

I do not want to return to a "new feudalism" in which the baron is replaced by out-of-state corporate investors, nor do I believe that the people of my state desire to do so, either. It is for that reason that I have opposed the concentration in agriculture at all levels, because it ultimately is fair to neither food producers nor food consumers.

And it is also the reason that I plan to vote for "Amendment E," an initiated measure that will appear on the November 3rd, 1998 South Dakota general election ballot. This measure corresponds very closely to a similar measure in Nebraska, which has been deemed constitutional by the United States Supreme Court, and has allowed Nebraska to maintain both market share and number of producers much better than its neighboring states, including South Dakota. I'm not telling any South Dakotan how to vote on this or any other issue, but I do want to add my voice to those who believe the move toward the corporatization of our family farming system has gone too far. We have far too much at stake to simply sit silently by while the best food producing system ever devised by humankind is allowed to die a slow and painful death.●

THE VA HEALTH CARE SYSTEM AND DR. KENNETH W. KIZER

● Mr. SESSIONS. Mr. President, I rise to make a few remarks concerning the VA health care system, a system that is currently undergoing dramatic changes and reorganization. I would note that these changes, in turn, to include managerial reforms, facility consolidations, and reallocation of resources, all initiated by the Under Secretary for Health, Dr. Kenneth W. Kizer M.D., M.P.H., are having a dramatic impact on when, where, and how VA is providing for our veterans, many of whom are in my home state of Alabama.

The private health care sector is likewise undergoing massive managerial and resource changes. We saw evidence earlier this week of the erosion in care for elderly Americans, for instance, when a number of HMO's decided not to participate any further in Medicare+Choice. Over at the VA, using managed care models, Dr. Kizer also shifted inpatient care to outpatient care and heightened the focus of primary care at the expense of specialty care and specialized services. So elderly veterans, and those in specialty care programs around the country, are under the same stresses as their civilian neighbors.

Dr. Kizer apparently likes decentralized decision making, and I cannot say that I necessarily disagree with that style. It can be very effective at times and in certain organizations. He has given local VA managers incentives and authority to design and run their own health care operations independent of VA's National Headquarters. In

many respects these reforms have been beneficial, even bold I am told, particularly at a time when the VA budget is under severe stress.

However, I expressed my personal concern to Dr. Kizer in a phone call earlier this week that there is one area where I believe decentralization and certainly the shifting of resources is having a very negative effect on one of the VA's core missions, and that is, the provision of specialized services for veterans with spinal cord injury and dysfunction.

Mr. President, the Congress mandated in P.L. 104-262 that the VA would maintain its capacity to provide specialized services, such as care given in VA's 23 Spinal Cord Injury (SCI) centers. Many have wondered, and rightly so I believe, that budget pressures, reorganization and decentralization of management have created the incentive for local managers to downgrade these expensive specialized programs, generally shifting resources and staff out of one area to make up for shortfalls in others areas. Costs are thereby reduced at the expense of the care for the veterans who need it the most.

Specialized programs, including blind rehabilitation, amputation care, specialized health programs, as well as spinal cord injury care, are core disciplines of the VA health care system. They, least of all, should be subject to re-engineering until all aspects of that care have been analyzed from a headquarters perspective. I don't think allowing numerous managers to make that kind of decision is in the national interest or in the interest of our veterans.

Former Senator Alan Simpson from Wyoming, then Chairman of the Senate Committee on Veterans' Affairs, presided over the passage of the legislation protecting specialized services. Addressing this particular provision, he said: "VA is required to maintain special programs (such as treatment of spinal cord dysfunction, blind rehabilitation, amputation and mental illness) at least at the current level. On a per capita basis, these services are expensive to provide and it is not the intent of the Committee to allow VA to reduce them in order to pay for other kinds of routine care."

Mr. President, I am afraid what Senator Simpson and the Congress feared could happen to specialized programs in general and spinal cord injury programs specifically under VA's current reorganization initiatives is, in fact, happening.

Nearly a month ago, I had a visit from Mr. Aubrey L. Crockett, the President of the Mid-South Chapter of Paralyzed Veterans of America. Aubrey represents the health care interests of 1830 spinal cord dysfunctional veterans in Alabama. As he sat confined to his wheel chair, he raised serious concerns that the VA was not maintaining the quality and quantity of its specialized health care services for the over 120,000 veterans nationwide with spinal cord dysfunction.

Last month, Gordon Mansfield, the National Executive Director of the Paralyzed Veterans of America addressed the same subject from a national perspective during hearings on the Hill. PVA's leadership has expressed its concerns to me as well. Over 75 percent of their membership, a larger percentage than any other veterans service organization, rely on the VA for all or part of their specialized health care needs. For these individuals with chronic and catastrophic disabilities, any erosion in the care they require can be life threatening. Aubrey indicated that something as simple as a pad for a wheel chair can make a big difference for a veteran.

I have come to believe that PVA's concerns need to be addressed. I further believe that any erosion in staffing, bed availability or the quality of care at our nations VA Spinal Cord Injury Centers cannot stand without a review of the underlying reasons, and that the VA must direct the resources to fix the problems in order to comply with the intent of Congress as mandated in the statutes.

In an era of tight budgets, local hospital administrators and managers don't see these programs, such as the Spinal Cord Injury programs, as being "National Programs." Ignoring the national mandates, local managers acting under Dr. Kizer's administrative decentralization guidelines have been left to do whatever they felt was warranted. We may disagree on the numbers of reported beds and staff in SCI centers, but even GAO has criticized the inaccuracy of VA data collection efforts. So, it should not be surprising that a number of Senators have questioned VA's procedures and policies as applied to managing its specialized programs. Paralyzed veterans, I think, are the only true judges of the state of the health care they receive. They are the reason the VA health care system exists. If paralyzed veterans have a concern then the Congress must listen, and more importantly, if warranted we must act on their behalf.

On September 29, 1998, I wrote to my colleague from Pennsylvania Veterans Committee Chairman ARLEN SPECTER expressing my concerns in this matter. I indicated that "I will consider placing a hold on the re-nomination" of Dr. Kenneth Kizer, "until my concern regarding the maintenance of specialized services within the Veterans Health Administration is adequately addressed."

Mr. President, I want to commend Senator SPECTER, and the Committee for its support in this matter. The Committee met every request I had in a timely fashion. Moreover, it helped coordinate a solution acceptable to all parties. America's veterans owe Senator SPECTER a debt of gratitude for his hard work on their behalf.

The solution I had in mind when I wrote to Dr. Kizer was to bring the reins of control for SCI programs back to the National Headquarters level and

in the process elevate the controls over policy and resources and restore a greater degree of national guidance and oversight. In doing so, I hoped we would be guaranteeing for some time to come that these changes would meet the needs of our paralyzed veterans and conform to the mandated statutes.

Mr. President, I am pleased to report that Dr. Kizer has responded to my concerns with a suggested list of administrative and policy changes that would bring additional control over the spinal cord injury program.

I request that my letter to Dr. Kizer dated October 5, 1998, and his letter of policy recommendations dated October 8, 1998 be printed in the RECORD immediately following this statement.

I believe I have Dr. Kizer's commitment to a series of positive improvements to our specialized programs. I look forward to seeing the fruits of his labor and those of the departments he supervises. Similarly, and with the help of the Senate Committee on Veterans' Affairs, I intend to keep a close watch on these policy changes and the Spinal Cord Injury Program in particular. I have no intention of letting Aubrey or the other 1830 Spinal Cord dysfunctional veterans in Alabama down. This body needs to make certain that the VA is maintaining its capacity to provide specialized health care services and that it is doing as much as it can to care for all our 26 million veterans—all the time. That has always been the intent of Congress and I am certain it always will be.

The letters follow:

UNITED STATES SENATE,
Washington, DC, October 5, 1998.

Dr. KENNETH W. KIZER, M.D.,
Special Assistant to the Secretary, Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC.

DEAR DR. KIZER: I am glad we had a brief chance to speak this afternoon. As I told you, I am ready to remove my hold on your re-nomination for the position of Under Secretary for Health once you clarify for me in writing what action(s) you and the Department intend to take to comply with the statutory mandates for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, blindness, amputation and mental illness) identified in section 1706, Title 38 U.S.C. and staffing requirements in section 7306 (f), Title 38 U.S.C.

VA's massive reorganization efforts coupled with chronic budget pressures have placed great stress on management and patients alike. While many of my colleagues have complimented you on your management initiatives, Alabama's paralyzed veterans are concerned that in the VA's haste to re-engineer itself, managers are shifting vital resources and staff out of specialized programs. I think we would both agree that SCI, blind rehabilitation, amputation care, and special mental health programs are the core of the VA health care system. Alabama veterans over and over again have told me that this type of care cannot be matched anywhere outside VA. Hence, you can well understand why I am interceding on their behalf.

In order for me to release my hold on your re-nomination, I would appreciate your response as soon as possible. In addition to my overall compliance concerns, I would appreciate

it if you would specifically address the establishment of a centralized operational authority for the SCI program; the resources and authority necessary to run that program office to include such oversight as treatment guidelines, staffing and bed modeling; relationship to local and regional managers, and compliance reporting procedures or other actions the Department deems necessary to comply with this management structure.

Sincerely,

JEFF SESSIONS,
U.S. Senator.

DEPARTMENT OF VETERANS AFFAIRS,
Washington, DC, October 8, 1998.

Hon. JEFF SESSIONS,
U.S. Senate,
Washington, DC.

DEAR SENATOR SESSIONS: I wanted to follow-up with you in writing to underscore my commitment to maintaining capacity, improving access, and enhancing coordination of care to meet the specialized needs of our most vulnerable veterans. I believe that we do not differ in our views that maintaining the Veterans Health Administration's (VHA) specialized programs is of paramount importance.

As I have said on several occasions, I believe VHA's programs and services for certain special disability groups are the heart of the Department of Veterans Affairs' (VA) health care program. These special VA programs include those for veterans with spinal cord injury, blindness, traumatic brain injury, amputations, serious mental illness and post traumatic stress disorder. It would be unthinkable for VHA to retreat from its commitment to the specialized needs of veterans who rely on VA for these services. Further, it is my intent to take advantage of opportunities to improve and provide better services, as science and new technologies advance.

I share your interest in ensuring that VA is in compliance with current laws related to specialized programs. It is my understanding that the Department currently is in compliance with the law, as outlined below. Additionally, I intend to implement additional measures should I be confirmed for a new 4-year term.

As required by legislation, the Department has submitted two reports to Congress on maintaining our capacity for these specialized programs—one in May 1997 and one in June 1998. Our reports to Congress document compliance with 38 U.S.C. §1706, which requires the maintenance of capacity for specialized services. Nationally, the number of veterans treated in the six programs was maintained or increased for all categories but amputation, which declined by 2%. (Of note, this latter statistic is, in fact, a positive finding since it reflects the greater emphasis that has been placed on preserving limbs, and better management of veterans at risk for amputation, which has resulted in fewer amputations per year.) Still, we recognize that VA's data gathering and validation can be improved and that the multiple data sources and different ways of interpreting data have given rise to several issues and concerns related to reporting capacity. In early December 1998, VA will convene a national data summit to review and find solutions to address these issues, and we are inviting to participate in this conference a wide array of stakeholders (e.g., veterans service organizations, Congress, and the Inspector General) who review our data to assess quality and system improvements.

I understand that you also are concerned about compliance with 38 U.S.C. §7306, which addresses the expertise of VHA Headquarters staff in specialized services. VHA Headquarters staff includes highly qualified rep-

resentation in all specialized programs: Chief Consultant, Mental Health Strategic Healthcare Group; Chief Consultant, Prosthetics and Sensory Aids Strategic Healthcare Group; Clinical Program Manager, Spinal Cord Injury and Disorders Strategic Healthcare Group; and Director, Blind Rehabilitation Service. These individuals have substantive expertise and policy guidance and provide critical oversight of these specialized programs. In response to a wholly separate inquiry from that raised by your concerns, I have been advised that the VA's General Counsel confirmed VHA's compliance with 38 U.S.C. §7306 in an August 14, 1998, memorandum.

Effective management of our specialized programs is a VHA-wide responsibility. VHA has a management structure that physically places personnel in a decentralized manner, as appropriate. In our experience, we have found that we often get better program leadership when individuals remain clinically active. In the case of the Chief Consultant, Spinal Cord Injury and Disorders, Dr. Margaret Hammond, a national SCI expert, serves in this capacity from the Seattle VA Medical Center. Dr. Hammond's efforts have been widely praised, including by many members of the Paralyzed Veterans of America.

While VA is in compliance with current law, I believe that some additional measures could be taken to reinforce our ongoing commitment to SCI programs. Accordingly, I intend to take the following steps to strengthen Headquarters' role in these matters, should I be reconfirmed for a full term as Under Secretary for Health.

First, decision-making authority for any SCI-related mission changes, construction, staffing, or bed level proposals will be centralized to Headquarters. In the future, before a VISN will be allowed to make changes, it must have the approval of the Under Secretary for Health, following consultation with the Chief Consultant, SCI/D and Chief Officer, Patient Care Services. A directive to all network offices and facilities will be issued to effect this.

Second, national guidelines will be developed so that patient referral procedures are uniform across the VA healthcare system and to ensure that complex specialty care is provided at the appropriate site. Additionally, SCI health care Circular M2, Part 24 will be revised and updated. Dr. Margaret Hammond, Chief Consultant, SCI/D, will lead these efforts, which will involve the full range of stakeholders in the process.

Third, some weeks ago I directed VHA's Chief Officer, Patient Care Services to contract with an outside consultant to look at capacity and quality of VA care for veterans with spinal cord dysfunction. Until this study has been undertaken, reviewed, and evaluated, the expired directive related to nurse staffing levels for SCI units will be re-issued. Additionally, to improve oversight and management, the SCI/D Strategic Healthcare Group staff will be increased. The Chief Network Officer will also be asked to identify a single individual among his Headquarters staff to coordinate local SCI issues with the Chief Consultant SCI/D and the Under Secretary for Health.

Finally, SCI operating beds will be removed from the performance measure for bed occupancy that is contained in network directors' performance contracts, or the measure will be dropped altogether. The following performance indicators related to SCI/D are already in place for fiscal year 1999, and the network directors' accountability for these will be closely scrutinized: admission within 24 hours for acute care; an appointment with a specialist in 7 days; and transfer of semi-emergent care to an SCI unit within two weeks.

In summary, I believe VA services for SCI are already second to none, but we continue to seek opportunities to improve. Currently, VA cares for veterans with spinal cord dysfunction in 23 SCI centers, 29 SCI support clinics, and 120 primary care teams at non-SCI center facilities. With respect to capacity, from fiscal year (FY) 1996 to FY 1997, VA treated 4% more SCI patients and applied 3% more dollars to SCI care, although the number of beds and staff were decreased. A notable improvement in timeliness from FY 1996 to FY 1997 also was achieved for SCI patients. For acute care, meeting the "timeliness for admission" standard (one day) improved from 41% to 91%, and for routine care meeting the "timeliness of appointments" standard improved from 87% to 100%. It is my intent that the new program enhancements will build upon these measures, resulting in improved clinical outcomes and enhanced quality of care.

Again, thank you for sharing your commitment to VA's services for special veteran populations—a commitment with which I fully concur. Please do not hesitate to contact me if you wish to meet or further discuss these matters.

Sincerely,

KENNETH W. KIZER.

A PLAN TO EDUCATE OUR CHILDREN

• Mr. KERRY. Mr. President, countless hours will be spent in this country, and even on this Senate floor, debating the issues that today fill the front pages of our newspapers. Some of the talk titillates, some of it disgusts—and Mr. President, it's clear that some of it requires the very serious attention of this Senate.

But the tribulations of public life in America today do not provide us sufficient excuses for inaction when it comes to addressing the crises in this country that don't make the front pages, but should. And there can be no excuses for any of us—or for anyone in this country—for our failure to do something to help the 50 million children in our public schools today—children whose reading scores show that of 2.6 million graduating high school students, one-third are below basic reading level, one-third are at basic, only one-third are proficient and only 100,000 are at a world class reading level; children who edge out only South Africa and Cyprus on international tests in science and math, with 29 percent of all college freshmen requiring remedial classes in basic skills.

Mr. President, we know that public education is in trouble—so much trouble that some argue it could implode from the weight and pressure of bloated bureaucracy, stagnant administration and inadequate classroom resources.

These statistics speak not just of a crisis—they speak of our collective failure to come together and do what it takes to give every child in this country a real chance at success. We are stuck both nationally and locally—unable or unwilling to answer the challenge, trapped in a debate that is little more than an echo of old and irrelevant positions with promising solutions sty-

mied by ideology and interest groups—both on the right and on the left.

Nowhere more than in the venerable United States Senate, where we pride ourselves on our ability to work together across partisan lines, we have been stuck in a place where Democrats and Republicans seem to talk past each other. Democrats are perceived to be always ready to throw money at the problem but never for sufficient accountability or creativity; Republicans are perceived as always ready to give a voucher to go somewhere else but rarely supportive of investing sufficient resources to make the public schools work. It's the reason why we spent weeks debating a bill this past spring—the major elementary and secondary education legislation of this 105th Congress—that would put \$7 into the pocket of the average public school student in this country—and we called that reform.

No wonder parents are losing faith in our ability to reform public education. No wonder they're looking elsewhere: in too many of our debates, whichever side wins, on whichever bill, our children continue to be the losers. We all need to change that outcome and I respectfully suggest there is a different road we can meet on to make it happen.

That is why I will be introducing in the next Senate the kind of comprehensive education reform legislation that I believe will provide us a chance to come together not as Democrats and Republicans, but as the true friends of parents, children, teachers, and principals—to come together as citizens—and help our schools reclaim the promise of public education in this country. We need to ask one question: "What provides our children with the best education?" And whether the answer is conservative, liberal, or simply practical, we need to commit ourselves to that course.

As we being to chart that new course, I would remind this body of a conviction shared by all of us: no one in America wants the federal government trespassing on a cherished local prerogative. But the federal government can and should leverage resources to schools everywhere; it can help teachers, parents, administrators, and community leaders take up the work they all agree is so badly needed. To say that there is no federal role in education is to call upon the federal government to abandon 50 million children.

I believe this Senate will reject that notion and accept instead legislation to help every school make a new start on their own, an invitation to all parties in the name of saving public education in America. My bill will be built on challenge grants for schools to pursue comprehensive reform and adopt the proven best practices of any other school funds to help every school become an accountable charter school within the public school system; the incentives to make choice and com-

petition a hallmark of our school systems; and the resources to help schools fix their crumbling infrastructure, get serious about crime, end social promotion, restore a sense of community to our schools, and send children to school ready to learn.

My legislation will begin the Voluntary State Reform Incentive Grants so school districts that choose to finance and implement comprehensive reform based on proven high-performance models can bring forth change. We will target investments at school districts below the national or state median and leverage local dollars through matching grants. This component of the legislation will aim to make every public school in this country essentially a charter school within the public school system—giving them the chance to quickly and easily put in place the best of what works in any other school—private, parochial or public—with decentralized control, site-based management, parental engagement, and high levels of volunteerism—while at the same time meeting high standards of student achievement and public accountability. I believe public schools need to have the chance to make changes not tomorrow, not five years from now, not after another study—but now—today.

And my legislation will help us restore accountability to public education by injecting choice and competition into a public school system badly in need of both. We are not a country that believes in monopolies. We are a country that believes diversity raises quality. We wouldn't accept one source, one company, one choice of food, or clothing or cable television. It is time we end a system that restricts each child to an administrator's choice and not a parent's choice where possible. It is time we adopt a competitive system of public school choice with grants awarded to schools that meet parents' test of quality and assistance to schools that must catch up rapidly. That is why I'll be proposing that we create an incentive for schools all across the nation to adopt public school choice to the extent logistically feasible.

So if schools will embrace this new framework—every school a charter school in the public school system, choice, competition, and accountability—what then are the key ingredients of their excellence?

My legislation will allow our schools to strip away the bureaucracy that stifles creativity and remember that what counts in any public school is how our students fare academically. You don't identify a good school by the number of administrators you hire. In fact, we impose so many rules and regulations on our schools "from above" that we forget teaching happens "on the ground"—in a school building, in a classroom. But you won't find accountability there because it's been fractured and scattered in hundreds of different offices and titles. We need to restore leadership and accountability and