

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 careers. 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 hit of heroin. There is a general progression of both actions and attitudes. The so-called “softer” drugs of cigarettes, alcohol, marijuana, and other club or synthetic drugs are actually “gateways” that precede the use of cocaine and heroin. According to a 14-year veteran of drug treatment in New York City, the average age of new users she sees has dropped from 17 or 18 years to now 13. Quoting her from a recent newspaper article, “[w]e’ve seen the age of first use drop dramatically”. . . “[k]ids are going from doing marijuana to drugs like ecstasy and rohypnol in months.” A Spartanburg County South Carolina sheriff, also quoted in a recent newspaper article, reminds us “[t]hat the first responsibility of parenthood is to protect the child.” Backing up the SAMSHA observations on peers and peer attitudes, he concluded “parents need to pay close attention to the way their children act and who they’re hanging around with.”

It may be difficult to raise teenagers or keep your children off all illegal substances, but there are some easy first steps and warning signs to heed. According to the National Institute on

Drug Abuse, NIDA, handbook “Preventing Drug Abuse Among Children and Adolescents,” the best “protective factors” include “strong bonds with parents, experience of parental monitoring with clear rules of conduct within the family unit, involvement of parents in the lives of their children, success in school performance, strong bonds with prosocial institutions such as family, school, and religious organizations, and adoption of conventional norms about drug use.” With respect to family relationships, NIDA research shows that “parents need to take a more active role in their children’s lives, including talking to them about drugs, monitoring their activities, getting to know their friends, and understanding their problems and concerns.”

These are simple, positive actions that all of us, as friends, peers, coworkers, concerned adults, or parents can start today.

#### COMMEMORATION OF WORLD REFUGEE DAY

Mr. GRAHAM. Mr. President, today I commemorate World Refugee Day, a day designated for our country to celebrate the multiple contributions that immigrants have made to make America a richer, more perfect union.

It is tragic that while immigrants continue to make the fabric of our Nation stronger, many immigrants continue to be barred from vital safety net services including access to health care.

For the past several years there has been heated discussion regarding the number of uninsured in America.

There are uninsured children in every State, county and community in America. States have sought to address this issue through programs such as Medicaid and the Child Health Insurance Program (CHIP). Through these Federal-State programs, States have been able to insure millions of eligible children.

There has been recent success in providing coverage for those families and children who have gone without health insurance. We were pleased by the new census date on the number of uninsured in America. The data shows that the number of Americans without health insurance fell from 44.3 million to 42.6 million in 1999. This is the first decline since 1987. And this is good news.

In the last Presidential campaign, Vice President Gore and then-Governor Bush focused on the critical importance of insuring our nation’s children and families. Today Congress is struggling with how best to cover the nations uninsured. The national press is writing article after article regarding outreach and enrollment of children in to the Medicaid and Children’s Health Insurance Program. These are laudable discussions, but there is a critical element that was missing in Presidential rhetoric, congressional deliberations and the media’s stories. This “missing

piece” is the regrettable fact that the current federal policy, denies public health insurance to legal immigrant children and pregnant women.

While we are seeing declines in the overall level of uninsured in America, the fact is that the proportion of immigrant children who are uninsured remains extremely high. A report by the Center on Budget and Policy Priorities, shows that in the last year, nearly half of low-income immigrant children in America had no health insurance coverage.

Additionally, the percentage of low-income immigrant children in publicly-funded coverage—which was low even before enactment of the 1996 welfare reform law—has fallen substantially. Providing Medicaid and CHIP to legal immigrant children is critical in order to guarantee a healthy generation of children in America.

We all know that if we are lucky enough to have health insurance, regular health care services, particularly preventive care, is critical for maintaining good health. Children who need these services should receive them, regardless of how long they have lived in this country.

Pregnant women, regardless of their immigration status, want to make sure that their unborn children are growing and healthy. A child who is sick just wants to feel better. She does not understand that laws or her immigration status could prevent her from seeing a doctor.

Legal immigrant children, regardless of their date of entry, should have the opportunity to be treated and cared for by a doctor. Access to early medical attention can often mean the difference between curing a minor illness and dealing with a serious, potentially life threatening, medical emergency. No parent in America should have to stand by and watch their child suffer unnecessarily through an illness.

Five years is too long to wait.

Moreover, all children should be able to see a pediatrician when they are well—to prevent problems before they start. For example, immunizations in the first few years of life are critical to keep children protected from terrible diseases and to protect those around them. And for pregnant women, prenatal care helps to ensure that their newborns will be born healthy, without the worries and costs that come with a sick or premature baby.

Giving States the option to provide health insurance coverage to newly arrived legal immigrant children would help states in their efforts to enroll more low income children. States could simplify their child application and enrollment procedures by dispensing with complex immigrant eligibility determinations. In addition, outreach messages could be simplified, making it easier for community groups such as schools and churches to help enroll legal immigrant children.

I believe that providing Medicaid and CHIP to legal immigrant children is