents are able to more fully participate not only in their children's education, but also in their local communities.

The profound effect the Spruce Literacy Project has had was most evident last year, when the mothers she taught banded together to oppose funding cuts to the program. Becky has been praised for her can do spirit and her encouragement of students.

She has truly made a lasting impact on her students. She has spent her career helping to open doors to those who would have otherwise found them closed. A good teacher affects many lives, and the greatest compliment I can give to Rebecca Ryan is that she helped so many students become productive and successful citizens.

Mr. President, I ask that an article from the Friday, June 9 edition of the San Mateo County Times on Ms. Ryan's retirement be reprinted in the CONGRESSIONAL RECORD following my statement.

[From the San Mateo County Times, June 9, 2000]

BREAKING BARRIERS AND FORGING BONDS

(By Laura Linden)

SOUTH SAN FRANCISCO—Many teachers upon retirement can look back and know that they had a positive influence on their students. But perhaps few have helped students make such profound life transformations as Rebecca Ryan, founder of the Spruce Literacy Project at Spruce Elementary School.

Through the program, Ryan has taught dozens of immigrant parents, mostly Spanish-speaking mothers, how to speak, read and write English. The idea is the parents will get involved with their kids' educations once the language barrier is knocked down.

But according to several mothers who attended a retirement breakfast for Ryan on Wednesday, her work has radiated outward, affecting every corner of their lives. Ryan, a petite Anglo with energy to burn and a deft command of Spanish, has pumped the women up with praise and encouragement, propelling them into American society with a fearless attitude.

"I'm not afraid of anything now," said 30-year-old Carmen Reyes, whose child attends Spruce Elementary.

Reyes' outlook is a psychological world away from the way she felt when she arrived in this country in 1986 with zero English