

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