

sponsored debates in which I have taken part. They have provided forums for discussion, most recently on health care. And more generally, but perhaps most important, they have been willing partners in the push to keep people interested and involved in the responsibilities of democracy.

I want to encourage the league, and to cooperate. I would ask my colleagues to join me in congratulating the League of Women Voters for their hard work and in wishing them well for many years to come.

INTRODUCTION OF H.R. 449, THE
PRIMARY HEALTH CARE EDU-
CATION ACT

HON. JAMES A. TRAFICANT, JR.

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 11, 1995

Mr. TRAFICANT. Mr. Speaker, it's a well-known fact that America's growing emphasis on specialization in the physician work force has driven up the costs of health care and fragmented access to medical services. What is not widely known is that America will have a shortage of 35,000 primary care physicians by the year 2000 and a projected surplus of 115,000 specialists—Department of Health and Human Services. To reverse current trends in medical education and lower the rate of inflation on health care costs, I have introduced H.R. 449, the Primary Health Care Education Act.

In the past year, two separate Government-funded studies have produced substantial evidence that medical schools must respond now to compensate for our primary care needs of the 21st century. H.R. 449 is based on the findings and recommendations to the Congress found in both reports. These reports include: First the General Accounting Office's [GAO] October 1994 report to congressional requesters entitled "Medical Education: Curriculum and Financing Strategies, Need to Encourage Primary Care," and second, the Council On Graduate Medical Education's [COGME] fourth report to Congress and the Department of Health and Human Services entitled "Recommendations to Improve Access to Health Care Through Physician Workforce Reform."

At this time, I would like to briefly summarize the GAO's findings. Medical career decisions are usually made at three specific times during a student's education: First, at the end of college when students typically apply to medical school, second, during the fourth year of medical school when students choose the area of medicine to pursue and enter residency training, and third, at the end of residency training when residents decide to enter practice or to train further for a subspecialty. H.R. 449 attempts to encourage primary care as a career choice at all points in a student's academic career.

The choice of career paths in medicine were found to be significantly influenced by the curriculum and training opportunities students receive during their medical education. Foremost among these factors was whether the medical school had a family practice department. Students attending schools with family practice departments were 57 percent more likely to pursue primary care than those attending

schools without family practice departments. Second, the higher the ratio of funding of a family practice department in relation to the number of students, the higher the percentage of students choosing to enter primary care. Students attending medical schools with highly funded departments were 18 percent more likely to pursue primary care than students attending schools with lower funding. A third factor was whether a family practice clerkship was required before career decisions were made in the fourth year. Students attending schools which required a third-year clerkship were 18 percent more likely to pursue primary care. Fourth, a significant correlation was found between residents who were exposed to primary care faculty, exposed to hospital rounds taught by primary care faculty, and exposed to rotations which required training in primary care—and residents who were not—in choosing to enter general practice.

Given the health care needs of the 21st century, COGME recommends we attain the following physician workforce goals by the year 2000. First year residency positions should be limited to the number of 1993 U.S. medical school graduates, plus 10 percent. At least 50 percent of residency graduates should enter practice as primary care physicians. And, steps should be taken to eliminate rural and inner city primary care shortages.

To reverse the current trends toward specialization, the Traficant Primary Care Education Act directs the Secretary of Health and Human Services to give preference to medical schools which have established programs that first, emphasize training in primary care, and second, encourage students to choose primary care. Under H.R. 449, the Secretary must consider the GAO's findings when establishing the conditions a medical school must meet to receive preference.

The Secretary, however, is by no means limited to the GAO's findings. H.R. 449 was designed to give the Department of Health and Human Services the authority to shift the current trends in medical education to meet existing and future needs. It does this by giving preference, or awarding grants and contracts to schools which have designed curriculum that has been proven to increase primary care. The Traficant bill, however, by no means dictates, to the administering agency or medical schools, the best way to achieve the desired results. The Traficant bill, in fact, follows the intent of language of the Public Health Service Amendments of 1992, which was passed only by this body. It is my hope that HHS, as the expert agency on this issue, in consultation with medical schools, GAO, and COGME, will attain the health care and physician workforce needs of the 21st century.

If you support improved access to services and lower health care costs, I urge you to co-sponsor H.R. 449, the Primary Care Education Act.

NUCLEAR WASTE POLICY
REASSESSMENT ACT

HON. BARBARA F. VUCANOVICH

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 11, 1995

Mrs. VUCANOVICH. Mr. Speaker, today I'm introducing the Nuclear Waste Policy Reas-

essment Act of 1995. Congress has shown little concern for the science of Yucca Mountain. Instead, the siting of the Nation's high-level nuclear waste repository has become nothing more than a political football.

My bill prohibits site characterization of Yucca Mountain for 3 years while the National Academy of Sciences conducts a study to determine if the current process of studying only Yucca Mountain makes scientific sense, or whether alternatives should be looked at. I believe that a body concerned with scientific objectivity can not possibly endorse the further site characterization of Yucca Mountain and the current exclusion of other options.

During the suspension of work on the Yucca Mountain site the legislation provides for funding of dry cask storage at existing reactor sites. As the deadline approaches for the Federal Government to take possession of this waste, we must provide some type of storage; onsite storage appears to be the most workable solution.

In recognition of slippage in the deadlines for study and construction of a high-level nuclear waste facility, this legislation moves the deadline for opening any nuclear waste dump back to 2015.

I have been consistently opposed to siting the Nation's high-level nuclear waste repository in Nevada, and I will continue to fight Congress' abuse of Nevada with all means available. It's not fair for Congress to make Nevada into the nuclear dumping ground for the rest of the country. I hope my colleagues will support my efforts to see that science prevails over politics.

TRIBUTE TO MUSICIAN/COMPOSER
GEORGE KATSAROS

HON. MICHAEL BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 11, 1995

Mr. BILIRAKIS. Mr. Speaker, we owe a great debt of gratitude to those ancient Greeks who forged the notion of democracy and thus gave us a blueprint for our own democratic heritage. We owe another debt of gratitude to a man who has been called the greatest Greek folk song composer and singer of the 20th century. It is that man, my good friend George Katsaros, for whom I rise today to pay tribute.

Ironically, it was the promise of opportunity inherent in democracy that beckoned George to this country from the island of Amorgos in 1913 at the age of 25. Stepping off a steamship at New York Harbor with all his belongings in one hand and his guitar in the other, George Katsaros began a musical career that continues even today. Within hours of his arrival he was accompanying a Salvation Army street band and was invited to stay on. Now, more than 80 years later, his strong, nostalgic, mellow voice and unique style on the guitar have been heard in every corner of the world: in ballrooms, hotel clubs, coffeehouses, concert halls, steamships, private yachts—anywhere people gather to hear their memories and dreams and experiences put to music and sung from the heart.

Katsaros became so popular that in 1919 RCA Victor signed him as a recording artist. Contracts with Columbia and Decca followed,