

House, we are not deluded by a false hope that Iraq will suddenly transform itself into a nation of peace and tranquility with a surge of U.S. troops. Every indicator—military, economic and social—demonstrates that U.S. troops and American taxpayers are bearing an overwhelming burden on behalf of a nation that is broken and an Iraqi political leadership that refuses to act to retain sovereignty over their own nation.

Iraqis must take responsibility for the future of their nation, not U.S. troops. The only solution that can be achieved and sustained in Iraq is through political dialogue, not expanded military action by a foreign army. President Bush's failed policy has U.S. troops doing the job Iraqi soldiers and police should be doing. The veto of this legislation not only strips General Petraeus and all our commanders on the ground of any leverage to hold Iraq's political leaders accountable, it ensures that U.S. troops will continue being engaged in door-to-door searches, Baghdad foot patrols and raids on torture centers run by Iraqi security forces.

Last month, 104 Americans were killed in Iraq. The President's surge is not creating security for Iraqis, but has placed U.S. troops at greater risk. In March, 2,762 Iraqi civilians and policemen were killed. In April thousands more Iraqis were killed. On Monday, sixty Iraqis were killed, including the thirteen corpses found in Baghdad, "all blindfolded, handcuffed and shot in the head" according to the Washington Post.

These are not just numbers, they are lives. They are the lives of men and women, children as well, American soldiers and Iraqi civilians, killed as part of a bloody civil war. More than 50,000 Iraqi are fleeing their country every month. Two million Iraqis are now refugees and another 1.9 million Iraqis are internally displaced because of sectarian killings, ethnic cleansing and civil war. For my colleagues who warn about a horrific humanitarian crisis if this legislation becomes law, why do you ignore the horrific humanitarian crisis that is taking place right now as a result of the failed policies of this White House?

I will vote to override this veto. This legislation starts the process of ending the war in Iraq. This legislation not only holds the Iraqis accountable, it holds President Bush accountable as well. This war started because of distortions, false information and the determination of the Bush White House to deceive the American people, not a threat to our national security. It has always been a war of choice and an unjust war. The empty rhetoric from the Republicans in this chamber claims that this legislation puts the American people at risk, yet it is their stay the course support for a disastrous Iraq policy that harms America. My Republican colleagues' rejection of accountability standards, benchmarks for success, and an exit strategy from Iraq is an indication of their blind loyalty to President Bush, his failed leadership and a perpetuation of the deceit that brought us the Iraq War.

I urge all my colleagues to vote to override President Bush's veto of H.R. 1591 and let us start down the path of successfully ending the war in Iraq.

PERSONAL EXPLANATION

HON. TOM FEENEY

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 3, 2007

Mr. FEENEY. Madam Speaker, I would like to express my regret for missing votes on the House floor on Thursday, April 26, 2007. A close childhood friend died and I had to return home. I left directly after the vote on the Conference Report for H.R. 1591 vote on April 25, 2007.

PRESBYTERIAN HOMES INC. 80TH ANNIVERSARY

HON. TODD RUSSELL PLATTS

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 3, 2007

Mr. PLATTS. Madam Speaker, I rise to congratulate Presbyterian Homes, Inc., located in Camp Hill, Pennsylvania, for reaching its 80th anniversary.

Presbyterian Homes, Inc., (PHI), originated in 1927 when Mrs. Ellen Parker donated her farmhouse to care for 10 older women from Central Pennsylvania. Today, PHI is dedicated to providing high-quality, affordable healthcare, housing, and retirement services to older Americans in 19 communities.

More than 2,500 administrators, physicians, nurses, and other healthcare staff provide care to over 5,100 residents of PHI. Throughout its system of care, PHI provides independent living facilities, assisted living and personal care, skilled nursing care, specialized Alzheimer's and dementia care, rehabilitation therapy, adult day services, and operates a meals-on-wheels program.

Madam Speaker, please join with me congratulating Presbyterian Homes, Inc., on their 80th anniversary. I wish them luck as they begin their traveling exhibit which makes its debut in the Pennsylvania State Capitol building in May.

RECOGNIZING THE WASHINGTON TOWNSHIP HIGH SCHOOL CHEERLEADING SQUAD

HON. ROBERT E. ANDREWS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 3, 2007

Mr. ANDREWS. Madam Speaker, I rise today to recognize the Cheerleading Squad at Washington Township High School. For the second year in a row, these outstanding student athletes won the Battle at the Capitol National Cheerleading Championship.

These young ladies are athletes in every sense of the word. They are dedicated and hardworking and spend up to 7 days a week practicing, cheering at basketball games and competing during the winter season while remaining excellent students. Team members include: Brooke Albano, Ashley Bonnette, Samantha Carfi, Victoria Collins, Bernadette Davis, Gabrielle DeMarco, Alyssa DeSilvio, Dana Dondici, Maria Freedman, Samantha Hersch, Holly Lloyd, Danielle Mace, Caitlin

McFall, Jenna Melchionna, Alyssa Mericle, Kristen Nisbet, Amanda Nowaczyk, Taryn Ortlip, Dana Pasqualone, Christy Pettit, Taylor Sartorio, Rachel Sims, Amanda Toton, Stephanie Toton, and Dana Villasin.

This year the Washington Township High School Cheerleaders competed against squads from around the country and won the Battle at the Capitol National Championship in Fairfax, Virginia. They also won the Olympic Conference Grand Championship for the eighth year in a row and the New Jersey Cheering and Dancing Coaches Association State Championship for the third year in a row.

Madam Speaker, I offer my congratulations to the Washington Township High School Cheerleaders on their National Championship win.

THE SAFE NURSING AND PATIENT CARE ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 3, 2007

Mr. STARK. Madam Speaker, I rise to introduce the Safe Nursing and Patient Act with Representative STEVEN LATOURETTE (R-OH). Our legislation would achieve two vitally important goals. First, it would improve quality of care for patients across our country by assuring that nurses are not forced to work beyond the time they feel safe. Second, it would address our national nursing shortage by improving the working conditions that are causing nurses to leave their profession.

Assuring quality medical care and addressing our nursing shortage should not divide us on partisan lines. That's why I'm especially pleased to be working across the aisle with my friend from Ohio, Mr. LATOURETTE, in this important endeavor. This is legislation we've introduced together for several sessions of Congress. Given our changed environment in Congress, we are hopeful that we'll be able to enact it this time.

There are some 500,000 trained nurses in our country who are not working in their profession. While they leave nursing for many different reasons, nurses consistently cite concerns about the quality of care they feel that are able to provide in many health care settings today. Nurses are also greatly concerned about being forced to work mandatory overtime.

Listen to these words of a nurse in the State of Washington:

I have been a nurse for six years and most of the time I have worked in the hospital environment. It is difficult to tell you how terrible it is to "work scared" all the time. A mistake that I might make could easily cost someone their life and ruin mine. Every night at work we routinely "face the clock." All of us do without lunch and breaks and work overtime, often without pay, to ensure continuity of care for our patients. Yet, we are constantly asked to do more. It has become the norm for us to have patient assignments two and a half times greater than the staffing guidelines established by the hospital itself. I cannot continue to participate in this unsafe and irresponsible practice. So I am leaving, not because I don't love being a nurse, but because hospitals are not safe places: not for patients and not for nurses.

While stories like this are telling, we also have a growing body of research to back up the anecdotes. Premier among these studies is a comprehensive report issued by the Institute of Medicine in November 2003 entitled, "Keeping Patients Safe, Transforming the Work Environment of Nurses." The report finds that, "limiting the number of hours worked per day and consecutive days of work by nursing staff, as is done in other safety-sensitive industries, is a fundamental safety precaution." The report went on to specifically recommend that, "working more than 12 hours in any 24-hour period and more than 60 hours in any 7-day period be prevented except in case of an emergency, such as a natural disaster."

Another study published in the July/August 2004 Health Affairs Journal, "The Working Hours of Hospital Staff Nurses and Patient Safety," found that nurses who worked shifts of twelve-and-a-half hours or more were three times more likely to commit an error than nurses who worked eight-and-a-half hours (a standard shift) or less. The study also found that working overtime increased the odds of making at least one error, regardless of how long the shift was originally scheduled. Finally, this article illustrates how nurses are being forced to work more and more overtime. The majority of nurses surveyed reported working overtime ten or more times in a 28-day period and one-sixth reported working 16 or more consecutive hours at least once during the period. Nurses reported being mandated to work overtime on 360 shifts and on another 143 shifts they described being "coerced" into working voluntary overtime.

As these studies show, the widespread practice of requiring nurses to work extended shifts and forgo days off causes nurses to frequently provide care in a state of fatigue, contributing to medical errors and other consequences that compromise patient safety. In addition to endangering patients, studies also point to overtime issues as a prime contributing factor to our Nation's nursing shortage. For example, a 2001 report by the General Accounting Office, *Nursing Workforce: Emerging Nurse Shortages Due to Multiple Factors*, concluded:

[T]he current high levels of job dissatisfaction among nurses may also play a crucial role in determining the extent of current and future nurse shortages. Efforts undertaken to improve the workplace environment may both reduce the likelihood of nurses leaving the field and encourage more young people to enter the nursing profession . . .

We have the voices of nurses and the research evidence to prove that the practice of requiring nurses to work beyond the point they believe is safe is jeopardizing the quality of care patients receive. It is also contributing to the growing nurse shortage. Current projections are that the nurse workforce in 2020 will have fallen 20 percent below the level necessary to meet demand.

We have existing Federal government standards that limit the hours that pilots, flight attendants, truck drivers, railroad engineers and other professions can safely work before consumer safety is endangered. However, no similar limitation currently exists for our Nation's nurses who are caring for us at often the most vulnerable times in our lives.

The Safe Nursing and Patient Care Act would change that. It would set strict, new

Federal limits on the ability of health facilities to require mandatory overtime from nurses. Nurses would be allowed to continue to volunteer for overtime if and when they feel they can continue to provide safe, quality care. But, forced mandatory overtime would only be allowed when an official state of emergency was declared by Federal, State or local government. These limits would be part of Medicare's provider agreements. They would not apply to nursing homes since alternative staffing and quality measures are already moving forward for those facilities.

To assure compliance, the bill provides HHS with the authority to investigate complaints from nurses about violations. It also grants HHS the power to issue civil monetary penalties of up to \$10,000 for violations of the Act and to increase those fines for patterns of violations.

Providers would be required to post notices explaining these new rights and to post nurse schedules in prominent workplace locations. Nurses would also obtain anti-discrimination protections against employers who continued to force work hours for nurses beyond what a nurse believes is safe for quality care. Providers found to have violated the law would be posted on Medicare's website.

As usual, many States are ahead of the Federal Government when it comes to pinpointing problems that need to be addressed. Numerous States are currently considering bills to strictly limit the use of mandatory nurse overtime. Several States—including California, Connecticut, Maine, Maryland, Minnesota, New Jersey, Oregon, Washington and West Virginia—have already passed laws or regulations limiting the practice.

The Safe Nursing and Patient Care Act is an important first step, but it isn't the complete solution. I believe that standards must be developed to define timeframes for safe nursing care within the wide variety of health settings (whether such overtime is mandatory or voluntary). That is why the legislation also requires the Agency on Healthcare Research and Quality to report back to Congress with recommendations for developing overall standards to protect patient safety in nursing care. Once we have better data in that regard, I will support broader limitations on all types of overtime. But, we must not wait to act until that data can be developed. The data collection will take years and the crisis of mandatory overtime is upon us now.

I know that our Nation's hospital trade associations will claim that our solution misses the mark because it is precisely the lack of nurses in the profession today that is necessitating their need to require mandatory overtime. Let me respond directly. Mandatory overtime is dangerous for patients plain and simple. It is also a driving force for nurses leaving the profession. These twin realities make mandatory overtime a dangerous short-term gamble at best. We should join together to end the practice.

Mandatory overtime is a very real problem facing the nursing profession and that is why our bill is endorsed by the American Nurses Association, the AFL-CIO, AFSCME, AFT, SEIU, UAN, and UAW—organizations that speak for millions of America's nurses.

Again, our bill is not the sole solution. For example, I supported the Nurse Reinvestment Act, which was passed by Congress and signed into law in August 2002. That legisla-

tion authorizes new Federal investment and initiatives to increase the number of people pursuing a nursing education. Such efforts will help in the future, but it will be years before that law's impact is felt in our medical system.

We need to help now. We must take steps to improve the nursing profession immediately so that today's nurses will remain in the field to care for those of us who need such care before new nurses can be trained. We also need today's nurses to be there as mentors for the nurses of tomorrow.

Mandatory nurse overtime is a very real quality of care issue for our health system and I look forward to working with my colleagues, enact the Safe Nursing and Patient Care Act. It will start us down the right path toward protecting patients and encouraging people to remain in—and enter—the nursing profession.

HONORING THE SERVICE AND
RETIREMENT OF ALLEN LI

HON. BART GORDON

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 3, 2007

Mr. GORDON of Tennessee. Madam Speaker, I rise today to recognize a valued professional staff member of the Government Accountability Office—Allen Li—who is retiring from GAO after more than 28 years of service. During that time, he has provided invaluable oversight assistance to the Congress, and in particular to the Committee on Science and Technology.

As Director of the Acquisition and Sourcing Management Team, Mr. Li has been responsible for leading GAO's work related to the National Aeronautics and Space Administration. Examples of his recent oversight efforts include NASA's efforts to develop and build the International Space Station (ISS), Crew Exploration Vehicle (CEV), the James Webb Telescope, and shuttle alternatives for supplying the ISS; the agency's management of its Deep Space Network (DSN); and NASA's implementation of its financial management system. He also has been a strong advocate for better cost estimation and project management at NASA and has aided the Committee's efforts to seek improvements at NASA in those areas. Mr. Li appeared before the Committee to testify on a range of NASA issues over the years, and we always found his testimony to be serious and thoughtful. He also testified before the *Columbia* Accident Investigation Board following the tragic loss of the Shuttle *Columbia* and its crew.

Prior to assuming the aforementioned duties, Mr. Li was an Associate Director in GAO's Energy, Resources, and Science Issue Area where he directed work on research and development, nuclear safety, and Department of Energy management issues. However, those assignments represent only a part of his service to Congress and the Nation. Over the past 28 years at GAO, he has worked in several other units in GAO, including the Transportation Issue Area where he specialized in aviation safety and air traffic control modernization. Mr. Li has also frequently testified before Senate and House Committee and Subcommittees on civil and military issues, such as the F-22.

The quality of Allen Li's service has been recognized by GAO, and he has received the