even while my State's nursing homes are experiencing difficulty finding certified staff.

The bill that I introduced along with Senators KOHL and CONRAD would allow North Dakota and Wisconsin to continue using resident assistants for feeding and hydration, while a demonstration project is conducted in our states and others to evaluate what kind of impact the use of these staff has on the quality of feeding and hydration services provided to nursing home patients and on the recruitment and retention of nursing staff. If after the three-year demonstration project, the Secretary of Health and Human Services determines that the use of resident assistants does not result in a reduction in the quality of feeding and hydration of nursing home residents or in a decrease in the recruitment and retention of nursing staff, other nursing homes around the country would be allowed to use resident assistants to help with feeding and hydration tasks.

This legislation includes a number of safeguards to protect nursing home patients. For instance, nursing homes are prohibited from using resident assistants to replace existing nursing staff or to count these assistants toward minimum nursing staffing requirements. In addition, resident assistants would have to complete a state-approved training program related to the feeding and hydration tasks they would be performing. Of course, nursing homes would not be able to use resident assistants to administer medication, provide direct medical care, or perform other nursing tasks.

I recognize that this bill is not the only answer or the whole answer for addressing the staffing crisis in nursing homes. In part because they do not receive enough assistance from aides while eating because the aides must assist as many as 15 to 20 patients at mealtime. According to a Los Angeles Times article earlier this week, a University of California-San Francisco professor who observed 100 nursing home residents with eating problems found that nursing home workers were often so rushed that they "shoved" food into their patients' mouths, causing choking and coughing.

The resident assistants in North Dakota provide compassionate care and often have more time to coax their patients into eating, something that overworked certified nurse aides generally don't have time for. I am concerned that a number of staff in North Dakota nursing homes, which is what will happen if long-term care facilities can no longer use resident assistants, then patients in North Dakota will suffer.

One resident assistant in North Dakota told me about a patient she feeds who has difficulty holding her head up when she eats. The resident assistant said that when she was on vacation, her patient lost seven pounds. Fortunately, after a few weeks back on the job, the resident assistant got her patient's weight back up to where it needed to be. However, if this resident assistant was forced to leave her post permanently, that weight loss may have been long-term and ultimately life-threatening.

I believe the Medicare and Medicaid Nursing Services Quality Improvement Act is a step that Congress can take to address both the staffing shortage and the malnutrition of patients. This is not the only solution and it may not be the best solution, but I hope my colleagues will work with Senator KOHL, Senator CONRAD and me to tackle these serious issues confronting long-term care facilities and their patients.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business Friday, April 20, 2001, the Federal debt stood at $5,713,631,168,647.61. Five trillion, seven hundred thirteen billion, six hundred thirty-one million, one hundred forty-eight thousand, six hundred forty-seven dollars and sixty-four cents.

One year ago, April 20, 2000, the Federal debt stood at $5,707,061,000,000. Five trillion, seven hundred billion, six hundred forty-seven dollars and sixty-one cents.

Fifteen years ago, April 20, 1986, the Federal debt stood at $1,962,745,000,000. One trillion, nine hundred sixty-two billion, seven hundred forty-five million.

Twenty-five years ago, April 20, 1976, the Federal debt stood at $604,399,000,000. Six hundred four billion, three hundred ninety-nine million, which reflects a debt increase of more than $5 trillion.

Since 1975, Morehouse School of Medicine and other prominent organizations endorsed the development of the Medical School at Morehouse College in Atlanta, GA. This came in light of studies that revealed a severe shortage of African American and other minority physicians in the United States, particularly in Georgia and second, that African Americans suffered disproportionately from major diseases. Since its inception, Morehouse School of Medicine has worked to help solve our nation's health care crisis by graduating top-quality physicians who dedicate themselves to serving the more than 32 million people in this country who live in medically neglected communities. More than 80 percent of Morehouse School of Medicine graduates practice in underserved communities. Each year, the School graduates five times the national average of African Americans completing their medical degrees at accredited medical schools in this country.

Since 1975, Morehouse School of Medicine has grown from an entry class of 25 students to a current 40 students per class. Each year, over 20,000 Georgians who are disadvantaged students apply for approximately 50 community health promotion projects sponsored by Morehouse School of Medicine. These projects include prevention initiatives associated with substance abuse, teen pregnancy, geriatric services, cancer, lead poisoning and violence prevention. In addition to the School's activities in community health promotion, Morehouse School of Medicine provides about 25,000 patient encounters for approximately 10,000 people per year in community clinics throughout metropolitan Atlanta area. The student body of Morehouse School of Medicine continues to excel and 100 percent of the institution's family medicine and surgery residents passed their board exams in their first sitting for 2 years in a row.

These accomplishments stem in part from the strong leadership of Morehouse School of Medicine's founding dean and president, Louis W. Sullivan, M.D., who has been with the Medical School since its inception. Aside from his years in Washington as U.S. Secretary of Health and Human Services, Dr. Sullivan has dedicated his life's work to producing top-quality physicians. During his tenure, Morehouse School of Medicine established several programs. These include a 4-year undergraduate medical education program, seven residency programs and several centers of excellence including the National Center for Primary Care, the Neuroscience Institute, the Cardiovascular Institute and the NASA/Space Medicine and Life Science Research Center, the first of its kind at a minority medical institution.

Mr. Sullivan has worked tirelessly to provide vision and direction for the institution's future, while continuing to preserve the very best traditions of past. Morehouse School of Medicine,