

said that her husband raped and pistol-whipped her, and beat her unconscious in front of her children. She said that law enforcement authorities in Guatemala told her that they would not protect her from violent crimes committed against her by her husband. And she believed that her husband would kill her if she returned to Guatemala.

The INS did not dispute what Ms. Pena said, and in 1996, an immigration judge determined that she was entitled to asylum. But in 1999, the Board of Immigration Appeals (“BIA”) reversed that decision on the grounds that even if everything Ms. Pena said were true, she did not qualify for asylum because victims of domestic abuse do not constitute a “social group” under existing law. This decision seemed to me and a number of other Senators and Representatives to be inconsistent with previous decisions extending asylum to victims of sexual abuse. I wrote Doris Meissner, then the Commissioner of the INS, in August 1999 to express my concerns about the case. I joined a group of Senators writing Attorney General Reno about this matter in November 1999, and raised those concerns again in letters to the Attorney General in February and September 2000. Finally, I reiterated my concerns to Ms. Meissner in August 2000.

The Justice Department released a proposed rule in December that would make it easier for women to base asylum petitions on gender-based persecution. Then-Attorney General Reno’s January 19 order stays the R.A. case until a final version of that rule is approved, at which time the BIA will reconsider the case in light of that rule. I urge the Bush Administration to approve a final rule that provides strong protections for victims of domestic violence and other forms of gender-based oppression. And I urge the BIA to apply that rule in a way that provides the maximum protection for such women.

The United States should have—and I believe does have—a bipartisan commitment to refugees. I have been joined by Republicans such as Senators BROWNBACK and JEFFORDS in my attempts to draw attention to this case. And I am optimistic that the Bush Administration will share our concerns. No one wants to see a victim of domestic violence returned to face further abuse, especially where her government does not have the will or ability to protect her. Working together, and building on the foundation laid by Attorney General Reno, we can prevent that from happening.

TRIBUTE TO FORMER SENATOR ALAN CRANSTON

Mr. ROCKEFELLER. Mr. President, I join many of my colleagues in paying tribute to former Senator Alan Cranston, who died on New Year’s Eve, 2000.

Since I came to the Senate in 1985, I have had the honor of serving on the Committee on Veterans’ Affairs, and my first 8 years on the committee were under the superb chairmanship of Senator Cranston. During our years, I came to know and appreciate his unbounded dedication to the veterans of this country, and his extraordinary record of leadership and commitment to our Nation throughout his 24 years of public service in the U.S. Senate.

Senator Cranston played an integral role in veterans affairs from his first days in the Senate, serving initially as Chairman of the Veterans’ Affairs Subcommittee of the then-Committee on Labor and Public Welfare. When that subcommittee became the full Committee on Veterans’ Affairs in 1971, he was a charter member of it. He became Chairman of the full Committee in 1977, was ranking member from 1978–1986, and then Chairman again in 1987, until he left the Senate in 1993.

Throughout his tenure, Senator Cranston demonstrated a devoted commitment to the men and women who risk their lives for the safety and welfare of our Nation. Although he opposed the war in Vietnam, he was a strong champion for the rights and benefits of those who served in it.

Senator Cranston’s vision—to ensure that our country uphold its obligation to meet the post-service needs of veterans and their families—was the inspiration for the many pieces of legislation passed during his tenure. He showed his concern for disabled veterans and their families in many ways, including authoring support programs that provided for grants, cost-of-living increases in benefits, adaptive equipment, rehabilitation, and other services.

Senator Cranston’s record on issues related to the employment and education of veterans is unequalled. As early as 1970, he authored the Veterans’ Education and Training Amendments Act, which displayed his heartfelt concern for Vietnam-era veterans, and served as the foundation for other key initiatives over the years.

As a strong advocate for health care reform myself, I appreciated Senator Cranston’s efforts over the years to improve veterans’ health care through affirmative legislation. He brought national attention to the many needs of VA health care facilities, which resulted in the improvement of the quality of their staffs, facilities, and services.

Senator Cranston’s patience in pursuit of his goals is legendary. For example, he introduced legislation in 1971 to establish a VA readjustment counseling program for Vietnam veterans. When it failed that year, he reintroduced it in the next Congress, and the next, and the next, never losing sight of his vision. Four Congresses later, in 1979, it was finally accepted by the

House of Representatives. The VA’s Vet Center Program was established that year and, in the ensuing years, this program helped many Vietnam veterans deal with their adjustment problems after service, including post-traumatic stress disorder.

After the program was established, Senator Cranston fought successfully to make it permanent, thereby enabling Vet Centers to survive proposed cuts by the Reagan administration. He also pushed for enactment of legislation which extended the eligibility period for readjustment counseling. In 1991, Senator Cranston authored legislation which allowed veterans of later conflicts, including the Persian Gulf War, Panama, Grenada, and Lebanon, to receive assistance at Vet Centers as well.

Another example of Senator Cranston’s persistence was his effort to provide an opportunity for veterans to seek outside review of VA decisions on claims for benefits. He began working on this issue in the mid-70’s and stayed with it through final enactment in 1988 of legislation which established a court to review veterans’ claims. That court, now known as the U.S. Court of Appeals for Veterans Claims, stands as a legacy to Senator Cranston’s commitment to making sure that veterans are treated fairly by the government that they served.

The list of Senator Cranston’s achievements is long—for veterans, his home State of California, our country, and the world. Senator Cranston’s leadership had a broad sweep, way beyond the concerns of veterans. From nuclear disarmament to housing policy to education to civil rights, Senator Cranston fought to do the right thing, with energy and passion. For nearly a quarter of a century, he was a true champion for the less fortunate among our society.

Senator Cranston’s legacy is immense, and I know that his leadership, which continued after he left this Chamber, will be missed. I consider myself fortunate to have had the opportunity to work side-by-side with him over the years. By continuing his fight for the people we represent and the ideals we were elected to uphold, I seek to carry on his mission.

Mr. President, I ask unanimous consent that an article about Senator Cranston by Thomas Tighe, a former staff member of the Senate Committee on Veterans’ Affairs, be printed in the RECORD. His thoughts on Senator Cranston, which appeared in the January 7, 2001, edition of the Santa Barbara News-Press, are quite compelling.

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

ALAN CRANSTON: HE SEPARATED THE WAR
FROM THE WARRIOR

(By Thomas Tighe, President and CEO of
Direct Relief International)

Alan Cranston stood for and accomplished many important things during the course of his life and Senate career, which, as might be expected given his low-key approach, received little comment upon his death. But having worked for Alan—as he insisted all his staff call him—during his last several years in office, I was saddened by both his passing and the absence of public recognition for much of what his life's work accomplished.

Elected in 1968 strongly opposing the war in Vietnam, Senator Cranston was assigned the chair of the subcommittee responsible for overseeing the veterans health care system. He was among the very first in our country to separate the war from the warrior, as he sought to have the system do right by the returning soldiers whose wartime experiences, severity of injury, and readjustment seemed somehow different from those of earlier wars.

While retaining his aversion to war, Alan Cranston devoted much of his career in the Senate to ensuring that the country's obligation to those who fought in war—however unpopular—was recognized as fundamentally important and honored accordingly. He pushed hard to expand spinal-cord injury, blindness, and traumatic brain injury care, which were lacking and desperately needed. He championed mental health services, authoring legislation to create "Vet Centers" where veterans themselves counseled each other and to fund research that ultimately obtained formal recognition and treatment for post-traumatic stress disorder as a "real" condition that affected soldiers. Drug and alcohol services, vocational rehabilitation, and comprehensive assistance for homeless veterans all resulted from his insight, his perseverance, and his commitment to those who served our country.

The terms "paramedic" and "medevac" did not exist in civilian society in the late 1960s—they do today because Alan saw how effective the combination of medical personnel, telecommunications, and helicopters had been in treating battlefield injuries in Vietnam, and he authored the first pilot program to apply this model to the civilian sector.

Senator Cranston also was the most vigorous, insightful, tough, and effective supporter that the Peace Corps has ever had in the Congress—stemming from his early involvement with Sargent Shriver in the early 1960's before he was elected. I know about these issues, and his remarkable legacy, because I worked on them for Alan as a committee lawyer in the Senate and, after he left office, as the Chief Operating Officer of the Peace Corps.

But there were many, many other issues that Senator Cranston not only cared about but worked to effectuate in a painfully thorough, respectful, and principled way. He was an early and stalwart advocate for preservation and judicious stewardship of the environment, an unyielding voice for a woman's right to make reproductive health choices, and of course, a relentless pursuer of world peace and the abolition of nuclear weapons—upon which he continued to work passionately until the day he died.

Those efforts have made a tremendous positive difference in the lives of millions of people in this country and around the world.

For me, Alan Cranston's standard of adhering to principle while achieving practical

success remains a constant source of inspiration and motivation, as I am sure is true for the hundreds of others who worked on his staff over the course of 24 years. His was an example that one's strongly held ideological and policy beliefs, whether labeled "liberal" or "conservative," should not be confused with or overwhelmed by partisanship if it prevented meaningful progress. And he insisted upon honest and vigorous oversight of publicly funded programs he supported—to avoid defending on principle something indefensible in practice, thereby eroding support for the principle itself.

Once, while trying to describe an obstacle on a Peace Corps matter, I made a flip reference to the "America Right or Wrong" crowd. He asked if I knew where that expression came from, which I did not. He said it was usually misunderstood and, as in my case, misused, and told me that it was a wonderfully patriotic statement. He stared at me calmly, with a slight smile and with the presence of nearly 80 years of unimaginably rich experiences in life and politics, and said, "America, right or wrong. When it's right, keep it right. When it's wrong, make it right."

It was a privilege to work for Alan Cranston, and to know that is what he tried to do.

VA LEADS THE NATION IN END-
OF-LIFE CARE

Mr. ROCKEFELLER. Mr. President, the Department of Veterans Affairs has been quick to embrace the idea that more needs to be done to deal with patients' pain, and this has become an integral part of VA's overall efforts to improve care at the end of life—for veterans and for all Americans. As ranking member of the Committee on Veterans' Affairs, I am enormously proud of VA's efforts in pain management and end-of-life care. I suspect, however, that many of my colleagues are unaware of VA's good work in this area.

We simply must recognize the lack of services and resources for people who are suffering with pain, especially those who need long-term institutional care and other alternatives, such as hospice or home health for chronic conditions. The health care and related needs of Americans are very diverse. We must target problems and address them with creativity, with a variety of resources that can help different groups in different ways. Taking a look at the VA's success in this area is a good place to start fixing the problem.

I therefore ask unanimous consent that a press release on VA's pain management initiatives and a Washington Post article on VA's success in this area be printed in the RECORD.

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

VA INITIATES PAIN MANAGEMENT PROGRAM

Pain is one of the most common reasons people consult a physician, according to the American Academy of Pain Medicine and the American Pain Society. In fact, it is the primary symptom in more than 80 percent of all doctor visits and affects more than 50 million people. In January 1999, the Department

of Veterans Affairs (VA) took the lead in pain management by launching a nationwide effort to reduce pain and suffering for the 3.4 million veterans who use VA health care facilities.

VA AND PAIN MANAGEMENT

VA believes that no patient should suffer preventable pain. Doctors and nurses throughout VA's 1,200 sites of medical care are required to treat pain as a "fifth vital sign," meaning they should assess and record patients' pain just as they note the other four health-care basics—blood pressure, pulse, temperature and breathing rate. They ask patients to rate their pain on a scale of zero to 10, then consult with the patients about ways to deal with it.

"It changed how VA approached pain," said Dr. Jane Tollett, national coordinator of VA pain management strategy. "We're too often obsessed with finding out what's going on at the molecular, cellular and pharmacological levels as opposed to asking: Is the person feeling better?" Measuring pain as a vital sign was part of the first step in the following comprehensive strategy to make pain management a routine part of veterans' care.

Pain Assessment and Treatment: Procedures for early recognition of pain and prompt effective treatment began at all VA medical facilities. Pain management protocols were set up, including ready access to resources such as pain specialist and multidisciplinary pain clinics. VA updated its Computerized Patient Record System (CPRS) to document a patient's pain history. Patient and family education about pain management was included in patient treatment plans.

Evaluation of Outcomes and Quality of Pain Management: VA began to systematically measure outcomes and quality of pain management, including patient satisfaction measures. Across the nation, VA set up quarterly data collection to evaluate: Was the patient assessed for pain using a 0-10 scale? Was there intervention if pain was reported as 4 or more? Was there a plan for pain care? Was the intervention evaluated for effectiveness?

Research: VA expanded research on management of acute and chronic pain, emphasizing conditions that are most prevalent among veterans. Currently, there are nine pain research projects funded by VA. Research funded by the Health Services Research and Development Service focuses on identifying research priorities, providing scientific evidence for pain management protocols throughout VA and evaluating and monitoring the quality of care.

EDUCATION OF HEALTH CARE PROFESSIONALS

VA is assuring that clinical staff, such as physicians and nurses, have orientation and education on pain assessment and pain management. In collaboration with the Department of Defense and the community, VA is developing clinical guidelines for pain associated with surgery, cancer and chronic conditions.

Additionally, VA initiated an extensive education program for health care providers that includes orientation for new employees and professional trainees, four internet sessions on "pharmacotherapy of acute and chronic pain," satellite broadcasts and interactive sessions with VA health care facilities, guest lectures on topics like pain assessment and treatment of the demented, purchase and distribution of pain management videos, and a Web site "vawww.mst.lrn.va.gov/nmintranet/pain."

VA also focuses on pain management education for medical students and health care