

Using his many years of law enforcement experience and leadership skills, Clarence Dupnik has worked hard to improve and give back to his community in any way he can. He introduced Drug Abuse Resistance Education, DARE, and School Resource Officer programs in Pima County schools. In addition, Sheriff Dupnik instituted a countywide community policing program, created the Multi-agency Narcotic Investigations Unit, and established the Command Group of the Arizona Alliance Planning Committee. In addition, he founded and chairs a drug-prevention group called Arizona for a Drug-Free Workplace.

The dedication and service of Clarence Dupnik during his 50-year law enforcement career is truly commendable. I thank Sheriff Dupnik for his many years of service and wish him further success in the years to come. I know that these years of public service have sacrificed time from his family and I would like to take this moment to also thank and acknowledge his wife Susie and their family. With Sheriff Dupnik's great example in mind, I hope that we can all work together to reduce crime in our Nation.

HONORING DR. JAMES HANSEN

Mr. REID. Mr. President, I rise today to recognize Dr. James Hansen upon receiving the Desert Research Institute's Nevada Medal for 2008.

This award, which will be formally presented to Dr. Hansen in Reno tonight and in Las Vegas on April 17, was established 20 years ago by the Desert Research Institute, DRI, to recognize outstanding achievements in science and engineering. DRI is a world leader in the study of environmental sciences, and Dr. Hansen should be proud to receive such an honor.

Dr. Hansen directs the NASA Goddard Institute for Space Studies, and is an adjunct professor of Earth sciences at Columbia University's Earth Institute. He received his bachelor's degree from the University of Iowa in 1963, followed by his master's in 1965, and his Ph.D. in 1967. He was elected to the National Academy of Sciences in 1995, and has received numerous awards throughout his illustrious career.

Dr. Hansen has spent decades researching climate change, and his work has broadened public knowledge about accelerating changes in the climate due to global warming. He has linked human-produced emissions to an overall increase in global temperature and called for international cooperation to address the issue. Dr. Hansen highlights the dangerous path we tread if we fail to reduce our reliance on fossil fuels. At the same time, he has outlined the steps that need to be taken in order to reverse the course of global warming and stabilize our climate.

I am proud to honor Dr. James Hansen and his many achievements. The contributions that he has made to the scientific community are truly invaluable.

I applaud his efforts and wish him the best in his future endeavors.

TREATING VICTIMS OF STROKE MORE EFFECTIVELY

Mr. KENNEDY. Mr. President, a recent article in the Washington Post highlights the serious additional harm that is being done to victims of stroke each and every day by our failure to get them as quickly as possible to hospitals or other treatment centers qualified to provide the timely, appropriate care that can make all the difference between recovery and permanent disability or death.

Not all hospitals have this capability, and Massachusetts and a handful of other States have begun implementing systems to make better quality care available and to inform the public and emergency medical services of the location of the nearest facility capable of providing such care. What is needed most, however, is national leadership to make prompt and quality care for stroke victims a reality throughout this country.

I believe our colleagues in the Senate and House will be interested in this important article, and I ask unanimous consent to have it printed in the RECORD.

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

[From the Washington Post, Apr. 1, 2008]

NEW RULES ON STROKE

CARE CENTER NETWORKS MAY SAVE LIVES
(By Alicia Ault)

In the event of a stroke, time is brain—meaning the more quickly you recognize the problem and get proper medical treatment, the more likely you are to survive and minimize neurological damage. Increasingly, experts are concluding that means getting to the right hospital, and fast.

According to the American Stroke Association and many neurologists, the right facility is one that has been designated by a state agency or the Joint Commission (which accredits hospitals for quality and safety) as having the appropriate medical staff, the ability to quickly administer such diagnostic tests as computed tomography, and a potentially lifesaving drug, tissue plasminogen activator (TPA), which dissolves clots.

In some states, including Maryland, you don't have to worry about which hospital might be best. Ambulance crews who suspect a stroke are required to seek out a designated stroke center, unless the nearest one is an unreasonable distance away.

Now health officials in Virginia and the District say they are considering similar plans.

In March, Virginia Gov. Timothy M. Kaine signed a bill requiring local health officials to rush stroke patients to Joint Commission-certified primary stroke centers. Even though that law has not yet taken effect, emergency medical technicians typically route patients to stroke centers, said Paul Sharpe, trauma and critical care coordinator for Virginia's Office of Emergency Medical Services.

In Washington, Michael Williams, medical director of Fire and Emergency Medical Services, said he soon will issue a protocol requiring transport of suspected stroke pa-

tients to Joint Commission-certified stroke centers. That rule should take effect within a month or so.

Until those changes take place, Virginia and District residents might be wise to know the signs of stroke. If they suspect they're having a stroke, they then, directly or through a family member acting on their behalf, might ask to be taken to a specialized stroke center.

About 780,000 Americans have a stroke each year. The vast majority of strokes, 87 percent, are ischemic, caused by a clot that cuts off blood supply to the brain, according to the American Heart Association.

TPA, when given within three hours of the onset of a stroke, can increase the chances of a full neurologic recovery by at least 25 percent, said Robert Bass, executive director of the Maryland Institute for Emergency Medical Services Systems, or MIEMSS. But the drug's associated risks, which include major bleeding in the brain, make it even more crucial to get care at the right facility, Bass said.

Finding a hospital that specializes in stroke care is even more important at a time when most are having trouble finding specialists to "take call"—that is, to see patients at the hospital.

There are no hard numbers on the shortage, but the American College of Emergency Physicians reported in 2006 that three-quarters of emergency departments nationwide had problems finding specialists such as neurosurgeons to take call. The shortage was especially acute in orthopedics, plastic surgery and neurosurgery.

Being seen by a neurology specialist doesn't guarantee a good stroke outcome. But it is crucial to have a physician trained in stroke care, said Lee Schwamm, vice chairman of the neurology department and director of acute stroke services at Massachusetts General Hospital in Boston.

"Many people assume that stroke can be and is treated by anyone," he said, which simply isn't true.

Massachusetts was the first state to create a stroke care system, in 2004, partly because of the problem of getting on-call specialists. Under the plan, designated hospitals agree to have the appropriate diagnostics and staff (including neurologists on duty or available through telemedicine) and the ability to give TPA within three hours. They also agree to report on the quality of care.

In mid-2005, the state began requiring ambulances to take patients to stroke centers. Within a year, the number of stroke patients receiving TPA increased by 20 percent, Schwamm said. Now the goal is to increase the number of patients who get to the hospital in time, he added. Sixty-eight of the state's 72 hospitals have been designated as stroke centers by the Massachusetts health department.

Several states have followed Massachusetts's lead, including Maryland (in 2007), New York, New Jersey and Florida.

Maryland hospitals that apply for the stroke center designation are evaluated by a state inspection team. Hospitals can also be certified by the Joint Commission.

The nonprofit commission began certifying stroke centers in 2003. So far, 455 hospitals nationwide have received that designation.

Twenty-eight hospitals have received Maryland's five-year stroke center certification. These hospitals can evaluate stroke patients, give the initial treatment and, in most cases, admit patients directly to a special stroke unit in the hospital, Bass said. Since the program's establishment, the number of patients receiving clot-busting therapy has increased 20-fold, said John Young, stroke system coordinator for MIEMSS.

Like the District, Virginia does not have its own stroke center certification process.

Certification isn't a guarantee of superior care, said Ralph Sacco, chairman of the American Stroke Association's Stroke Advisory Committee and chairman of neurology at the Miller School of Medicine at the University of Miami. But it's an indicator that the hospital has the infrastructure in place—and the commitment—to deliver high-quality treatment, he and Schwamm agreed.

What should you do if you think you or a loved one are having a stroke?

The keys to a good outcome, Schwamm said, are knowing the warning signs, calling 911 immediately and getting to a primary stroke center.

He and others say they hope that every state adopts a system to require transport to those centers. It could be a lifesaving trip.

FIRST ANNIVERSARY OF THE VIRGINIA TECH TRAGEDY

Mr. LEAHY. Mr. President, tomorrow, April 16, 2008, marks the first anniversary of the horrific incident at Virginia Tech that resulted in the tragic deaths of 32 students and faculty members and serious injuries to many other innocent victims. Our hearts go out to the victims' families as they mourn their loved ones who tragically lost their lives before their time. Our sympathies also go out to the survivors of this terrible incident, as well as the entire Virginia Tech community, whose resilient spirit and courage in the face of tragedy over the past year have been truly remarkable.

We cannot reverse the senseless violence of one year ago, nor can we repair all of the damage that the heinous acts of one very disturbed young man caused for an entire community. But one thing we can do to honor the victims and their families is ensure that our schools, colleges, and universities have the support and resources they need to protect our children.

Regrettably, 1 year after the tragic events at Virginia Tech, little has been done at the national level to address the dangers our students continue to face. Over the past 12 months, we have continued to see threatening conduct and, too often, deadly acts of violence involving students of all ages. Only yesterday we learned that several colleges were shut down as officials assessed graffiti messages threatening violence on campus. School lockdowns are becoming all too common in our communities.

A string of tragedies in just 1 week's time this past February reminded us once again that our students face more than merely threatening violent conduct. Between February 8 and February 14, at least four incidents at schools and colleges resulted in death or serious injury to students of all ages.

On February 8, a female student killed two other students, and then herself, inside a classroom on the campus of Louisiana Technical College in Baton Rouge. Three days later, a student at Mitchell High School in Memphis, TN, was left in critical condition after a violent incident in the school's cafeteria. A day later, a 15-year-old boy

at E.O. Green Junior High in Oxnard, CA, was critically wounded by a classmate. He was later declared brain dead.

Then, on February 14, tragedy struck at Northern Illinois University. A former student opened fire in a geology class, killing 5 students and wounding 16, before killing himself. As hundreds of mourners remembered one of the Northern Illinois University victims at a funeral service, more than 1,000 Virginia Tech students—many of the same students who will grieve tomorrow for their lost friends, classmates, and professors—gathered in solidarity for a candlelight vigil in Blacksburg, VA.

Eight months ago, the Senate Judiciary Committee took a step to make our schools and college campuses safer when it reported the School Safety and Law Enforcement Improvement Act of 2007, S. 2084. Regrettably, the Senate has failed to take up and pass that bill to improve school safety. The 1-year anniversary of the Virginia Tech incident reminds us why this comprehensive legislation should be considered and passed without further delay.

In originating the bill more than 8 months ago, the Judiciary Committee showed deference to Gov. Tim Kaine and the task forces at work in Virginia and sought to complement their work and recommendations. Working with several Senators, including Senators BOXER, REED, SPECTER, FEINGOLD, SCHUMER, and DURBIN, the committee originated this bill and reported it at the start of the 2007 academic year in the hope that Congress would adopt these critical school safety improvements last fall. We worked hard to get it done.

The incidents at E.O. Green Junior High, Mitchell High School, Louisiana Technical College, and Northern Illinois University are just a few of the tragic events that have claimed lives or resulted in serious injuries to students since the Virginia Tech tragedy. In the time since this bill was reported out of the Judiciary Committee, we have seen tragic deaths at Delaware State University and the University of Memphis and grievous injuries sustained by students and teachers at SuccessTech Academy in Cleveland, OH. And there have been numerous lockdowns nationwide as a result of threatening conduct in our schools, including recent lockdowns at Fern Creek High School in Louisville, KY, and St. Peter's College in Jersey City, NY.

The School Safety and Law Enforcement Improvement Act would address the problem of violence in our schools in several ways. The bill authorizes Federal assistance for programs to improve the safety and security of our schools and institutions of higher education, provides equitable benefits to law enforcement serving those institutions, including bulletproof vests, and funds pilot programs to develop cutting-edge prevention and intervention programs for our schools. The bill also clarifies and strengthens two existing

statutes—the Terrorist Hoax Improvements Act and the Law Enforcement Officers Safety Act—which are designed to improve public safety.

Specifically, the bill would improve the safety and security of students both at the elementary and secondary school level and on college and university campuses. The K-12 improvements are drawn from a bill that Senator BOXER introduced right after the Virginia Tech tragedy, and I want to thank Senator BOXER for her hard work on this issue. The improvements include increased funding for much needed infrastructure changes to improve security as well as the establishment of hotlines and tip-lines, which will enable students to report potentially dangerous situations to school administrators before they occur.

To address the new realities of campus safety in the wake of Virginia Tech and more recent college incidents, the bill also creates a matching grant program for campus safety and security to be administered out of the COPS Office of the Department of Justice.

The grant program would allow institutions of higher education to apply, for the first time, directly for Federal funds to make school safety and security improvements. The program is authorized to be appropriated at \$50 million for the next 2 fiscal years. While this amounts to just \$3 per student each year, it will enable schools to more effectively respond to dangerous situations on campus.

The bill would also make sworn law enforcement officers who work for private institutions of higher education and rail carriers eligible for death and disability benefits and for funds administered under the Byrne Grant Program and the Bulletproof Vest Partnership Grant Program. Providing this equitable treatment is in the best interest of our Nation's educators and students and will serve to place the support of the Federal Government behind the dedicated law enforcement officers who serve and protect private colleges and universities nationwide. The leadership of Senator JACK REED has been vital in this area.

The bill also helps law enforcement by making improvements to the Law Enforcement Officers Safety Act of 2003, LEOSA. These amendments to existing law will streamline the system by which qualified retired and active officers can be certified under LEOSA. It serves us all when we permit qualified officers, with a demonstrated commitment to law enforcement and no adverse employment history, to protect themselves, their families, and their fellow citizens wherever those officers may be.

The bill focuses on prevention as well, by incorporating the PRECAUTION Act at the request of Senators FEINGOLD and SPECTER. This provision authorizes grants to develop prevention and intervention programs for our schools.

Finally, the bill incorporates the Terrorist Hoax Improvements Act of