

friends and confidants Daniel, Sharie, Richard, Walter and Nora Bohlmann together with a host of supporters over the years to salute Paul Monea's triumph over incalculable odds. Paul's family and true friends have always stood by him over the years; a tribute to his honesty and integrity in working with his fellow colleagues. Paul proudly notes that his favorite pastime is spending time with his children and grandchildren.

Charitable and community support in a silent behind the scenes fashion has always been Paul's style. As a young businessman, Paul mustered the support of his fellow Hobby Industry Association members to contribute on a per mile basis for his walk-a-thon dedication to the Muscular Dystrophy of America. Paul walked 28 straight days, over 400 miles from Louisville, Ohio to King of Prussia, Pennsylvania and raised well over \$25,000, all without any desire for personal publicity. This year marks the 25th Anniversary of that noteworthy event where Paul in his true reserved fashion is silently supporting Walk-A-Thon and other charitable events in his mid-west area. Paul has formed the Paul Monea Family Charitable Foundation, to benefit programs targeted to assisting our youth in a better quality of life and the elderly to live in dignity. Paul's challenge to the young people of America is: "Focus on the future with honesty, integrity, and a spirit of innovation in your hearts."

Paul Monea is widely recognized as the World's leading trendsetter in state of the art, multi-level marketing and infomercial programs. *TaeBo*, starring Billy Blanks, was the mastermind infomercial creation of Paul who in his typical humble style gives credit for this phenomenal success story to everyone except himself. Incidentally, Johnny Unser, driving his father's "retired" number 92 will drive the "Tae-Bo" race car at this year's Indy 500 in honor of America's National Fitness month. Prior to *TaeBo*, Paul originated the 2 for 1 Dine out Programs, "The Stimulator," pain relief product promotions, "My Little Angel," children's programs, and the "Super Salsa" machine for gourmets. Monea Publishing company is also the distributor of works done by artist Sharie Hatchett Bohlmann, who created the art commemorating the 1987 White House Easter Egg Roll. Always vigilant to offer to the world products which make life safer, cleaner, healthier and less troublesome, Paul is currently producing a "Stop Smoking" program that has proven results.

Paul has never been a political person and those around Paul Monea are frequently reminded by him that his work is never about making money. On the contrary, it is always about providing a better way of life for others. This inward desire to provide innovative products because, "It's the right thing to do," puts Paul Monea in a class by himself.

Mr. Speaker, I invite you and our colleagues to join me in recognizing one of America's business leaders and legends, Paul Mark Monea. We salute him on his special day and thank him for the countless millions of people around the World whose lives he has made better because of his dedication to mankind.

NATIONAL CEMETERY FOR VETERANS IN MIAMI, FLORIDA AREA

HON. CORRINE BROWN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 29, 1999

Ms. BROWN of Florida. Mr. Speaker, I am today introducing legislation requiring the Secretary of Veterans Affairs to establish a national cemetery in the Miami, Florida, metropolitan area to serve the needs of veterans and their families, and to report to Congress on a schedule for that establishment and an estimate of associated costs.

I am distressed that the Department of Veterans Affairs continues to ignore the long-identified national veterans' cemetery needs of southern Florida. In both 1987 and 1994, the Miami area was designated by congressional mandated reports as one of the top geographic areas in the United States in which need for burial space for veterans is greatest. Yet, as late as August 1998, VA's strategic planning through the year 2010 indicated nothing more than a willingness to continue evaluating the needs of nearly 800,000 veterans in the Miami/Ft. Lauderdale primary and secondary service area. Mr. Speaker, that is over 54 percent of the estimated State veteran population and 3.3 percent of the total U.S. veteran population. By VA's estimate, there will be nearly 25,000 veteran deaths in the greater Miami area in FY 2000, and by the year 2010, the annual veteran death rate in southern Florida will be nearly 26,000.

Although VA statistics show that demand for cemetery space will increase sharply in the near future—with burials increasing 42 percent from 1995 to 2010—the Administration's FY 2000 budget for VA failed to include a request for the funding required to initiate a single new national cemetery.

Mr. Speaker, the time for evaluating the needs of southern Florida is long past and the time for action is rapidly slipping away. National veterans' cemeteries are not built in a day. It takes at least five-to-seven years to plan and build one. For those who served this country with pride and dignity, VA has an obligation to provide an opportunity to be buried in a national cemetery near their home—an opportunity not now available to those who live in southern Florida.

It has been the intent of Congress since the establishment of the National Cemetery System in 1862 that the Federal Government purchase "cemetery grounds" to be used as national cemeteries "for soldiers who shall have died in the service of the country." Today, of the 115 national cemeteries administered by VA, only 57 are open to all interment, 36 can accommodate cremated remains and family members of those already interred, and 22 are closed to new interments. In southern Florida there is not a veterans cemetery of any description.

I urge Members to support my legislation so that the Memorial Days of the 21st century can be observed by the families and friends of veterans in southern Florida at a nearby, appropriate national resting place of honor for an American hero.

THE MEDICARE CRITICAL NEED GME PROTECTION ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 29, 1999

Mr. STARK. Mr. Speaker, I rise today to introduce "The Medicare Critical Need GME Protection Act of 1999." This important legislation seeks to protect our nation against the depletion of health care professionals that are trained to appropriately treat costly and deadly illnesses.

Under current law, the Medicare program provides reimbursement to hospitals for the direct costs of graduate medical education training. That reimbursement is designed to cover the direct training costs of residents in their initial residency training period. However, if a resident decides to proceed with further training in a specialty or subspecialty, a hospital's reimbursement is cut to half (50 percent) for that additional training.

The rationale for this policy is strong. In general, we have an oversupply of specialty physicians in our country and a real need to increase the number of primary care providers. By reducing the reimbursement for specialty training, the Medicare program has promoted increases in primary care training rather than specialty positions.

I agree with this policy. However, as is often the case, there are always exceptions to the rule. We do not want to hinder training of particular specialties or subspecialties if there is strong evidence that there is a serious shortage of those particular physicians. That is why I am introducing The Medicare Critical Need GME Protection Act.

To provide an example of a current subspecialty facing serious shortages of professionals, we can look at nephrology. Between 1986 and 1995, the number of patients with End Stage Renal Disease (ESRD) has more than doubled. At present, more than 40 million Americans die from kidney failure or its complications each year. In 1998, the estimated cost to treat ESRD exceeded \$12 billion. However, current data indicates that only 51.8 percent of today's nephrologists will still be in practice in the year 2010.

Most primary care physicians are not trained to treat the complex multi-symptom medical problems typically seen in ESRD and are unfamiliar with particular medications and technology prescribed for such patients. The decreasing supply of nephrologists, coupled with an expanding population of renal patients, puts the health of our nation at risk.

The Medicare Critical Need GME Protection Act provides a tool to help combat such shortages of qualified professionals. The bill would simply provide the Secretary of Health and Human Services with the flexibility to continue full-funding for a specialty or subspecialty training program if there is evidence that the program has a current shortage, or faces an imminent shortage, of physicians to meet the needs of our health care system. The Secretary would grant this exception only for a limited number of years. The Secretary would have complete control of the exception process. Programs would present evidence of the shortage and she could agree or disagree with the analysis. Nothing in this bill would require the Secretary to take any action whatsoever.