

I look forward to a challenging and informative debate. It is my sincere hope that we will be successful in crafting legislation which will genuinely put children first. Children are America's greatest asset, and our future depends on their educational excellence. We must ensure that no child is left behind. We must ensure that the achievement gap is closed between disadvantaged children and their peers. We must ensure that every child in this country is prepared for the challenges and opportunities that await them in the years to come. For it we fail, we have failed not only ourselves, but future generations.

I am confident we are up to the task.

#### LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH of Oregon. Mr. President, I rise today to speak about hate crimes legislation I introduced with Senator KENNEDY last month. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending a signal that violence of any kind is unacceptable in our society.

Today, I would like to detail a heinous crime that occurred on November 6, 1998 in Seattle, Washington. A gay man was severely beaten with rocks and broken bottles in his neighborhood by a gang of youths shouting "faggot." The victim sustained a broken nose and swollen jaw. When he reported the incident to police two days later, the officer refused to take the report.

I believe that government's first duty is to defend its citizens—to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act of 2001 is now a symbol that can become substance. I believe that by passing this legislation, we can change hearts and minds as well.

#### VA CONTINUES TO LEAD THE NATION IN END-OF-LIFE CARE

Mr. ROCKEFELLER. Mr. President, I am committed to focusing a spotlight on the good work of the Department of Veterans Affairs, VA, in the area of long-term care. VA has hidden its light under a barrel for too long.

The federally funded VA health care system, out of necessity, has developed some of the most innovative ways to care for older people. The necessity arises because approximately 34 percent of the total veteran population is 65 years or older, compared with approximately 13 percent of the general population. And by the year 2010, 42 percent of the veteran population will be 65 years or older.

As a result of this demand, VA has led the nation in developing adult day health care programs, standardized clinical treatment protocols and specialized units for Alzheimer's patients, home-based services, and respite care. Our older veterans are leading richer lives because of these innovations.

Today, I wish to highlight the Alzheimer's unit at the Salem VA hospital, which has received extraordinary praise from the son of a veteran who was treated there for Alzheimer's.

I know firsthand how difficult it is to care for a loved one afflicted by Alzheimer's. The special needs of Alzheimer's patients are all too frequently misunderstood and therefore go unmet. It seems, however, that the VA is up to the challenge. The family members of this particular veteran found the care at the VA hospital to be first-rate, humane and loving. By all accounts, the veteran suffering from Alzheimer's was well cared for up until the very end.

To quote from the article, "His daily needs were met by the staff less from obligation or duty than from true, honest caring. His aimless wandering was confined behind secured doors, without restraints, thank goodness. Dad's sleepless nights and constant babbling were 'normal' there. The staff was unshaken by any of his peculiar behavior."

The Salem VA Alzheimer's unit is not one of a kind, thankfully. Approximately 56 VA hospitals have specialized programs for the care of veterans with dementia. These programs include inpatient and outpatient dementia diagnostic programs, behavior management programs, adapted work therapy programs for patients with early to mid-stage dementia, Alzheimer's special care units within VA nursing homes (like Salem's) and transitional care units, and model inpatient palliative care programs for patients with late stage dementia. There are also various programs for family caregivers.

While VA has developed significant expertise in long-term care over the past 20-plus years, it has not done so with any mandate to share its learning with others, nor has it pushed its program development beyond that which met the current needs at the time. For VA's expertise to be of greatest use to others, it needs both to better capture what it has done and to develop new learning that would be most applicable to other health care entities.

Those who would benefit by capitalizing on VA's long-term care expertise are the health organizations, including academic medicine and research entities, with which VA is now connected, and the rest of the U.S. health care system. Ultimately, this expertise can benefit all Americans who will need some form of long-term care services.

As Ranking Member of the Committee on Veterans' Affairs, I am enormously proud of VA's efforts in end-of-life care. However, I have always been dismayed that my colleagues here in the Senate remain for the most part unaware of VA's good work in this area. Those of us in the health policy arena should sit up and take notice. We simply must stay ahead of the curve and explore the various ways to provide such care, so all Americans will have the best choices available to them at the time they need them.

I ask consent that a Roanoke Times article on VA Alzheimer's care by Wayne Slusher, son of a veteran cared for at the Salem VA hospital, be printed in the RECORD along with a press release on VA's newest end-of-life care program, a fellowship in palliative care.

The material follows:

[From the Roanoke (VA) Times, Apr. 1, 2001]  
SUCUMBING TO ALZHEIMER'S—IN THE HANDS OF THE VA, A DECLINING FATHER GOT GENUINE CARE

(By Wayne Slusher)

It started out seemingly innocent enough. Wrong turns on familiar roads, daily tasks forgotten and numerous other little things not so significant as to send up red flags, but still enough that it registered in the back of the mind that something was not quite right.

In the years following, it got worse. Faucets left on, asking for dinner an hour after leaving the table, inability to use the phone, failing to recognize home, and on and on. It had happened.

"If anything ever happens to me," my father would say time and time again, "you take me to the VA." It was a frequent topic, since Dad was a deacon in his church and spent a great deal of time visiting with the sick and the elderly members in the community.

You spend your whole life hearing it, but reject the idea that you'll actually have to act on it, much less take him to the Veterans Affairs Medical Center so far from his home. Even well-intentioned friends asked, "Why the VA?"

But then, it had happened, and we decided that going to the VA for help was what he had always wanted. There was something so intrinsically important about honoring his wish, especially when he was at a point of mental incapacity such that he could no longer contribute to decision-making even about himself.

So, in the middle of the night, we took him to the emergency room. As we sat in the waiting room, Dad thought he was in a train station on his way to visit old Army buddies, and he was deliriously happy. Instead, the visit was with a doctor who quickly determined that admission to the hospital was warranted.

We doubt Dad ever fully understood what transpired that evening. Leaving him there was one of the most difficult tasks any of us had ever had to do.

That would be the beginning of our relationship with the VA and, in particular, the staff providing services for those with various levels of dementia.

Right away, we learned that the building to which he was assigned was filled not only with people just like himself, but also employed a staff of extremely skilled health-care professionals who began the difficult job of taking care of my father.

His daily needs were not met by the staff less from obligation or duty than from true, honest caring. His aimless wandering was confined behind secured doors—without restraints, thank goodness. Dad's sleepless nights and constant babbling were "normal" there. The staff was unshaken by any of his peculiar behaviors. The specially designed area provided as much of a homelike atmosphere as possible, with bright colors, hanging plants and murals on walls. The unit was always clean, always tidy.

The initial few weeks were full of all sorts of cognitive tests, blood tests and scans. As the results of each test came in, they ruled out, one by one, any chemical imbalances or other underlying culprit that might bring on his state of confusion. If there was a remote

possibility, it was tested for. Indeed, the unthinkable had happened. Only now it had an official name: Alzheimer's.

In the months that followed, we watched the VA staff do everything it could for Dad: bathing, dressing, feeding, changing and hundreds of other daily tasks. Different medications were tried, and in different combinations and at different dosages, but his dementia had a mind of its own, for lack of a better term. What had worked yesterday didn't work today.

Each visit, Dad would be brought out to the visitation area—a bright, sunny room with lots of plants, park benches and a garden scene painted on the walls by the gifted wife of another patient. The staff was always as glad to see us as we were to see them, and it was during those months that we began to realize that Dad, for all those years, had been absolutely right about where he needed to be if it ever happened.

The doctors, physician assistants, nurses, social workers, occupational therapists, dietitians and others associated with dementia services became more like family. It was medicine administered in equal portions from the head and from the heart. As Dad's mental state skidded deeper into a quagmire, not one member of the staff ever complained. They looked out for us just as much as they looked after my father. When it appeared at one point that he might be stable enough to consider releasing him to a long-term-care facility, we were dismayed to think he might not receive the same level of care he'd been getting at the VA. These folks had come to know my father's needs, and we trusted them fully with his care.

But the stability was short-lived and all too soon interrupted by more difficulties. In particular, he's lost his ability to swallow. In those last days and hours, he was made as comfortable as possible. Even into the wee hours of that final morning, the staff kept almost as constant a vigil by his side as did the family.

The VA, we found, is full of immensely compassionate, caring professionals who could not have done more for my father. We think, too, perhaps they do not get recognition and praise from the community as often as they should.

With my father's personal nightmare over, the staff at the VA continues to care for others just as they cared for him. They deal daily with patients who have long forgotten how to say thank you. The staff never really knew my "real" father, a man who would have been so humbled and grateful for their help. We hope we said thank you enough on his behalf. We will never forget their kindness.

Department of Veterans Affairs,  
Office of Public Affairs Media Relations,  
News Release, April 20, 2001.

#### VA SPONSORS NEW PROGRAM FOR END-OF-LIFE CARE

WASHINGTON.—Dying is never easy—not for an individual, not for a family, not for the medical staff who administer the care. But the Department of Veterans Affairs (VA) is taking new steps to ease the process for everyone.

An initiative, called "VA Interprofessional Fellowship Program in Palliative Care," will develop health-care professionals with vision, knowledge and compassion to lead end-of-life care into the 21st century. Although aimed at improving care for veterans, the program will affect how this care—known as "palliative care" in medical circles—is provided throughout the country.

"As VA serves an increasingly higher percentage of older and chronically ill veterans, the need for end-of-life care similarly in-

creases," said Dr. Stephanie H. Pincus, VA chief officer for Academic Affiliations, a program that educates more than 90,000 physicians, medical students, and associated health professionals each year. "This interdisciplinary fellowship will jump-start palliative care as an important field in health care. It will change the way physicians, social workers, nurses and other caregivers approach patients at an extremely difficult time in their lives."

Historically, VA has taken a leadership role in the promotion and development of hospice care and, more recently, in a national pain management initiative. In 1998, VA's Office of Academic Affiliations addressed the need for clinicians trained in end-of-life care and was awarded a \$985,000 grant by the Robert Wood Johnson Foundation to support further education. On March 1, 2001, the palliative care fellowship program was announced and will involve up to six sites, with four one-year fellowships provided at each site.

"The training changes the focus of health-care providers who are treating the terminally ill," said Pincus. "In the past, doctors saw death as a failure, so they consequently focused on medical cures and preventing death at any cost. We are training medical care staff now to concentrate on symptom management rather than disease management."

Pincus further explained that the new fellowship program has a large educational component. Trained clinicians are expected to serve as leaders promoting development and research. Selected training sites will be required to develop and implement an "Education Dissemination Project" to spread information beyond the training site through conferences, curricula for training programs, patient education materials and clinical demonstration projects.

And, of course, as resident doctors go out into the community, they take their training with them. More than 130 VA facilities have affiliations with 107 medical schools and 1,200 other schools across the country. More than half the physicians practicing in the United States have received part of their professional education in the VA health care system.

"This is an important step for health-care providers. But what does this mean to the chronically ill veteran?" said Pincus. "It means that he will be more comfortable. It means he might not have to die in ICU but instead be able to remain in the secure surroundings of his home. It means he will be treated by a caring, trained partnership of doctors, nurses, chaplains and social workers. It means his family will be included in decision-making and care giving."

"There comes a time when all the modern medicine in the world can't cure the illness. That's when treating the pain, communicating with compassion and providing support and counseling become paramount. And that's what these fellowships are all about," said Pincus.

#### 50TH ANNIVERSARY MEMORIAL SERVICE OF THE 442ND REGIMENTAL COMBAT TEAM

Mr. INOUE. Mr. President, on March 25, 2001, I returned to my home State of Hawaii to attend the 50th Anniversary Memorial Service of the 442nd Regimental Combat Team at the National Memorial Cemetery of the Pacific. The memorial address was presented by Mr. H. David Burge, Director of the Spark M. Matsunaga Veterans Affairs Medical & Regional Office Center in Honolulu.

I was moved and impressed by his remarks, and I wish to share them with the American people. I ask that Mr. Burge's address be part of the RECORD.

The remarks follow:

I am very honored to be the first speaker in the 21st century at the 442nd Veterans Club's 58th Anniversary Memorial Service here at the National Memorial Cemetery of the Pacific.

This morning is time to remember and pay special tribute to boyhood friends and classmates lost in battle, dear friends and loved ones no longer with us, and cherished members of the 442nd who continue to serve as good family and community elders and leaders. As we enter the new millennium, this is a time for members, families, and friends of the 442nd to reflect on the past, to celebrate the present, and to contemplate the future.

Our men of the 442nd are testament to the joys, heartache, and major accomplishments of the 20th century both here in Hawaii and the Nation. To reflect on the past, let's roll the clock back to the 1940s and see that period through snapshots familiar to many of you.

In 1940, the U.S. Government felt that war with Japan was imminent. As such, Japanese Americans were released and banned from employment at Pearl Harbor and other military bases in Hawaii without explanation or justification. Despite these early warning signs, Japanese Americans in Hawaii did not feel an acute sense of crisis. While Japanese American bashing was increasing on the mainland, most people in Hawaii where all groups were minorities had no animosity towards their Japanese neighbors.

My mother's 1941 McKinley High School Black and Gold Yearbook, published six months before the attack on Pearl Harbor, provides a glimpse into the daily activities, beliefs, and values of young Nisei in Hawaii prior to the outbreak of World War II. In this regard, let me share with you the introduction section of the yearbook:

In 1941, we find our sports-minded typical McKinley boy standing five feet, six inches in height weighing 124 pounds with naturally straight hair and brown eyes. The typical McKinley girl is a petite lassie, five ft., one inch in height, weighing a dainty 97 pounds, has black hair and is brown-eyed. Both are Americans of Japanese ancestry.

Their trim figures and fresh complexions are accounted for by their nine hours of sleep each night and their daily glass of milk. Typical boy usually buys his lunch outside the school. Not so typical girl. She knows the importance of a healthy meal and depends on the school cafeteria for it.

The typical boy looks forward to weekend social activities. He considers school dances tops and goes to as many of the class, student body, and club dances as he possibly can, but give jitter-bugging and waltzing only slight nod. He usually goes stag to dances because of the small size of his pocketbook. His favorite recreations are football, listening to the radio, and going to movies with his friends.'

In general, the description of the typical Nisei student at McKinley could have been a description of a typical student at any American high school at that time. This is not surprising since these high school students truly believed that they were Americans and acted accordingly.

The Nisei students were heavily influenced by the McKinley faculty almost entirely from the mainland with a heavy concentration from the midwest. Their principal, Dr. Miles Carey, indicated that his primary objective was in his words, "helping our young people to develop those attitudes, dispositions, and abilities which we call the democratic way of living together."