

Children Need Children's Hospitals" that explores how essential children's hospitals are to the health of all children. The report highlights the fact that—whether they ever enter a children's hospital or not—all children benefit from the far-reaching work of children's hospitals.

In the clinical care area, freestanding children's hospitals—which make up less than 1 percent of all hospitals—treat a disproportionately large share of children with highly specialized or complex conditions. For example, 46 percent of children with cancer, 45 percent of the children with cystic fibrosis, and 52 percent of children needing heart or lung transplants are cared for by these hospitals. In their own communities, these percentages jump even higher.

In addition to providing the most specialized and medically advanced care available, children's hospitals deliver preventive and primary care as well. They are the safety net hospital and community provider for low-income children. For example, across the Nation, more than 8 million outpatient visits and 1.6 million emergency room visits are made to children's hospitals and their community clinics annually. At Children's Mercy Hospital in Kansas City, over 200,000 outpatient visits and more than 70,000 emergency/urgent care visits occurred in 2000. Medicaid accounts for more than 45 percent of the inpatient days at children's hospitals, which devote nearly half of their care to low-income children. In fact, a children's hospital, on average, provides 10 times as much inpatient care to low-income children as any other urban hospital.

For all these children, the doctors, nurses and health professionals at children's hospitals take a family-centered approach to health care. Parents are considered partners in the care and treatment of their children. Children are made to feel comfortable and safe—feelings reinforced by in-room accommodations for families and age-appropriate patient rooms and playrooms. Doctors, pediatric nurses, occupational therapists, social workers, dentists, and child life specialists are among the health professionals taught by children's hospitals to put families first.

Children's hospitals train a substantial number of our children's doctors. The freestanding children's hospitals—again, which comprise less than 1 percent of all hospitals—train 30 percent of all pediatricians, half of all pediatric specialists, and a substantial majority of pediatric researchers. Their teaching programs are essential to the future of the pediatric workforce and to the future of children's health care. The promise of biomedical research cannot be realized for children without researchers at the bench.

The medical research and breakthrough discoveries conducted at chil-

dren's hospitals benefit all children, preventing illnesses as well as advancing treatment. Children's hospitals have been the sites of many historic firsts, such as the discovery of polio vaccine. Children's hospitals have led the way in fetal surgery, transplants, advancements in cardiac treatment, and in the care of more common conditions such as asthma. Their contributions to cancer research have led to great progress in curing childhood cancers that were untreatable just a few decades ago.

Together with pediatric departments of university medical centers, children's hospitals account for 30 percent of all NIH-funded pediatric research; and they train the great majority of future pediatric researchers. Virtually all children's hospitals participate in clinical trials or health services research. Research moves from bench to bedside rapidly at children's hospitals, allowing new discoveries to transform more children's lives for the better. And these discoveries not only benefit children, but adults as well. The answers to many costly and painful health problems that affect adults like diabetes and obesity, can often be found in childhood. And many of the principles discovered in the study and treatment of children diseases, such as cancer, have also been applicable to adults.

Finally, children's hospitals' mission to improve the health of children throughout the nation doesn't stop at the hospital door. By developing innovative programs like "SAFE KIDS," children's hospitals focus community attention on children's health issues, improving child health through prevention as well as cutting-edge care. They work with schools and communities to provide valuable services to children with special health care needs and children facing abuse.

I understand that children's hospitals are for all children, perhaps better than most, because I have learned that from my children's hospitals at home. Missouri is blessed with top-notch children's hospitals. Their doors are open to any child in need of care. Their efforts in advocacy and community work are directed to the health care needs of all children. Their missions in education and research reach all children as well.

Children are different. They are not small adults. And no institution knows this better than a children's hospital. They provide the highest quality medical care, day after day, to children from all parts of the country, from the most distant rural areas to the closest inner city neighborhoods. They are essential to the health and health care of children today and tomorrow.

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.

I would like to describe a heinous crime that occurred on August 8, 1990 in San Francisco, California. Chris Minor and Jonathan Ebert were attacked by four Skinheads who called them "faggots." Arrested and charged with assault were Skinheads Brandon Rosenberg, 19, and Thomas E. Miles, 21. Two juvenile females were also taken into custody. Rosenberg was arrested earlier in connection with an August 14 gay bashing in which he allegedly slapped David Robinson and threatened to beat him up.

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.

ADDITIONAL STATEMENTS

131ST FIGHTER WING

● Mr. BOND. Mr. President, I rise today to recognize one of the greatest air-superiority Wings in the Nation and its great leaders. On June 9th, 2001 Colonel Michael G. Brandt assumes command of the 131st Fighter Wing, Lambert Field, Missouri from Colonel Bob Edmonds. This Wing has tremendous aviation history and has 1,300 citizen-airmen who are dedicated and committed to service of their Nation.

The 131st Fighter Wing's mission is to achieve and maintain air superiority with the F-15 Eagle—the finest air superiority plane in the world today. The Wing has been called into service to battle the "Great Flood" of 1993 and has deployed to Incirlik, Turkey in support of Operation Northern Watch. The Wing has also supported Aerospace Expeditionary Force Operations, deploying to Southeast Asia and Europe to support Operation Southern Watch. The accomplishments of the leadership and the men and women of this Wing have maintained the great heritage of Lambert Field, and kept it one of the finest Wings in the Nation.

Colonel Edmonds will relinquish command of the 131st to Colonel Brandt. Colonel Edmonds graduated from the Air Force Academy in 1979 as a distinguished graduate and the top cadet in the Civil Engineering major. He was selected for a Guggenheim Fellowship at Columbia University and