

year, I cosponsored an amendment with Senators LAUTENBERG and STABENOW that prohibits increasing retail pharmacy copays for TRICARE beneficiaries through fiscal year 2007. The President's budget submission proposed raising generic and brand name copays from \$3 and \$9 to \$5 and \$15, respectively. That type of increase is simply not an acceptable solution. Our amendment ensures that we keep prescriptions affordable for those individuals who selflessly serve in our Nation's military.

Finally, I cosponsored an amendment introduced by Senator CANTWELL that will help elucidate the link between troop exposure to depleted uranium during combat and gulf war syndrome. This amendment requires a joint comprehensive study of troop depleted uranium exposure by the Defense Department, Veterans Affairs, and Health and Human Services. We need to better understand the relationship between depleted uranium exposure and adverse health effects, and I believe this amendment will help us achieve this goal.

I thank both Senators LEVIN and WARNER for incorporating these amendments and funding priorities into the Defense authorization bill for 2007. I encourage the conferees in both the House and Senate to keep these provisions in the final version of the legislation.

IMPROVING HOSPITAL CARE

Mr. KENNEDY. Mr. President, I have said it before and I will say it again—the quality of health care in America is in critical condition. Forty-six million Americans lack health insurance. That is over 10 percent of the people in this country.

It is time to focus on revising our health care system to meet the needs of patients by extending coverage and raising the standard of care. Incremental steps can make a difference. A recent op-ed article in the Boston Globe by Cleve Killingsworth, president and CEO of Blue Cross Blue Shield of Massachusetts, highlights an informative nationwide study by the Institute for Healthcare Improvement of Cambridge, MA, in which 3,000 acute-care hospitals across the country were asked to follow specific practical guidelines proven to save patients' lives. The study, conducted over 18 months, showed that over 122,000 lives had been saved when hospitals implemented just a series of basic safety precautions to improve patient care.

Blue Cross Blue Shield has worked effectively to improve health care in Massachusetts, and I commend Mr. Killingsworth for his impressive leadership and for bringing this important study to our attention.

I believe that my colleagues will be especially interested in these practical steps to improve the quality of hospital care and their life-saving potential, and I ask unanimous consent that Mr.

Killingsworth's important article be printed in the RECORD.

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

[From the Boston Globe, June 21, 2006]

LEADING THE WAY ON HEALTHCARE

(By Cleve L. Killingsworth)

Improving the quality healthcare saves lives. That's the lesson behind last week's announcement by the Institute for Healthcare Improvement that more than 120,000 such lives were saved nationally because hospitals followed proven interventions that deliver safer and more effective care.

All 72 Massachusetts acute care hospitals participated in this campaign. Their success together with the state's landmark healthcare reform law that will focus on many of the best practices used by the institute through the Massachusetts Health Care Quality and Cost Council puts the state in a unique position to lead the country in delivering top-quality health services.

Don Berwick, president of the Cambridge-based institute, explained that, over the past 18 months, a national effort by 3,000 hospitals across the country prevented the unnecessary deaths of more than 122,300 patients.

The effort supports interventions that make a real difference for patients. In many cases, that just means getting hospitals and front-line health workers to agree to follow practices that have been shown to eliminate error and save lives.

Some policies and procedures that the institute and the participating hospitals have put in place are relatively simple. For example, they are committed to giving patients who are at risk for heart attacks aspirin and beta-blockers. They are making sure that patients on ventilators have their heads raised between 30 to 45 degrees at all times to prevent them from developing pneumonia. They are implementing rapid-response teams at the first sign that a patient's condition is worsening. And they are making sure that doctors and nurses working with patients who are receiving medicines and fluids from central lines clean the patients' skin with a certain type of antiseptic.

While these procedures are not revolutionary in concept, they require significant collaborative effort and commitment. Taken together, these everyday actions can represent a sea change in patient outcomes for hospitals. Because of the size, diversity, and complexity of the healthcare system with all its insurers, providers, caregivers, and facilities it is difficult to disseminate best practices that improve patient health. And yet the success that the institute has fostered shows that it can be done.

It is fitting that every acute-care facility in the state is participating in this process. Massachusetts has already shown it can lead the nation in achieving better healthcare. Passing the legislation that made universal access to healthcare the standard wasn't easy. It took bringing together political leaders from all sides, business leaders, consumer and patient groups, insurers, hospitals, doctors, and nurses.

And there is more that can and must be done. The state Health Care Quality and Cost Council, established by the landmark legislation, can further improve the delivery of medical care and do so in a way that restrains the growth in spending. The success of the institute's effort shows what can be accomplished when all insurers and hospitals collaboratively choose concrete goals that improve the safety and effectiveness of care.

Massachusetts has the best healthcare system in the country but it can get better.

Given the high caliber of the hospitals and medical schools, the commitment of doctors and nurses, and the pioneering spirit of organizations such as the institute and others that are willing to point out where the system is failing and fix it, Massachusetts is in a unique position to fundamentally transform it.

The institute has shown that improving the system will save lives. And so with the wind of reform at our backs, universal health coverage within reach, and progress not only possible but demonstrable, now is the time to commit to making Massachusetts the standard bearer for quality healthcare for all.

RURAL VETERANS CARE ACT

Mr. SALAZAR. Mr. President, I rise today to discuss a critical issue facing thousands of Americans. Many of my colleagues have heard me talk about the importance of rural America. As I have said before, in many ways, the very fabric of rural America is fraying, thread by thread. The America where I grew up—the America of farmers, ranchers, small business owners, and generations of close-knit families—is slowly slipping away. And the Federal Government is simply not doing enough to reverse this troubling trend. This America—rural America—has sadly become the “Forgotten America.”

As we approach the Fourth of July recess, I want to talk about the challenges facing a community within the Forgotten America: rural veterans. In rural communities across the country, men and women have devoted themselves to the cause of freedom without hesitation and in numbers greatly beyond their proportion to the U.S. population. Yet we consistently overlook the unique challenges these men and women face after they return home to their families and friends in the heartland of America. When it comes to the VA health care system, we fail our Nation's rural veterans by not doing more to ensure they can access the high-quality health care they have earned. We owe them much better.

Over and over, I hear from veterans in my State about obstacles to care. I recently met with a veteran from northeast Colorado who told me he had to travel 500 miles roundtrip just to get a simple blood test at a VA hospital. I think most of my colleagues would agree with me that this is ludicrous.

I wish I could say this represents an isolated incident. Unfortunately, it does not. Because of gaps in the network of VA hospitals and clinics, and because the VA health care system is not equipped to fill these gaps, we hear stories like this all the time.

Every day, veterans from rural communities throughout the country are forced to put off crucial treatment because they live too far from VA facilities and can't get the care they need. As a result, rural veterans die younger and suffer from more debilitating illnesses—all because our system is not equipped to address their needs and provide care accordingly. A 2004 study

of over 750,000 veterans conducted by Dr. Jonathan Perlin, the Under Secretary for Health at the VA, consistently found that veterans living in rural areas are in poorer health than their urban counterparts. Still, despite the fact that 23 percent of the Nation's veterans live in rural areas, the VA does not have a high-level office responsible for coordinating care to this vital constituency.

This is simply unacceptable. We need policies that address the plight of our rural veterans, and we need them now.

With that objective in mind, Senator THUNE and I recently introduced legislation that would significantly enhance our approach to rural veterans' health care. Thanks to the support of the 12 cosponsors of this legislation and to the bipartisan efforts of my colleagues on the Veterans' Affairs Committee who worked to ensure its fair, insightful, and constructive review, we were able to include many of this legislation's provisions as part of S. 2694, a broader legislative package that passed out of committee last week.

In keeping with the objectives of our original Rural Veterans Care Act, this legislation would create an Office of Rural Health within the Veterans Health Administration. The new office would be responsible for taking a number of steps aimed at improving the way we provide care to rural veterans. Specifically, the Office of Rural Health would be charged with conducting, promoting, and disseminating research into issues affecting rural veterans, and developing and refining policies and programs to improve care and services for rural veterans. Because nearly one in every four veterans is from a rural area, the creation of this Office of Rural Health is crucial if we are to live up to our promise to provide all of our Nation's veterans with high-quality services.

Through specifically designated officials in each of the country's 23 Veterans Integrated Service Networks, this office will have a real and effective presence in rural veterans communities. These individuals will serve as regional officers responsible for consulting on and coordinating research and policies in their respective service networks. Their insight into how to provide rural veterans in their areas with the best health care possible will be incredibly useful and will help expand the reach of the new office outside the beltway, and to all corners of the country.

The Office of Rural Health will also be required to conduct a study on the feasibility of expanding the use of fee-basis care, whereby the VA contracts its services out on a limited basis to third party providers. I continue to believe we should carefully explore every available option when it comes to improving access to care for veterans living in rural areas, and I am happy that this legislation will provide a way to do just that.

With almost one-quarter of our Nation's veterans living in rural commu-

nities, and with the obstacles they face with respect to accessing high-quality care so pronounced, it is obvious we need to do better. I am pleased that the Veterans' Affairs Committee has taken an important first step toward that goal, and I am committed to working with my colleagues in the Senate, with the VA, and with veterans across the country to build on this momentum. This legislation may not be the whole answer, but it is a start, and the dialogue we have helped to start on this critical issue is long overdue.

I want to thank Senators THUNE, AKAKA, BURR, MURRAY, BAUCUS, BURNS, CONRAD, DORGAN, PRYOR, LINCOLN, MURKOWSKI, THOMAS, and ENZI for cosponsoring the Rural Veterans' Care Act. I also want to thank Chairman CRAIG and his staff for working with me and the rest of the bill's sponsors to include a provision creating a new Office of Rural Health as part of S. 2694.

I know that each and every one of my colleagues deals with veterans issues and feels a deep sense of gratitude toward the brave men and women who have fought for our freedom. I hope we can join together in support of our rural veterans. We owe it to them to make sure our actions match our rhetoric when it comes to expressing our gratitude and fulfilling the promises we have made. Toward that end, I look forward to seeing this legislation passed by Congress and sent to the President for his signature.

ADDITIONAL STATEMENTS

125TH ANNIVERSARY OF THE FOUNDING OF WENTWORTH, SOUTH DAKOTA

• Mr. JOHNSON. Mr. President, today I wish to pay tribute to the 125th anniversary of the founding of the city of Wentworth, SD.

The first settlers came to Wentworth by horse or oxen-drawn wagons, and were mainly from Milwaukee, eastern Atlantic States, Minnesota, and Iowa. The land had few trees, and most of the settlers built and lived in sod houses. On December 15, 1880, the land was surveyed and platted for owner Rinaldo Wentworth and the town was later named for his father, George Wentworth.

In 1880 the first business—a grocery store—opened its door in Wentworth. In 1881, the first train came into Wentworth, in 1904 the first telephone line was installed, and in 1917 electric street lights were turned on. There were several hotels that operated in early Wentworth as well, including the Commercial Hotel, which is now on display at nearby Prairie Village.

Wentworth will be commemorating its anniversary with a celebration from June 30 through July 4. The town plans to hold golf tournaments, parades, softball tournaments, car shows, and fireworks. The 5-day event promises to be a great opportunity to celebrate such a historic milestone.

Even 125 years after its founding, Wentworth continues to be a vibrant and progressive community. I am proud to honor the accomplishments of the people of Wentworth, and congratulate them on this impressive achievement.●

TRIBUTE TO WILLIAM CHRISTOPHER VILLAR

• Mr. MARTINEZ. Mr. President, today I wish to share with you the story of a remarkable young man from Milton, FL. William Christopher Villar, by all surface accounts, was your typical 22-year-old. He was attending community college with the hopes of one day obtaining a degree in business. He was working at a job that he loved, and he had recently gotten engaged to his long time sweetheart, Heather Dieterich. His life was unfolding the way we hope that all of our children's lives will eventually unfold.

Certainly, it was not these things or even the fact that, as a young man, he was actively involved with his church that made him atypical. And it was not the fact that he was a star on the basketball court—making the All-Conference and All-State teams his senior year at Central High School in Santa Rosa County—a high school he entered after being home schooled for a number of years. Quite simply, it was his selflessness and his unyielding love for his family that set him apart.

Chris was the oldest of three boys. As such, he was fiercely protective of his younger brothers. There is a story the family tells about an accident that happened 12 years ago that illustrates this best: Chris and Jacob, his youngest brother, were riding in the back seat of their father's car when the driver of a large recreational vehicle, coming over the peak of the I-10 bridge between Santa Rosa and Escambia counties, failed to slow down for a disabled vehicle. The significantly larger vehicle collided with Villar's car with devastating force. Chris, in an instinctive moment and without thinking of his own safety, grabbed his 2-year-old brother Jacob—perched high in his car seat—and threw his own 10-year-old body over him to save him. That should tell you volumes about the kind of person Chris Villar was.

By and large, the people who knew Chris all said the same things about him: He was a "good boy" and he had been "raised right." That is a compliment we hear far too infrequently these days, but it is a testament to his parents. It should make them proud.

I wish I could tell you that the story ends there that this exceptional boy will one day become an exceptional man, an exceptional husband, and an exceptional dad. Unfortunately, on the evening of Thursday, June 15, Christopher Villar's life came to a tragic end when a car driven by a drunk driver crashed through the roof of his family's home. This was an avoidable tragedy. This is a grave reminder of the dangers of driving while under the influence.