

LINCOLN Memorial. It is my hope that this marker will preserve Dr. King's legacy for generations to come. The Secretary of the Interior may accept contributions to help defray the costs of preparing and inserting the plaque on the steps. This legislation is non-controversial and is consistent with what has been done previously at the Memorial to commemorate similar events. The bill is a Senate companion to legislation introduced by Representative ANN NORTHUP of Kentucky. I look forward to working with her on securing its enactment.●

RETIREMENT OF KEITH McCARTY

● Mr. BAUCUS. Mr. President, 2½ years ago, when the Balanced Budget Act (BBA) was enacted, few Members of Congress paid much attention to a small section in the BBA that created a new program for hospitals in frontier and rural communities.

This program, called the Critical Access Hospital, was buried among hundreds of provisions affecting Medicare. Yet, in many ways, it may well be one of the most lasting achievements of that session of Congress.

The Critical Access Hospital idea is based on a very successful demonstration project in Montana. This project, called the Medical Assistance Facility Demonstration Project, was coordinated by the Montana Health Research and Education Foundation (MHREF). This foundation is affiliated with MHA, an Association of Montana Health Care Providers, formerly the Montana Hospital Association.

As is usually the case, many people can claim at least some of the credit for the huge success of the MAF demonstration project. But the person who should claim the lion's share of the credit has never chosen to do so. It is that person—Keith McCarty—who I would like to recognize today.

Keith McCarty joined MHREF in 1989. At that time, even the concept of an MAF was vague. Several years earlier, a citizens' task force had dreamed up the idea of a limited service hospital to provide access to primary hospital and health care services in rural and frontier communities. Acting on the recommendations of the task force, the Montana Legislature had created a special licensure category for these hospitals.

MHA, the state department of health and others seized the opportunity created by the Legislature and, working with the regional office of the Department of Health and Human Services, developed a demonstration project aimed at determining whether MAFs would actually work. Keith was hired with the unenviable task of transforming this amorphous concept into reality, a job few gave him much hope of performing successfully.

Keith brought a broad range of skills to his job. Trained as a psychologist, from 1968 to 1975, he worked with the developmentally disabled in a variety

of positions, including serving as the Superintendent of the Boulder, Montana School and Hospital, the state's school for developmentally disabled children. Beginning in 1975, he provided professional contract services for a wide variety of health care and social service organizations.

By the time he joined MHREF, Keith was skilled at managing projects, preparing grant applications, coordinating and supervising grant-funded projects, program development and evaluation, research and data analysis, facilitating community decision-making and inter-agency cooperation. All these were skills he would use in developing the MAF demonstration project.

The MAF demonstration project brought its share of challenges. Among Keith's toughest challenges was convincing communities that the quality of their health care would not decline if they converted to MAF status. Once beyond that hurdle, Keith worked tirelessly with the state's peer review organization, fiscal intermediary, facility licensure and certification bureau and HHS officials to remove other potential roadblocks.

First one facility made the conversion, then another and before long there were more than twice as many as the project thought might convert to MAF status. I pushed for the Medicare waiver in the early 1990s, and the Medical Assistance Facility became a reality.

As the demonstration neared completion, Keith worked closely with my staff to draft the Critical Access Hospital legislation that I introduced in 1997 and saw through to final passage as part of the BBA. His insights about how Critical Access Hospitals might function, in practical terms, proved invaluable. And the model embodied in the Balanced Budget Act of 1997 closely parallels the experience Montana's MAFs enjoyed.

Keith McCarty retired on December 31, 1999. He retired only after ensuring that Montana's MAFs were able to seamlessly transition into the new Critical Access Hospital program.

His departure from MHREF marks a fitting transition for the Critical Access Hospital program. Once only a dream in the minds of a few people in the sparsely-populated areas of central Montana, the Critical Access Hospital has already become an institution in many communities across America.

Keith is far too modest to take credit for his labors. So, what he won't say, we should. Keith's efforts—and the MAF demonstration project—have been recognized in special awards from the National Rural Health Association and the American Hospital Association.

But perhaps the most fitting tribute that can be paid is to note that today, in 15 communities in Montana, routine health care services are provided in Critical Access Hospitals. If there had been no MAF demonstration project, health care services in at least half of these towns would no longer be available.

I want to acknowledge and thank Keith McCarty for the service he has provided to so many Montanans.●

TRIBUTE TO KEN SULLIVAN

● Mr. GRASSLEY. Mr. President, on March 18th there will be a retirement party in Shueyville, IA for one of Iowa's most highly-regarded journalists.

Ken Sullivan left *The Cedar Rapids Gazette* on February 10th, after 36½ years on the job. He started his career as a radio news reporter a few months after high school and reported for the *Oelwein Daily Register* for three years before joining Iowa's second-largest newspaper.

I have known Ken as one of the leading political reporters in a state where political dialogue is healthy and rigorous. Ken's many years of public service have greatly enriched this political landscape, as well as the civic life of metropolitan Cedar Rapids. He brought to his work tremendous dedication and demonstrated through his commentary the common sense and independence that characterizes the people of Iowa.

Mr. President, I salute the contribution that Ken Sullivan has made to our democracy by letting the sun shine in to the processes of government and encouraging public dialogue on the issues through his news reports, editorials and columns. His keen insights and energetic coverage of the issues important to Iowa and the country have well-served his readers and the public good. He will be missed, and I congratulate him on his many years of fine service.●

THE VOLUNTEERS OF AMERICA FOUNDERS' WEEK

● Mr. GRAMS. Mr. President, I rise today to recognize and honor the Volunteers of America on the occasion of its Founders' Week Celebration.

Volunteers of America was founded in 1896 by Christian social reformers Ballington and Maud Booth in New York with the mission of "reaching and uplifting" the American people. Soon afterwards, more than 140 "posts" were established across the nation. One of these posts sprang to life in my home state of Minnesota.

Volunteers of America serves people in many ways, with a special emphasis on human services, housing, and health services. The organization is noted for being the nation's largest nonprofit provider of quality, affordable housing for low-income families and the elderly. Currently, more than 30,000 people reside in Volunteers of America housing. Along with its commitment to providing homes, Volunteers of America also focuses on helping the homeless, through emergency shelters, transitional housing, jobs training, and counseling.

In Minnesota, Volunteers of America is one of the most important providers of social services and workers with