

Program, including ways to improve coordination, integration and accountability of American counterintelligence efforts. As a result, Presidential Decision Directive 24 was issued in May 1994. The directive, in part, mandated the establishment of the National Counterintelligence Center, and Special Agent Deerr was tapped as the Deputy Director of the new National Counterintelligence Center, an impressive distinction and a testament to his reputation and success as one of America's premier spy catchers.

In 1996, Special Agent Deerr returned to Air Force OSI as its Executive Director—the senior civilian Special Agent in the United States Air Force. During his five-year tenure in the top civilian position within OSI, Mr. Deerr earned a reputation for innovation and excellence in leadership. He took the helm at an interesting and challenging time in the history of OSI. As a result of the end of the Cold War, diminishing budgets, and retirements of personnel who entered government service at the height of the Cold War, he faced personnel upheaval and institutional reorganization. America and our Armed Forces were faced with new and daunting challenges that required institutional agility, professional creativity, and cutting-edge technical skills. Under Executive Director Deerr's steady stewardship, OSI "re-invented" itself as a model for the 21st Century in the fields of counterintelligence, anti-terrorism, and crime fighting.

OSI built DoD's Computer Forensics Laboratory—America's premier electronic media forensics lab dedicated to ferreting out evidence of computer crime, network intrusions, and felony tampering with DoD computer systems. OSI started and still manages the Defense Computer Investigations Training Program—DoD's "graduate school" for those tasked with investigating cyber-related crimes. Furthermore, Executive Director Deerr emerged as a visionary leader of the Defense Criminal Investigative Organizations, DCIO, Enterprise-Wide Working Group, the DEW Group. Mr. Deerr and the DEW Group devised innovative enterprise-wide pilot programs to leverage scarce DoD resources, improve training and deployment of America's front line investigators, and save taxpayer dollars.

Executive Director Deerr's influence and innovations extended far beyond DoD. Through his active membership in the International Association of Chiefs of Police and the IACP International Policy Committee, Tim Deerr was instrumental in proliferating enduring principles of policing professionalism, integrity, civil liberties, and selfless service to the international policing executive community across the globe.

After 26 years of service, Executive Director Timothy Deerr left Air Force OSI an even better agency than the one he joined in 1975. His career ran the gamut from criminal investigations to catching spies, and from being a rookie agent to the top civilian on the payroll. During his almost three decades of service, the world changed dramatically from a bipolar one where there was a constant threat of nuclear war to one where the United States must be prepared to counter threats on a multitude of new fronts. Through his uncommon dedication and selfless devotion to duty he has left an indelible mark on the face of counterintelligence within the U.S. Government. I am certain that all my colleagues will want to join me in commending Mr. Deerr on a successful career and a job well done as well as wishing him, his wife Terri, and their daughter Alexandra, great health, happiness, and prosperity in the years to come.

#### LOOMING NURSE SHORTAGE

Mr. ROCKEFELLER. Mr. President, as chairman of the Committee on Veterans' Affairs, I am enormously pleased to bring to my colleagues' attention not only a serious problem that threatens health care throughout this Nation, but my optimism that the Department of Veterans Affairs can serve as a pathfinder in seeking solutions to this problem.

On June 14, the Committee held a hearing to explore reasons for the imminent shortage of professional nurses in the United States, and how this shortage will affect health care for veterans served by Department of Veterans Affairs, VA, health care facilities. Quality of care issues have always been important to this committee and to me, and skilled nurses are indispensable to high quality health care. Representatives of nursing associations, unions, and VA testified about the conditions that have created this critical nurse shortage and what VA—the largest employer of nurses in the United States—can do to address them.

The problem can be stated simply: too few nurses are caring for too many patients in our Nation's hospitals. Fewer young people seek nursing careers every year, while the demand for skilled nursing care, especially long-term care, is climbing. Although we have faced health care staffing shortages before, experts warn that we are on the brink of a severe and long-lasting crisis. Unless we take steps to address this problem now, the demand for nurses will exceed the supply for many years to come.

Working conditions for nurses—never easy—have become even more challenging. Managed care principles lead hospitals to admit only the very sickest of patients with the most complex health care needs. As the pool of highly

trained nurses shrinks, many health care providers rely heavily upon mandatory overtime to meet staffing needs. Several registered nurses, including Sandra McMeans from my state of West Virginia, testified before the committee that unpredictable and dangerously long working hours lead to nurses' fatigue and frustration—and patient care suffers.

Astonishingly, VA has not been included in the other hearings on the nurse shortage that have taken place during this session of Congress. VA is the largest employer of nurses in the Nation, and its nurses are closer to retirement age than those in other health care systems. This makes the problem even more critical in VA health care facilities. However, VA enjoys a lower rate of nurse turnover, and a handful of VA nurses have managed to carve out innovative programs to improve nurse recruitment and retention. Several of these innovators testified at the hearing on June 14.

Programs initiated within VA to improve conditions for nurses and patients have focused on issues beyond staffing ratios and hours. A highly praised scholarship program that I spearheaded allows VA nurses to pursue degrees and training in return for their service, thus encouraging professional development and improving the quality of health care. Nursing administrators in an award-winning program at the Tampa VA Medical Center have looked for ways to include nurses in decisionmaking, and to keep up with technical innovations that can make the job safer and less physically demanding. In the Upper Midwest, the special skills of nurses and nurse practitioners are being recognized in clinics that provide supportive care close to the veterans who need it.

As nursing careers have dropped from favor for young women, the sort of training programs that provided so many with their first glimpses of patient care have fallen by the wayside. Much to my surprise, one of our witnesses testified that the "candy stripper" programs of the past no longer exist to serve as training grounds for future nurses. Through a "nurse cadet" program at the VA Medical Center in Salem, VA, VA is attempting to fill that void by providing leadership in testing community mentoring programs designed to spark the next generation's interest in nursing careers.

Clearly, more can be—and must be—done to address this problem. Although the nursing crisis has not yet reached its projected peak, the shortage is already endangering patient safety in the areas of critical and long-term care, where demands on nurses are greatest. We must encourage higher enrollment in nursing schools, improve the work environment, and offer nurses opportunities to develop as respected professionals, while taking steps to ensure safe staffing levels in the short-term.

We do not have the luxury of reflecting upon this problem at length; we must act now. Fortunately, we have as allies hardworking nurses who are dedicated to helping us find ways to improve working conditions and to recruit more young people to the field. I look forward to working with VA to provide a model for the Nation on how to accomplish these difficult tasks.

In closing, I ask unanimous consent that a Raleigh, North Carolina, News and Observer article that focuses on the innovative nursing programs, and the enthusiastic and committed nurses, at the Durham VA Medical Center be printed in the RECORD. It is just this sort of commitment which gives me confidence that VA can indeed assume a leadership role as we as a Nation confront the nurse shortage.

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

[From the Raleigh North Carolina News and Observer, May 6, 2001]

DURHAM VA NURSES SERVING THOSE WHO SERVED

The Durham Veterans Administration Medical Center provides care to Armed Forces veterans through three inpatient critical care units, three acute medical-surgical units, two extended-care rehabilitation units and one in-patient psychiatric unit, all of which coordinate care with a large out-patient service. "Nursing care is provided to veterans in a traditional nursing service structure by a staff of over 300 RNs," said Kae Huggins, RN, MSN, CNA, and director of nursing. "They are empowered to deliver patient-centered care within a shared-leadership environment."

Durham VA nurses said they are given the opportunity to provide quality patient centered care, which creates a culture that supports problem solving, risk-taking and participation in decision-making.

When asked to share their reasons for choosing to pursue their careers at the Durham VA Center, several registered nurses were eager to tell their story.

Irene Caldwell, RN, nursing instructor and Vietnam veteran Army nurse said, "There is no greater honor than to care for those who through their service allow us to enjoy all that we have in this nation. The VA Medical Center in Durham is part of the network that is 'keeping the promise.' Having over 30 years of employment as a registered nurse at the VA in Durham, I am proud to be one of the 'Promise Keepers.'"

Ken O'Leary, RN, staff nurse (USAF) in the Surgical Intensive Care Unit, said, "Being a vet, it is great to take care of fellow vets. Hearing their stories and sharing their memories of history in the making is so rewarding. It is nice to do for those who have done so much for the freedom we enjoy in this country."

Laura Smith, RN in psychiatry and critical care, said, "It is a real pleasure to serve those who gave us the freedom to live the way we do. The veterans are the most caring and appreciative group of patients I have ever known and are fiercely independent.

"Nursing here gives you pride in your country, and the DVAMC gives you support to stay in nursing. The nursing field is every-changing and the education staff at DVAMC works very hard to keep us up to date on all the latest items involving our ca-

reers. They also support innovations to make our jobs easier, such as lift equipment, computerized medication administration system and electronic charting."

Jackie Howell, RN, community health nurse, said, "Working at the Durham VA Medical Center not only affords us an opportunity to give back to those veterans who so bravely served our country, but it also affords us the opportunity to advance professionally. It is one of the few hospitals that truly values nurses and nursing. The philosophy of shared leadership has empowered the nursing staff to be decision makers and innovators, thus maintaining quality of care. Nursing at the Durham VA allows us to be all we want to be."

Reginald Horwitz, RN, Coronary Care Intensive Care Unit, had this to say: "As a Filipino-American given the chance to serve out veterans, it gives me a different outlook, in that I have the opportunity to give back to the very group of people who have given their all for the freedom in this country we now all enjoy and cherish. Moreover, the VA nurse is allowed to grow personally and professionally in an environment that takes the entire health care team into account in making decisions that best serve the interests of our veterans. It is an honor to be a VA nurse."

Linda Albers, RN, IV team, said enthusiastically, "Just today a patient said to me, 'I like coming here, YOU KEEP YOUR WORD.' How accurately he described the VA. As federal employees, we do keep the promise Congress made to veterans who are unfailingly grateful for the care we provide. The VA also kept its word to employees. We are involved in clinical-based research, which improves patient outcomes, impacts healthcare and is certainly healthy for our careers, as are the educational opportunities provided. Everyone at the VA is committed to keeping our promise to veteran patients, which enhances our culture of camaraderie and cooperation. In one sentence—The VA keeps its word—to veterans and employees."

Suchada Dewitya, nursing home RN, said emphatically, "These patients have risked their lives for our freedom. When they get sick, they should be treated with dignity and respect. We now have an increasing number of women veterans who come here for their care. We have a Veteran Women's Department that provides primary care. They all deserve quality, complete service. I am proud to deliver that."

Ester Lynch, RN, said: "I started here as a nursing student, new graduate, surgical floor nurse, and now I'm a nurse manager! There is no other place I'd rather be in nursing. It is so rewarding to serve veteran patients."

Virginia Brown, RN and retired from the Army Nurse Corps, said, "Some of the brightest, the best and the most professional nurses I've met were VA nurses. The patient population and their families become a special community throughout North Carolina and the nation. I especially like being a staff nurse with direct patient care. And only at the VA can a nurse choose to be a staff nurse and be supported financially for their contributions. I, too, am a veteran, and retired from the ANC through the U.S. Army Reserve."

Mary Kay Wooten, enterostomal therapy clinical nurse specialist, said "I have been a nurse at this VA Medical Center for my entire professional nursing career. I have stayed here for many reasons, but the overwhelming one is our patients. Our patients have given so much to our country and many times have received so little in return. I am

proud to be able to give them something in return. Professionally, I have had the opportunity to do everything that I have wanted. I have had a variety of roles and worked in a variety of settings in the acute-care setting. I have also received many educational opportunities. As our nurse recruiter, Joe Foley, says, "The VA is the best-kept secret around." Having worked here for 29 years, I can't imagine working any other place."

Wooten said VA nurses have state-of-the-art equipment available to them, and cited the Wound Vac as an example. The Wound Vac is a method of treatment for management of acute and chronic wounds that VA nurses have been using since 1995, shortly after its FDA approval. This advanced technology has allowed VA nurses to focus on other aspects of patients' care as it has decreased length of stay, improved wound healing and increased patient satisfaction, all at a cost savings.

KEY INFLUENCES ON YOUTH DRUG USE

Mr. GRASSLEY. Mr. President, I rise today to draw attention to key influences in youth drug use as reported in a national study, released by the Substance Abuse and Mental Health Services Administration, SAMHSA, entitled Risk and Preventive Factors for Adolescent Drug Use: Findings from the 1997 National Household Survey on Drug Abuse.

As summarized in the Spring 2001 edition of the magazine SAMHSA News, this study reported "[p]eer use and peer attitudes are two of the strongest predictors of marijuana use among all young people." For youth in the age range of 12-17, using marijuana in the past year was 39 times higher if close friends had used it versus if they had friends who had not used it. The odds for the same age group were 16 times higher if adolescents thought their friends would not be "very upset" if they used marijuana. While peer attitudes were more influential than parental attitudes, youth were still 9.6 times more likely to smoke marijuana if they viewed their parents "would not be very upset" versus "very upset."

Other risk factors for past-year marijuana use were the youth's own use of alcohol and tobacco, the parent's attitude about alcohol and tobacco, if youth could not talk to their parents about serious problems, if youth were not enrolled in school, if youth were receiving poor grades in school, or if they did not attend religious services once a week. Interestingly, the factors that most correlated with cigarette use were the same factors associated with alcohol, marijuana, and other illegal drugs. Finally, youth who had not received in-school drug/alcohol education were slightly more likely to have used marijuana in the past year than those who had not. The analysis results were uniform across race/ethnicity.

The average person, much less a teenager, does not wake up one day and decide to do a line of cocaine or take a