

After attending Coast Guard Boot Camp in Cape May, New Jersey, Lieutenant Commander Schue quickly rose through the enlisted ranks to become a Commissioned Warrant Officer in just 10 years. His tours of duty with the Coast Guard took him across the nation and the world, from Southern New Jersey to Alaska, from Marcus Island, Japan, to Monterey, California, and then, appropriately, back to Southern New Jersey. While serving on Long Range Aids to Navigation (LORAN) transmitter and control stations, Lieutenant Commander Schue helped provide vital radio-navigation services to the United States and Asia.

Despite isolated tours of duty and numerous changes of duty stations, Lieutenant Commander Schue continued his professional growth and easily gained entrance to the Coast Guard Officer Candidate School. Not content to merely assume the trappings of being an officer, Lieutenant Commander Schue continued his professional growth, earning both a Master of Science Degree in Electrical Engineering from Naval Postgraduate School and a Master of Science Degree in Engineering Management from Western New England College. Lieutenant Commander Schue's superior engineering and leadership skills were formally recognized when he was named the Coast Guard's Engineer of the Year for 1999.

As Commanding Officer of the LSU, Lieutenant Commander Schue expertly led and motivated a team of office, enlisted, and civilian, and contractor personnel, which consistently produced results of the highest quality, as was highlighted when LSU received the Secretary of Transportation's Team Award for the Loran Consolidated Control System. Setting the standard for responsiveness, and using innovative engineering solutions despite the scarcity of parts and funding, he was instrumental in keeping 1960's and 1970's vintage Loran electronics equipment operational well beyond its planned lifecycle. The LSU's superb support of the \$65.4 M North American Loran-C system resulted in a near 100 percent availability for this safety-of-life navigation system during his tour as the Commanding Officer.

Upon his retirement, his award citation from the Commandant of the Coast Guard noted that "Lieutenant Commander Schue was the driving force behind the Loran Support Unit solidifying its position as the international leader in the Loran-C systems technology" and further stated that "Lieutenant Commander Schue's ability, diligence, and devotion to duty are most heartily commended and are in keeping with the highest traditions of the United States Coast Guard."

I wish to extend my appreciation to Lieutenant Commander Schue for his service to the United States of America and I wish him, his wife Lori and their two children, Ian and Tia a wonderful future.

ON THE INTRODUCTION OF THE
GERIATRIC WORKFORCE RELIEF
ACT OF 2000

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, July 24, 2000

Mr. GREEN of Texas. Mr. Speaker, the complex health problems of aging require spe-

cially-trained physicians in order to adequately care for frail older persons. Geriatrics is the medical specialty that promotes wellness and preventive care; these specialists are first board certified in family practice, internal medicine or psychiatry and then complete additional years of fellowship training in geriatrics. With an emphasis on care management and coordination, geriatricians help patients maintain functional independence, thus improving their overall quality of life. An emphasis on coordination also limits unnecessary and costly hospitalization or institutionalization.

Despite the increasing number of Americans over age 65, there are fewer than 9,000 geriatricians in the United States today. In Texas, there are only about 225 geriatricians—and we are one of the top ten states nationally. Texas has four geriatric training programs; Baylor College of medicine in Houston, the University of Texas at San Antonio, the University of Texas Medical Branch at Galveston (where, I am proud to say, my daughter is a third-year student) and the University of Texas Southwestern.

The Baylor program, in my Congressional District, has been operating for over 15 years. It trains six fellows now and is unable to increase this number because of a Congressionally-mandated Graduate Medical Education (GME) cap. I am told that there are plenty of applicants interested in geriatrics who are being turned away because our Medicare program will not allow them to be funded.

Why is there a cap on the number of new geriatricians? The Balanced Budget Act of 1997 established a hospital-specific cap based upon the number of residents in the hospital in the most recent cost reporting period ending on or before December 31, 1996. Under the cap, the number of residents for direct graduate medical education payment purposes is based upon a three-year rolling average, except for Fiscal Year 1998, when a two-year average was used.

The implementation of this cap has adversely impacted geriatric programs in Houston and elsewhere. As geriatrics is a relatively new specialty, the cap has resulted in either the elimination or reduction of geriatric programs. Because a lower number of geriatric residents existed prior to December 31, 1996, these programs are under-represented in the cap baseline. Thus, new geriatric training programs are severely limited and existing training programs tend not to increase funding, or even decrease funding, for geriatric slots.

There is a well-documented shortage of geriatricians nationwide. Of the approximately 98,000 medical residency and fellowship positions supported by Medicare in 1998, only 324 were in geriatric medicine and geriatric psychiatry.

At the same time, the number of physicians needed to provide medical care for older persons has been estimated to be 2.5 to three times higher in 2030 compared to the mid-1980s, according to the federal Health Resources and Services Administration.

Unfortunately, the pace of training is not meeting this need. The actual number of certified geriatricians has declined, as approximately 50% of those who certified in 1988 did not recertify in 1998. This has occurred just as the baby boomers have started reaching the age of Medicare eligibility.

To correct this problem, I am introducing the Geriatric Workforce Relief Act of 2000 today to

allow an increase in the number of person studying geriatrics at our medical schools. In order to be fiscally responsible, my legislation does not completely lift the cap. Instead, it allows hospitals to increase the cap by 30%. This will allow for a few more students at most programs. My legislation defines approved geriatric residency programs as those approved by the Accreditation Council of Graduate Medical Education.

My legislation, which will also be introduced in the Senate today by Senator REID, is modeled upon a similar provisions that was enacted last year for rural hospitals. It is a sensible and reasonable proposal and one that allows us to meet the needs of Medicare patients. I encourage my colleagues to support it.

HONORING ROBERT DOLSEN UPON
HIS RETIREMENT AS THE EXECUTIVE
DIRECTOR OF MICHIGAN'S
REGION IV AREA AGENCY ON
AGING

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, July 24, 2000

Mr. UPTON. Mr. Speaker, I rise today to honor my friend, Robert Dolsen, upon his retirement after 26 years of dedicated service as the Executive Director of the Region IV Area Agency on Aging. Over the years, Bob has made a tremendous difference in the lives of thousands of elderly and their families in St. Joseph/Benton Harbor and surrounding communities. He has been a great community leader.

Bob established the Region IV Area Agency on Aging in 1974 as a small operation with a staff of four. Today, the Agency operates with a staff of 60 and a budget of over \$10 million. Through the Agency, over 5,000 families are receiving the support services they need to maintain their independence through life's transitions and changes.

Bob has long recognized that one of the greatest challenges facing our community and our nation is the aging of our population and the need for long-term care services. He is providing great leadership on this issue. We are growing old—fast. Today, those 65 and over comprise 12 percent of our population. In just 30 years, those 65 and over will comprise nearly 20 percent of our population. One in five Americans will be a senior citizen. Rising to this challenge, Bob established the first demonstration project for Michigan's home-based long-term care system. It was successful and led to the State's initiation of a Medicaid waiver for home-based services and to the statewide replication of care management through Area Agencies on Aging.

Bob is recognized state-wide and nationally for his knowledge of aging issues, and especially long-term care. He has testified before Congressional committees on 9 different occasions, he is a frequent speaker and trainer at statewide and national conferences, and he was the 1992 recipient of the Harry J. Kelley Award from the Michigan Society of Gerontology for outstanding service in the development of policy and programs for older persons. He is a founding member of the Great Lakes Alliance, an interstate corporation to facilitate cooperation and communication on