

HONORING ALVIN F. POUSSAINT,  
M.D.

**HON. BARBARA LEE**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 10, 2005*

Ms. LEE. Mr. Speaker, Mr. FRANK of Massachusetts, Mr. MCGOVERN, Mr. CAPUANO, Mr. DELAHUNT, and I rise today to honor the extraordinary achievements and contributions of Dr. Alvin F. Poussaint of Boston, Massachusetts. Dr. Poussaint has devoted his professional life to the eradication of racism in American society, and is one of the foremost experts in the world today on the topics of race relations, prejudice and diversity, and is also a world-renowned child psychologist.

Dr. Poussaint, who was born in East Harlem, New York, on May 15, 1934, completed his undergraduate studies at Columbia University before receiving his M.D. from Cornell in 1960. He went on to do postgraduate work at the UCLA Neuropsychiatric Institute, where he served as Chief Resident in Psychiatry in 1964–65.

Inspired by the burgeoning Civil Rights movement in the South, Dr. Poussaint chose to take a job as the Southern Field Director of the Medical Committee for Human Rights in Jackson, Mississippi, a position he held from 1965–67. In that role, he courageously worked to provide medical care to civil rights workers and fought for the desegregation of health facilities throughout the South.

Dr. Poussaint was influential in the founding of Operation PUSH (People United to Save Humanity) and served as the Chairman of its Board of Directors. Operation PUSH, which has since merged with the National Rainbow Coalition to form the Rainbow/PUSH Coalition, has been a significant force in the struggle for racial equality in America, registering hundreds of thousands of voters across the country, assisting in the election of hundreds of local, state and national leaders and lobbying for increased representation of minorities in many industries.

As one of the nation's preeminent psychiatrists and experts on race relations, Dr. Poussaint has authored the books *Why Blacks Kill Blacks* (1972), *Raising Black Children* (1992, with Dr. J.P. Comer) and *Lay My Burden Down* (2000, with Amy Alexander). His most recognizable work includes contributing articles to *Ebony* magazine, and acting as a consultant for several television projects, including *The Cosby Show*.

On Saturday, February 12, 2004, Dr. Poussaint will be honored in Boston, Massachusetts for his wide-ranging contributions to the fields of civil rights, mental health, social justice and the needs of children. I would like to take this opportunity to extend my own heartfelt thanks and congratulations to him for his many years of tireless work for the enrichment of our society. The dedication, intelligence and compassion he brings to his work have helped him to touch countless lives, and we salute him for his invaluable contributions. Dr. Poussaint's work has been a credit to our country and, indeed, the entire world.

**EXTENSIONS OF REMARKS**

SENSE OF THE CONGRESS RESOLUTION THAT THE UNITED STATES SHOULD NOT RATIFY THE LAW OF THE SEA TREATY

**HON. RON PAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 10, 2005*

Mr. PAUL. Mr. Speaker, I rise to introduce a Resolution expressing the Sense of the Congress that the United States should not ratify the Law of the Sea Treaty ("LOST").

The Law of the Sea Treaty was conceived in the early 1970s by the "New International Economic Order," a United Nations political movement designed to transfer wealth and technology from the industrial nations to communist and undeveloped nations. President Ronald Reagan recognized the threat this treaty would pose to America's sovereignty and economic interests and rightly rejected the Treaty in 1982.

Treaty proponents acted again in the 1990s, offering a separate "Agreement" that purported to amend the Treaty. This "corrected treaty" was also deemed unacceptable by the Senate Foreign Relations Committee in 1994. Now we are once again facing a terribly flawed treaty that will hand over more of our sovereignty to a corrupt United Nations—just at a time when the extent of the United Nations' corruption is becoming more evident through the oil for food scandal in Iraq.

What is specifically wrong with the Law of the Sea Treaty?

The Law of the Sea Treaty will deem the oceans of the Earth as the "Common Heritage of Mankind." The Treaty dictates that oceanic resources should be shared among all mankind. The effect of this will be U.N. control over the world's seabeds—a full 70 percent of the earth's surface.

The Law of the Sea Treaty will also create, for the first time in history, an international body with the authority to collect taxes from American citizens. It is truly a U.N. global tax. This will come about as a fee on private enterprise and nation states from seabed mining, offshore oil platforms, and other raw material recovery activities. These fees will first be paid by the governments of the signatory states, which will then have the burden of collecting the monies back from the private enterprises engaged in seabed mining activities.

This treaty will create a Law of the Sea Tribunal, which will claim—and already has claimed—jurisdiction over the onshore as well as within the territorial sea or economic zones of coastal nations. This U.N. Tribunal could very well rule in a manner contrary to U.S. military, counterterrorism, and commercial interests.

Mr. Speaker, the Law of the Sea Treaty is a perfect example of "taxation without representation" that our Founding Fathers rebelled against. We should under no circumstances surrender one bit of American sovereignty or treasure to the United Nations or any other global body. I hope my colleagues will join me by co-sponsoring this Sense of the Congress legislation and defeating this destructive treaty.

*February 10, 2005*

HONORING 30 YEARS OF  
DISTINGUISHED SERVICE

**HON. LINCOLN DAVIS**

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 10, 2005*

Mr. DAVIS of Tennessee. Mr. Speaker, after 30 years of dedicated and distinguished federal service, Betty Loy will be retiring from the Centers for Disease Control and Prevention. During that time she supported six CDC Directors and seven Deputy Directors.

Beginning her career in the Federal Government with the Atomic Energy Commission in Oak Ridge, Tennessee, Loy later came to CDC's Office of Director as a part-time employee. Following the resignation of Director Dr. Bill Foege (1977–1983), Loy was asked to work in the Director's office till a new Director was designated and staff were selected. Having enjoyed her part-time position in the Director's office Betty applied for the full-time position, and was subsequently selected.

In June 2002, after nearly two decades of service as the Special Assistant to the Director, Betty left to become a Management and Program Analyst working as the liaison with partner organizations and visitors.

It is safe to say Loy has been the voice and face of CDC to a who's who of public health leaders, Atlanta community leaders, Congressional dignitaries, distinguished visitors and even TV and movie stars. She is virtually a walking, talking history book of CDC.

Betty has said of her job, "I've been privileged to work for some of the best people ever." Well, Betty, the same could be said about you. Former CDC Director, James Mason, MPH, MD, said the feeling is mutual, "Betty Loy, rightfully referred to as 'CDC's Ultimate Ambassador' will leave a lonely gap at CDC. Her skills, competence, in-depth, knowledge, perspective and warm pleasant personality made her a valuable partner to me and a series of other CDC Directors and Deputies."

In retirement, Betty plans to travel, spend time with friends, family, her children and grandchildren, and work on family genealogy. We wish Betty all the best in her future endeavors and thank her for years of service to our Nation.

HONORING THE SERVICE OF TED  
STRICKLAND

**HON. MARK UDALL**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 10, 2005*

Mr. UDALL of Colorado. Mr. Speaker, I rise today to acknowledge and honor Mr. Ted Strickland, outgoing Commissioner for Adams County, Colorado.

In the last 5 years I have appreciated working with the Board of Adams County Commissioners, and I have found Commissioner Strickland to be a good source of wisdom and experience. I certainly wish him well on his retirement.

Commissioner Strickland was born and raised in Austin, Texas. After serving in the

military he came to Colorado. Ted began a successful career in the oil and gas industry, becoming Vice President of Petroleum Information.

Feeling drawn toward public service, Ted ran for election to the Colorado House of Representatives. He served 2 years in the House before being elected to the Colorado State Senate, where he served as Senate President and later as a candidate for Governor in 1986.

Ted's obvious passion for public service led him to run for Adams County Commissioner in 1996. Once on the Commission he continued his hard work for those he represented. He served on the E-470 Public Highway Authority Board, the Front Range Airport Authority Board, the Adams County Economic Development Board, the Adams County Water Quality Association, and on the Denver Regional Council of Governments. With such a wide scope of reach, Commissioner Strickland has left an important legacy in Colorado.

Mr. Speaker, I ask my colleagues to join me in honoring Mr. Ted Strickland and in wishing him well on his retirement from local government.

TRIBUTE TO LEGION POST  
COMMANDER, KEN WOLTERS

**HON. IKE SKELTON**

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 10, 2005*

Mr. SKELTON. Mr. Speaker, one doesn't have to look very far from home to find an excellent example of patriotism. Ken Wolters, of Jefferson City, Missouri, is the commander of American Legion Post 5. In late January, he left home for up to 18 months of active duty in Iraq with the Missouri National Guard's 1035th Maintenance Company.

Wolters has been a National Guardsman for 39 years and a Legion member for 34 years. A sergeant first class, Wolters is an automotive technician with the unit. He also has worked full-time as an armament inspector at the Missouri National Guard headquarters, and has been activated for state power outages and the Missouri River flood in 1993, but this is his first federal duty. The unknowns don't bother Wolters because years of training and a reliable unit give him confidence, he said.

As Ken Wolters begins his active duty in Iraq, he will continue to serve our country with great distinction. Mr. Speaker, I know the Members of the House will join me in thanking Ken for his dedicated service and in wishing him all the best in the days ahead.

THE SAFE NURSING AND PATIENT  
CARE ACT

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 10, 2005*

Mr. STARK. Mr. Speaker, I rise to introduce the Safe Nursing and Patient Act with Rep. STEVEN LATOURETTE (R-OH). Assuring quality medical care and addressing our nursing

shortage should not divide us on partisan lines. That's why I'm especially pleased to be working across the aisle with my friend from Ohio, Mr. LATOURETTE, in this important endeavor. Senator KENNEDY is introducing the companion legislation in the Senate.

There are some 500,000 trained nurses in this country who are not working in their profession. Of course, their reasons for leaving nursing are many. But nurses consistently cite their concerns about the quality of care they feel that are able to provide in many health care settings today. Nurses are also greatly concerned about being forced to work mandatory overtime.

Listen to these words of a nurse in the State of Washington:

I have been a nurse for six years and most of the time I have worked in the hospital environment. It is difficult to tell you how terrible it is to "work scared" all the time. A mistake that I might make could easily cost someone their life and ruin mine. Every night at work we routinely "face the clock." All of us do without lunch and breaks and work overtime, often without pay, to ensure continuity of care for our patients. Yet, we are constantly asked to do more. It has become the norm for us to have patient assignments two and a half times greater than the staffing guidelines established by the hospital itself. I cannot continue to participate in this unsafe and irresponsible practice. So I am leaving, not because I don't love being a nurse, but because hospitals are not safe places: not for patients and not for nurses.

While stories like this are telling, we also have a growing body of research to back up the anecdotes. Premier among these studies is a comprehensive report issued by the Institute of Medicine in November 2003 entitled, "Keeping Patients Safe, Transforming the Work Environment of Nurses." Highlighting their concern with regard to this issue, the IOM headline for their release of the report was, "Substantial Changes Required in Nurses' Work Environment to Protect Patients from Health Care Errors." Within the report, they concluded that "limiting the number of hours worked per day and consecutive days of work by nursing staff, as is done in other safety-sensitive industries, is a fundamental safety precaution." The report went on to specifically recommend that "working more than 12 hours in any 24-hour period and more than 60 hours in any 7-day period be prevented except in case of an emergency, such as a natural disaster."

Another study published in the July/August 2004 Health Affairs Journal, "The Working Hours of Hospital Staff Nurses and Patient Safety," found that nurses who worked shifts of twelve and a half hours or more were three times more likely to commit an error than nurses who worked eight and a half hours (a standard shift) or less. The study also found that working overtime increased the odds of making at least one error, regardless of how long the shift was originally scheduled. Finally, this article illustrates how nurses are being forced to work more and more overtime. The majority of nurses surveyed reported working overtime ten or more times in a twenty-eight day period and one-sixth reported working sixteen or more consecutive hours at least once during the period. Nurses reported being mandated to work overtime on 360 shifts and on

another 143 shifts they described being "coerced" into working voluntary overtime.

As these studies show, the widespread practice of requiring nurses to work extended shifts and forgo days off causes nurses to frequently provide care in a state of fatigue, contributing to medical errors and other consequences that compromise patient safety. In addition to endangering patients, studies also point to overtime issues as a prime contributing factor to our nation's nursing shortage. For example, a 2001 report by the General Accounting Office, Nursing Workforce: Emerging Nurse Shortages Due to Multiple Factors, concluded:

[T]he current high levels of job dissatisfaction among nurses may also play a crucial role in determining the extent of current and future nurse shortages. Efforts undertaken to improve the workplace environment may both reduce the likelihood of nurses leaving the field and encourage more young people to enter the nursing profession . . .

We have the voices of nurses and the research evidence to prove that the practice of requiring nurses to work beyond the point they believe is safe is jeopardizing the quality of care patients receive. It is also contributing to the growing nurse shortage. Current projections are that the nurse workforce in 2020 will have fallen 20 percent below the level necessary to meet demand.

We have existing federal government standards that limit the hours that pilots, flight attendants, truck drivers, railroad engineers and other professions can safely work before consumer safety is endangered. However, no similar limitation currently exists for our nation's nurses who are caring for us at often the most vulnerable times in our lives.

The Safe Nursing and Patient Care Act would change that. It would set strict, new federal limits on the ability of health facilities to require mandatory overtime from nurses. Nurses would be allowed to continue to volunteer for overtime if and when they feel they can continue to provide safe, quality care. But, forced mandatory overtime would only be allowed when an official state of emergency was declared by federal, state or local government. These limits would be part of Medicare's provider agreements. They would not apply to nursing homes since alternative staffing and quality measures are already moving forward for those facilities.

To assure compliance, the bill provides HHS with the authority to investigate complaints from nurses about violations. It also grants HHS the power to issue civil monetary penalties of up to \$10,000 for violations of the act and to increase those fines for patterns of violations.

Providers would be required to post notices explaining these new rights and to post nurse schedules in prominent workplace locations. Nurses would also obtain anti-discrimination protections against employers who continued to force work hours for nurses beyond what a nurse believes is safe for quality care. Providers found to have violated the law would be posted on Medicare's website.

Often the states are ahead of the federal government when it comes to pinpointing problems that need to be addressed. It is worth noting that many states are considering such laws to strictly limit the use of mandatory