

TABLE 2.—SUPPORTING DETAIL FOR THE FISCAL YEAR 2001 SENATE CURRENT LEVEL REPORT FOR ON-BUDGET SPENDING AND REVENUES, AS OF JULY 10, 2001—Continued

(In millions of dollars)

	Budget authority	Outlays	Revenues
Total Current Level	1,556,321	1,507,233	1,556,655
Total Budget Resolution	1,568,430	1,515,278	1,556,654
Current Level Over Budget Resolution	n.a.	n.a.	1
Current Level Under Budget Resolution	12,109	8,045	n.a.
Memorandum:			
Emergency designations for bills enacted this session	0	0	0

¹ Excludes administrative expenses of the Social Security Administration, which are off-budget.² The estimated budgetary impact of P.L. 107-16 was provided by the Joint Committee on Taxation.

Note.—n.a. = not applicable.

Sources: Congressional Budget Office and Joint Committee on Taxation.

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 in March of this year. 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.

I would like to describe a terrible crime that occurred October 25, 1996 in Trevoise, PA. A gay man, James Rebuck, 55, was stabbed to death at his residence after he allegedly made a pass at a man at a bar. David Alan Elliott, 23, and Scott Stocklin were charged with first-degree murder, burglary, criminal conspiracy and possession of deadly instruments.

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 LEADS THE NATION IN QUALITY OF CARE

Mr. ROCKEFELLER. Mr. President, the Department of Veterans Affairs has made great strides in becoming a leader within the health care profession. Too often, we dwell only on what is going wrong or what else can be done. However, as Chairman of the Committee on Veterans' Affairs, I would like to instead draw attention to what VA has done to bring a high quality of care to our nation's veterans. While there is no doubt that VA go even further in this area, we know that they have made great strides in delivering the standard of care veterans deserve.

A few years ago, the Democratic staff of the Committee on Veterans' Affairs issued a report examining the standards of quality within the VA Health Care system. VA spends considerable effort and resources aimed at providing veterans with the highest quality health care in its hospitals and clinics. Over the years, VA has developed dozens of programs devoted exclusively to quality of care issues, yet public attention continues to be focused on exam-

ples of poor care within the health care system.

With nearly 950 sites and growing, VA operates the largest health care system in the United States. Veterans should know that the care at one VA hospital or clinic is at the same high quality level as the care at another VA health care facility. The study concluded that this can only be possible if the VA has a national system of quality which has built-in safeguards sufficient to overcome the inevitable fact that human error will always occur.

The committee is currently working on a follow-up to the original study. As more technological solutions to the problem of quality standardization are implemented, they will need to be examined. Quality of care is a vital issue to which I am very committed, and will continue to monitor closely as the VA health care system reconfigures itself to accommodate the changing demographics of the population it serves.

Coronary disease care is one area in particular that VA has excelled in with regard to quality of care. With coronary atherosclerosis being the second-most frequent diagnosis among veterans enrolled in VA health care, it is imperative that VA is able to treat this condition with the best care possible. They have met that challenge, with VA medical facilities now providing the same level of care as non-VA hospitals. The New England Journal of Medicine recently published a report that made this conclusion, based on a study of heart attack patient care within VA. The report also applauded VA's efforts to improve their overall quality of care.

I ask unanimous consent that an article from The Topeka Capital-Journal, highlighting the report from The New England Journal of Medicine on the study of VA's quality of care, be printed in the RECORD.

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

VA SYSTEM QUIETLY BECOMING MODEL FOR HEALTH CARE

(By Mathew J. Kelly)

It has long been one of American medicine's most precious assets and, until recent years, its best-kept secret.

On Dec. 27, the New England Journal of Medicine (NEJM) published a report on a study that found the quality of care for heart attack patients is as high in Department of

Veterans Affairs medical facilities as in non-VA hospitals.

At first review, that might seem like faint praise—but not for a health care system often singled out to prove its value and justify its existence. And it continues to do so. The accompanying NEJM commentary of a VA doctor nailed it: "Overall, the [VA health care system's] quest to improve quality must be regarded as a laudable success and itself deserves study for lessons that may have general value."

The study and associated observations corroborate what we in VA have long been aware of—the exceptional quality of care we provide, and the fact that VA is a model for the health care industry, often outperforming the private sector. VA is delivering cutting-edge health care, and its patients and the medical world are noticing and applauding.

For too long VA has methodically and quietly improved the way it delivers health care to a special population, while allowing the public to believe that our hospitals are like those shown in movies such as 'Born on the Fourth of July' and "Article 99." At the time these motion pictures were released, the portrayal was inaccurate, and today, they and the images they conjure are even more distorted.

The Department of Veterans Affairs health care delivery system, once maligned, has overcome the stereotypes, is quieting its critics, and has established itself as a force in health care delivery, research, and medical education, and in such special services as blind rehabilitation, severe psychological conditions, prosthetics and spinal cord injury. Of the latter, actor Christopher Reeve, now quadriplegic, said, "The whole VA system today is a model for what research can and must be. And when I look down the list of accomplishments of various centers and how proactive it is, I just rejoice."

The patient population VA cares for is, on average, significantly older and poorer than the non-veteran population, more likely to have mental illness or substance abuse problems, more likely to have hepatitis C, more likely to have multiple diseases, and less likely to be married and have a social support structure. Despite these challenges, VA health care has transformed itself into what Dr. Donald Berwick, President and CEO of the Institute for Healthcare Improvement, calls "the most impressive work in the country so far on patient safety" and "the benchmark in many areas."

Even though the veteran population is declining, veterans' health problems are increasing as they age. More veterans than ever are enrolling for VA health care. In the last five years, VA, which operates the nation's largest integrated health care organization, has shifted from an inpatient-focused system—we have closed more than half of our acute care beds—to one that is outpatient-based.