

Allan G. Komarek, Executive Director of Delano Regional Medical Center  
 Dr. Bryant Cureton, President of Elmhurst College  
 Kevin C. Martin, President & CEO of EMH Regional Healthcare System  
 Lauren Rock, COO of Euclid Hospital  
 Jim Tadvick, Senior Vice President of Farmers State Bank  
 Gary Duncan, President and CEO of Freeman Health Systems  
 George Irwin, President and CEO of Great Falls Bank a.k.a Greater Community Bank  
 Carl J. Sorgatz, President of Hawthorne Credit Union  
 Michael D. Means, FACHE, President and CEO of Health First  
 Dr. Johnathan M. Astroth, President of Heartland Community College  
 Norman F. Mitry, President and CEO of Heritage Valley Health System  
 Thomas R. Martin, Senior Vice President of ITT Industries  
 Father Edward Glynn, S.J., President of John Carroll University  
 Steven Kazan, Managing Partner of Kazan McClain Edises Simon & Abrams.

#### PERSONAL EXPLANATION

### HON. MARK STEVEN KIRK

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 17, 2003*

Mr. KIRK. Mr. Speaker, on October 15, 2003, I was recorded as a "nay" vote on roll-call No. 540. Please let the RECORD show that I intended to vote "yea" on this motion.

#### TRIBUTE TO DR. LEONARD L. COLEMAN

### HON. JIM TURNER

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 17, 2003*

Mr. TURNER of Texas. Mr. Speaker, I rise today in tribute of a distinguished public servant, Dr. Leonard L. Coleman. To the people of Grimes County, in East Texas, Dr. Coleman is a living legend. Considered by many to be the father of modern medicine in Grimes County, Dr. Coleman's surgical skills have helped mend and save lives for more than 34 years.

Dr. Coleman's distinguished medical career, during which he touched the lives of thousands of East Texans, represents the very best American values of commitment, selflessness, and hard work.

Not only a fine doctor, Dr. Coleman has been a dedicated public servant as well. At a time when many physicians were moving to larger communities and increasing the sizes of their practices, Dr. Coleman remained committed to the community in which he was raised throughout his career. As part of this commitment, Dr. Coleman has been a community leader, serving in a variety of civic positions, including President of the School Board, City Commissioner, Elder in the Presbyterian Church, and school physician. He has been a lifelong public servant in the truest sense of the word.

Dr. Coleman was also a teacher. He mentored young men who thought they might be interested in a medical career. During

many summers, high school and college students assisted Dr. Coleman in surgery, while he made rounds and house calls, and worked with him in the Navasota Clinic laboratory. Dr. Coleman's charm, wit, and warmth enchanted everyone he met, including both his patients and his students.

Mr. Speaker, please join me in commending Dr. Coleman on a distinguished career and in thanking him for a lifetime of outstanding medical care and selfless service to the citizens of East Texas.

#### RECOGNIZING LUPUS INTERNATIONAL

### HON. CHRISTOPHER COX

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 17, 2003*

Mr. COX. Mr. Speaker, I rise today to call this Congress' attention to a devastating disease that affects millions of Americans.

Systematic Lupus Erythematosus, commonly known as lupus, is a chronic, complex, and often life-threatening autoimmune disease. It causes the immune system to become hyperactive and attack the body's own tissue, damaging vital organs which can lead to severe disability or death.

Research shows that 2.8 million people have been diagnosed with lupus in the United States—more than those affected by AIDS, Cerebral Palsy, Multiple Sclerosis, Sickle Cell Anemia and Cystic Fibrosis combined. Although lupus can affect people of all ages, it strikes primarily women between the ages of 16–45, and is currently the fourth leading cause of disability in females.

To date, there is no known cure for lupus and there are still very few treatments specific to the disease. However, with increased public awareness, education, and innovative research, we are hopeful that this battle can and will be won. Lupus International, a nonprofit organization in Irvine, California, has been a champion in the field of lupus research since it was founded in 1983. Over 2 decades, Lupus International has worked to alleviate suffering for millions of patients through support services and early detection of undiagnosed cases through awareness promotion.

Today, I ask my colleagues to join me in honoring Lupus International for its 20-year commitment to finding a cure for lupus, and its tremendous service to millions of Americans suffering from this devastating disease.

#### WHY WE NEED MORE MILITARY END STRENGTH

### HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 17, 2003*

Mr. SKELTON. Mr. Speaker, throughout my years of service, I have spent considerable time learning and understanding the complexities of our Nation's national security programs, and in particular our military personnel policies. It is with this experience and appreciation that I rise to share with my colleagues my deep concerns regarding the Nation's military end strength.

In February 1991, this Nation joined with our allies and went to war in the Persian Gulf. American service members were sent to the Middle East to help restore liberty and freedom to the citizens of Kuwait. The defense authorization bill for fiscal year 1991, provided the Army an end-strength of 702,170, the Navy 570,500, the Marine Corps 193,735, and the Air Force 510,000. When we went to war in 1991, the Army had 12 divisions, the Navy had 529 ships and the Air Force had 165 air wings.

The fall of the Berlin Wall, the end of the Cold War, and the successful prosecution of the first Persian Gulf War all led to the demand and belief that our country should and needed to reduce its military end-strength. The pressure for a "peace dividend" became the popular call.

By 1996, we had reduced Army end strength to 495,000, a reduction of over 207,000. The Navy was cut to 428,340, the Marine Corps downsized to 174,000, and the Air Force lost 129,000 for an end-strength of 388,200. The "peace dividend" was fast becoming a reality—in 5 years the military end-strength had been reduced by more than a half million.

However, the world has remained far from peaceful. The end of the Cold War has brought its own challenges—nearly 100,000 American forces have been called to serve in Bosnia and Kosovo, and thousands of National Guardsmen and Reserves are still being called to serve today. The United States has also sent our men and women in uniform to other operations around the world, including humanitarian assistance missions to Somalia and Haiti, drug interdiction operations in South America, and training government troops opposed to insurgents in the Philippines. Unfortunately, as the number of military operations has increased, there has also continued to be a slow and steady decrease in the size of our military.

But starting in 1995, the harsh reality of the worldwide operational burden on our forces led to calls for more forces. In 1995, Army Lieutenant General Ted Stroup, then Deputy Chief of Staff for Personnel, testified that the Army's active end strength should be 520,000, not the 495,000 that was requested in the 1996 budget request. Army Chief of Staff, General Eric Shinseki, reiterated that position during a hearing before the Armed Services Committee in July 2001. He told us that the Army needs a force of 520,000 people.

However, instead of proposing to increase military end-strength, the Bush administration has sought to gain greater efficiencies in the current force. Secretary of Defense Donald Rumsfeld directed the services to find ways to convert military positions that were not on the tip of the spear to civilian positions or private contractor jobs. The services also have been conducting reviews of their own to find ways to convert non-combat units to units with missions more relevant to actually fighting wars in order to relieve the burden on the front line forces now deployed around the world.

While I agree that we need to support more efficient use of the force, the administration's solution to our operational dilemma is wrong, shortsighted and self-defeating. Failing to increase our end strength will only increase the pressure on our current force. There is simply no substitute for having enough people to do