

and let Bob know what they are doing now.

But Bob's importance to me and my office cannot be captured by simply cataloguing his many accomplishments. During his time working in the Senate, Bob Foust has been the consummate professional. He stayed in constant touch with North Dakota leaders on the issues he covered. Time after time, he would learn of a problem and immediately go to work finding a solution. If Federal services were not being delivered effectively, Bob would work with the agency to make sure North Dakotans got the services they deserved. If a Federal program did not work for North Dakota, Bob would draft legislation to fix the problem, and work tirelessly until the Conrad amendment was signed into law.

Finally, and most importantly, Bob Foust is an outstanding person. He has worked quietly and tirelessly behind the scenes to make things happen, and was always happy to divert all the credit to others. He has been tremendously loyal, tremendously dedicated, and a passionate advocate for the people of my State. He has never forgotten that he is working for the American taxpayer. And he has been a good friend and a mentor to others on staff.

With extraordinary gratitude for his years of service, I wish Bob well as he moves on to the next stage in his life and career.

#### BANKRUPTCY LEGISLATION

Mr. KENNEDY. Mr. President, during the floor debate on the recently passed bankruptcy bill, an important letter from a number of medical and law professors regarding the high number of debtors who are forced into bankruptcy due to the cost of health care was discussed on numerous occasions. The letter was addressed to Senator GRASSLEY and points out a number of the professors' concerns with the findings of the U.S. Trustee Program related to medical debt.

Since it is such a valuable document, it is important that this letter be printed in the RECORD so that all people have access to it. Mr. President, I ask unanimous consent that the letter be printed in the RECORD.

There being no objection, the material was ordered to be printed in the Record, as follows:

FEBRUARY 14, 2005.

Hon. CHARLES E. GRASSLEY,  
U.S. Senate,  
Washington, DC.

DEAR SENATOR GRASSLEY: Thank you for distributing a copy of the letter from the Office of Legislative Affairs with the summary sheet on the medical debt findings from the U.S. Trustee Program. Because each of us has devoted some years of scholarly research to the questions about families in financial trouble because of medical debts, we have been asked to review this letter. We know that you are deeply concerned about the families who file for bankruptcy in the aftermath of a serious medical problem, and we are glad to help in any way we can. We are

also very glad that you have encouraged the U.S. Trustee Program to produce additional data related to this issue. Like earlier studies that also used petition and schedule data to explore the role of medical debt in bankruptcy, these data provide further evidence of the large number of families that are facing financial collapse following a serious medical problem. Because of limitations in the data used, however, these findings also significantly underreport both the breadth and impact of medical bankruptcies.

The U.S. Trustee sample is limited only to Chapter 7 cases. In part because of time lost from work due to illness, accidents and layoffs, on average, these families have an annual median income of about \$19,000. This means that the average medical debt identified by the U.S. Trustee (average \$5000 for those with medical debt) is quite substantial for many families trying to cope with medical problems. Earlier reports from the U.S. Trustee's Chapter 7 data and independent studies are consistent with the finding that debts owed directly to medical providers appear in a significant portion of the sampled cases and that the amounts can be quite substantial.

As helpful as these data may be, however, we are reminded that they document only a small portion of the financial difficulties facing families in the aftermath of serious medical problems. As early as 1991, researchers recognized that they could not rely on petition and schedule listings to determine the amount of medical debt families incurred. Petition data, like the kind used by the Office of the U.S. Trustee, exclude:

Prescription medications, which are charged on credit cards

Doctors visits, rehabilitation treatments, and other services charged on credit cards

Medical supplies, crutches; needles, and the like that are charged on credit cards

Hospital bills that are charged on credit cards

Second mortgages that people have put on their homes to pay off hospital bills and other medical expenses

Cash advances, bank overdrafts and payday loans that people have incurred to pay for medical services when they are delivered or to pay off medical bills that are outstanding

Third party specialty lenders that some hospitals now steer their patients toward when those patients are unable to pay

In addition, in our extensive work with court records we have observed that even very sophisticated debtors do not always list the original creditor on an account. Studies are finding high rates of debt collector usage among medical providers, and some collectors may have received assignment of the debt. The petition data, however, necessarily conceal:

Medical debts assigned to collectors that may be listed under the collectors' or the collecting attorneys' names, which may bear no medical reference whatsoever.

Medical debts for which the debtor has been sued and an attorney is now attempting to collect, for which the debtor lists the name of the attorney

The petition data also exclude other expenses that bear down on the families, including:

Medical expenses that families struggled to pay off, bankrupting themselves in the process by getting behind in mortgage, car payments, and other necessary expenses.

Direct but non-medical expenses of illness or injury, such as the labor and material costs of building a ramp onto a home to make it wheelchair accessible, or the travel costs associated with transporting a critically ill child to a specialty facility.

Debts owed to providers that patients and their families omit from schedules (and thus

generally are not discharged) out of fear of losing medical care.

Lost income of a sick person (or a caregiver), which may be a major factor in medical-related bankruptcy.

Debts for Chapter 13 filers, who were omitted from the U.S. Trustee report, but who also have reported a high rate of medical-related bankruptcy.

The petition data also omit data about some of the most pressing questions in health care policy debates. Petition data do not capture systematic information on insurance status, which is relevant to understanding the range of families at risk of health-related financial disaster including but not limited to bankruptcy. Similarly, petition data have no information on the diagnoses of the ill or injured people and the types of care and drugs they need, all of which are relevant to recognizing the magnitude of the problem.

Because the petition data provide so little information about medical bankruptcy, experienced empirical researchers in this field have come to realize surveying the debtors themselves is crucial to getting accurate data. The 2001 Consumer Bankruptcy Project study is the most extensive study to date on this issue. It used written questionnaires, court filing data, and detailed follow-up telephone interviews, a combination that offers a much richer understanding of how medical problems affect family finances. The survey instruments were designed to capture more accurately the direct costs of care by asking questions about medical debts within the prior two years of filing, or since illness onset, rather than being focused exclusively on what bills are identifiable as of the date of the bankruptcy petition.

When Mr. Moschella listed all the factors considered in the study recently reported in Health Affairs, describing it as using "very broad definitions" to describe medical bankruptcies, he did not make it clear that we reported the range of results that reflected inclusion or exclusion of various factors. He thus gave the impression we lumped them all together as "medical bankruptcies." In fact, to accommodate the variety in the ways a "medical bankruptcy" might be defined, the recent Health Affairs paper reports a range from 46.2% to 54.5%—for the estimated percentage of bankruptcy filers affected by medical problems based on the 2001 study. The calculations of those numbers are explained in detail, and information is available to make other combinations. As the data from additional rounds of follow-up telephone interviews are analyzed, we will be able to offer an even more in-depth picture of these families' financial circumstances and the role of illness or injury.

Again, we extend our thanks to you for encouraging the development of additional data relevant to medical-related bankruptcy. We are prepared to assist your office in any way to evaluate these data or to consider policy changes to help families that currently are devastated financially by serious acute or chronic medical problems in their households.

Yours truly,

Dr. David Himmelstein, Associate Professor of Medicine, Harvard Medical School.

Dr. Teresa Sullivan, Professor of Sociology, The University of Texas at Austin, and Executive Vice Chancellor for Academic Affairs, The University of Texas System.

Professor Elizabeth Warren, Leo Gottlieb Professor of Law, Harvard Law School.

Dr. Steffie Woolhandler, Associate Professor of Medicine, Harvard Medical School.

Professor Melissa Jacoby, Associate Professor of Law, School of Law, University of North Carolina at Chapel Hill.

Dr. Deborah Thorne, Assistant Professor of Sociology, Ohio University.

Professor Jay Lawrence Westbrook, Benno C. Schmidt Chair of Business, University of Texas School of Law.

#### ASIAN PACIFIC AMERICAN HERITAGE MONTH

Mrs. FEINSTEIN. Mr. President, I rise today to pay tribute to the millions of Americans of Asian and Pacific heritage for their significant contributions and service to strengthen this great Nation, and to join the Nation in celebrating Asian Pacific American Heritage Month.

First, I would like to take this opportunity to recall the pioneers of Asian Pacific American Heritage Month. Through their vision and leadership, Frank Horton, Norman Y. Mineta, DANIEL INOUYE, and Spark Matsunaga successfully empowered Asian and Pacific Islander Americans by establishing a period of celebration that recognized the many contributions Asian and Pacific Islanders have made for over a century.

They chose May to commemorate Asian Pacific Heritage Month because that is when the first Japanese immigrants came to the United States in 1843. It is also the anniversary of the completion of the transcontinental railroad in 1869.

This year's theme for Asian Pacific American Heritage Month, "Liberty and Freedom for All," honors the remarkable accomplishments Asians and Pacific Islanders from all walks of life have made to their communities.

I want to pay particular tribute to the thousands of Asian Americans serving in our armed forces and thank them for their invaluable service for defending our country and securing freedom abroad.

The Asian American tradition of U.S. military service can be traced back as far as the War of 1812, and our country is grateful for the military service of more than 300,000 Asian Pacific American veterans.

We are particularly indebted to the famous "Go for Broke" 442nd regimental combat team of Japanese American soldiers of World War II. The 442nd regiment was the most highly decorated unit in American military history—with more than 21 Medal of Honor winners, including my dear colleague, U.S. Senator INOUYE.

In spite of the discrimination and racism of those tumultuous times, these Asian American service members performed above and beyond the call of duty.

I also want to take a moment and honor the memory of one of the Asian American community's greatest political leaders and a trusted colleague of mine, U.S. Representative Robert Matsui.

As a youth, Bob Matsui and his family were interned at Tule Lake Camp for more than three years during World War II, but Bob overcame these challenges to go on and pursue a distinguished career in public service. One of

Bob's most significant legacies was his work prompting the U.S. government to make amends with Japanese Americans who were interned during World War II. It was due to Bob's dedication and perseverance that the U.S. government finally issued a formal apology for the Japanese-American internment program and also provided due compensation to the victims of this policy.

In tribute to his outstanding achievements, Senator BOXER and I helped name the Federal courthouse in Bob's hometown of Sacramento in his honor. His work and his legacy will be fondly remembered and he serves as a shining example of the extraordinary achievements of Asian and Pacific Islander Americans.

This year, the Asian American community also saw the passing of the civil rights leader, Fred Korematsu. Mr. Korematsu's defiance of the ill-conceived Japanese internment policy during World War II was an incredibly courageous act. His challenge of the Japanese internment policy made its way to the U.S. Supreme Court, the highest court in the land. In recognition of his courageous actions, President Clinton awarded Mr. Korematsu the highest civilian honor, the Presidential Medal of Freedom, in 1998.

Mr. Korematsu and Bob Matsui are testaments to the remarkable display of courage, will, and determination of millions of Asian Americans to succeed in our country despite personal hardships and at times, discrimination.

Currently, Asian Pacific Islander Americans constitute one of the fastest growing minority communities in the United States, and I am proud to recognize the State of California as home to the greatest number of Asian Pacific Islander Americans. There are over 13 million Asian Pacific Islander Americans in the nation with more than 4.5 million living in California.

With this wealth of Asian American diversity, our State is enriched by many famous ethnic enclaves such as San Francisco's Chinatown, Westminster's Little Saigon, and the City of Artesia's Little India. In fact, the second largest populations of Filipino, Korean, and Vietnamese in the world are located in California.

In this congressional session, I am hoping to help preserve some of the unique Asian American immigration history in my State. Senator BOXER and I have introduced legislation to help provide Federal funding for the Angel Island Immigration Station, known as the "Ellis Island of the West."

The Angel Island Immigration Station, a national historic landmark, was the entry point for over 1 million immigrants from 1910–1940, including approximately 175,000 Chinese immigrants. Angel Island is a precious part of our Nation's history and tells the story of many people who came to America to make a better life for their families.

As we join the Nation in celebrating the rich and diverse Asian and Pacific

Island cultures during Asian Pacific American Heritage Month, we are not only recognizing many notable achievements, but we are also reminded of the struggles and sacrifices endured to live and experience the American dream.

I am pleased to take this time today to honor the distinguished accomplishments of Asian Pacific Americans during this year's Asian Pacific American Heritage Month.

#### BUDGET SCOREKEEPING REPORT

Mr. GREGG. Mr. President, I hereby submit to the Senate the budget scorekeeping report prepared by the Congressional Budget Office under Section 308(b) and in aid of Section 311 of the Congressional Budget Act of 1974, as amended. This report meets the requirements for Senate scorekeeping of Section 5 of S. Con. Res. 32, the First Concurrent Resolution on the Budget for 1986.

This report shows the effects of congressional action on the 2005 budget through May 25, 2005. The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of the 2006 Concurrent Resolution on the Budget, H. Con. Res. 95.

The estimates show that current level spending is under the budget resolution by \$5,106 billion in budget authority and by \$72 million in outlays in 2005. Current level for revenues is \$407 million above the budget resolution in 2005.

This is my first report for fiscal 2005 and I ask unanimous consent to have it printed with the RECORD corrections to the Senate Committee Allocation tables published on pages 88 and 89 of House Report 109–62, the Report to accompany H. Con. Res. 95, the Concurrent Resolution on the Budget for Fiscal Year 2006. The allocation amounts for the Finance Committee contained small numerical errors. The tables display the corrected Senate Committee allocations.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

CONGRESSIONAL BUDGET OFFICE,  
Washington, DC, May 26, 2005.  
Hon. JUDD GREGG,

Chairman, Committee on the Budget, U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The enclosed tables show the effect of Congressional action on the 2005 budget and are current through May 25, 2005. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions for fiscal year 2005 that underlie H. Con. Res. 95, the Concurrent Resolution on the Budget for Fiscal Year 2006. This is my first report for fiscal year 2005.

Sincerely,  
ELIZABETH M. ROBINSON  
(For Douglas Holtz-Eakin, Director).