

visa waivers for international medical graduates that a State may request from 20 to 30. Rural Americans deserve access to quality health care, and the J-1 visa program helps to achieve this goal. In fact, thanks to the J-1 visa program, over 60 doctors have come to Nevada over the past few years to practice medicine in underserved areas.

I encourage all of my colleagues to support the successful program and vote for H.R. 4858.

THE PRESIDENT'S MIDDLE EAST SPEECH

(Mr. LANTOS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LANTOS. Mr. Speaker, I commend the President's speech on the Middle East, and I strongly support his vision. In calling for new Palestinian leadership and democratic reforms, the President has announced the end of the Arafat era.

Never has an end been so richly deserved. Having been handed an opportunity after an opportunity, Yasser Arafat has led the Palestinians to death, murder and destruction. Now, as President Bush made clear, it is time for the Palestinians to choose a new leader, a new type of leader, non-violent, democratic and noncorrupt, if there is to be hope for peace.

Every American agrees that the nations committed to peace must oppose regimes that support terror, nations such as Iraq and Iran, and that the dictatorship in Syria, whose foreign minister last week defended suicide bombers by saying "they have a right to their opinion," must once and for all close all terrorist camps and expel all terrorist organizations not only from Syria but from Lebanon it illegally occupies.

As for the Palestinians, Mr. Speaker, if they reject the culture of death and embrace the President's prerequisites for peace by electing new leaders, building democracy, ending anti-Israel incitement, committing to non-violence, and destroying their terrorist infrastructure, I shall fight as hard as I can for the President's program, including humanitarian assistance for the Palestinian people.

ENERGY

(Mr. REHBERG asked and was given permission to address the House for 1 minute.)

Mr. REHBERG. Mr. Speaker, I rise today to urge those across the aisle to once and for all end their negative rhetoric and support a comprehensive energy plan for America's future. I understand that there are those that would have the United States continue to import almost 60 percent of our oil from many of the very same terrorist-sponsoring regimes our sons and daughters are bravely fighting today. I, however, will not.

Mr. Speaker, I have an 18-year-old son; and I will do everything I can to not allow this Congress to place him and thousands of other young boys and girls in harm's way simply to appease a few extremist groups here in Washington. The President's energy plan balances the needs of our environment while recognizing that America must develop our domestic sources of energy if we are to truly be an independent nation.

I urge my colleagues to support American independence through the passage of H.R. 4.

MEDICARE PRESCRIPTION DRUG BENEFIT

(Mr. BROWN of Ohio asked and was given permission to address the House for 1 minute.)

Mr. BROWN of Ohio. Mr. Speaker, Republicans are telling us repeatedly that seniors deserve better prescription drug options like those available to Members of Congress. I wholeheartedly agree, but it is difficult to see how a Republican plan that requires seniors to go outside of Medicare and purchase inferior HMO-like private drug insurance would deliver such coverage.

According to the nonpartisan Congressional Research Service, the Republican plan is 40 percent less valuable than the coverage offered to Members of Congress. During last week's markup, I offered an amendment that would have replaced the standard coverage in the Republican bill with the same coverage under the Federal health benefits program that Members of Congress receive. But the night before our amendment was offered, Republicans adjourned early so they could attend a \$30 million fund-raising dinner underwritten by America's drug companies. The CEO of GlaxoWellcome, a British pharmaceutical company, gave \$200,000 to the GOP that night and chaired the event.

When the markup resumed the next day, it came as no surprise when Republicans voted the amendment down, meaning this week Congress will be forced to vote on legislation that will give seniors less than Members of Congress have.

SPREADING AWARENESS ABOUT ALZHEIMER'S DISEASE

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, Alzheimer's disease affects 4 million Americans, and that number is expected to triple within the next 50 years. Nearly half of those over the age of 85 have Alzheimer's. It is a disease that touches almost every American family in some way, and I believe it is time to increase funding for Alzheimer's research to find a cure.

The disease process can begin in the brain as many as 20 years before the

symptoms appear; and, once diagnosed, a person's average life-span is 8 years. Due to lost productivity of employees who are caregivers and the health care costs associated with Alzheimer's, the disease costs American families more than \$61 billion annually.

South Carolinians are particularly concerned about Alzheimer's because one of our favorite sons, former Congressman and Governor Carroll Campbell, is undergoing treatment for the disease and is being encouraged by his devoted wife Iris with his sons Carroll, Jr., and Mike.

I would like to commend the efforts of the Coastal Carolina, Mid-State and Upstate chapters of the Alzheimer's Association along with the Alzheimer's facility of the Lexington Medical Center. These South Carolinians have worked tirelessly to spread awareness about this disease, and their efforts today to find a cure will hopefully save many Americans in the future.

THE IRONY IN PRESCRIPTION DRUG AND DEBT LIMIT ISSUES

(Mr. SMITH of Michigan asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Michigan. Mr. Speaker, Congress is faced with two difficult votes coming up. One is to start a prescription drug program for seniors. The other is to increase the debt limit. I see a certain degree of irony in the fact that, while we are increasing the debt, or, if you will, the mortgage on our kids for them to pay off in the future, at the same time we are voting to expand and implement the largest, most expensive entitlement program that we have had in many, many years. It is a challenge. But everybody needs to realize that it is going to be the young workers, that sometimes are in a more difficult financial situation than the seniors, that are going to have to pay increased taxes for a giant increase in the Medicare program and the cost of increased debt. In other words taxpayers pay for the prescription drugs for seniors.

It is coming to grips with that irony that is the challenge; I think we need to move very carefully in our decisions of what new welfare programs we enact and how we pay back the increased debt.

PARTIAL-BIRTH ABORTION BAN

(Mr. ADERHOLT asked and was given permission to address the House for 1 minute.)

Mr. ADERHOLT. Mr. Speaker, I am proud to join with 83 Members of Congress in cosponsoring H.R. 4965, the Partial-Birth Abortion Ban Act. I commend the gentleman from Ohio (Mr. CHABOT) for sponsoring this legislation. The time has come for us to take a firm and decisive stand against this deplorable procedure.

I have cosponsored two previous Partial-Birth Abortion Acts, in 1997 and

again in 2000. The measure passed the House by overwhelming votes.

On June 28, 2000, almost 3 months after the House last voted on the partial-birth abortion ban, the Supreme Court struck down a Nebraska ban on partial-birth abortions in the Stenberg case. And so once again we are here to stand and to fight against this violent and crude procedure.

The Congress' last attempt to ban partial-birth abortions failed, but we must continue to do everything we can to save innocent lives. So many of us here in the House and the Senate and all across America want to see this legislation passed into law, not to trample on the rights of any individual as some would say. We want this legislation to pass to become law simply to protect the lives of the innocent.

This afternoon I would urge my colleagues to join with me in cosponsoring this important piece of legislation that will save the lives of many, many and let our common goal be to protect the lives of mothers and infants.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. QUINN). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes may be taken in two groups, the first occurring after debate has concluded on H.R. 4679, and the second after debate has concluded on the remaining motions to suspend the rules.

IMPROVING ACCESS TO PHYSICIANS IN MEDICALLY UNDERSERVED AREAS

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4858) to improve access to physicians in medically underserved areas.

The Clerk read as follows:

H.R. 4858

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. WAIVER OF FOREIGN COUNTRY RESIDENCE REQUIREMENT WITH RESPECT TO INTERNATIONAL MEDICAL GRADUATES.

(a) INCREASE IN NUMERICAL LIMITATION ON WAIVERS REQUESTED BY STATES.—Section 214(l)(1)(B) of the Immigration and Nationality Act (8 U.S.C. 1184(l)(1)(B)) is amended by striking “20;” and inserting “30;”.

(b) EXTENSION OF DEADLINE.—Section 220(c) of the Immigration and Nationality Technical Corrections Act of 1994 (8 U.S.C. 1182 note) is amended by striking “2002.” and inserting “2004.”.

(c) TECHNICAL CORRECTION.—Section 212(e) of the Immigration and Nationality Act (8 U.S.C. 1182(e)) is amended by striking “214(k);” and inserting “214(l);”.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect as if this Act were enacted on May 31, 2002.

□ 1215

The SPEAKER pro tempore (Mr. QUINN). Pursuant to the rule, the gentleman from Wisconsin (Mr. SENSENBRENNER) and the gentlewoman from Texas (Ms. JACKSON-LEE) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. SENSENBRENNER).

GENERAL LEAVE

Mr. SENSENBRENNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 4858, the bill currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. SENSENBRENNER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 4858 extends authority for a visa-requirement waiver that permits certain foreign medical doctors to practice medicine in underserved areas without first leaving the United States. The bill also increases the number of foreign residence waivers from 20 per State to 30 per State.

Aliens who attend medical school in the United States on “J” visas are required to leave the United States after graduating to reside abroad for 2 years before they may practice medicine in the United States. The intent behind this policy is to encourage American-trained foreign doctors to return home to improve health conditions and advance the medical profession in their native countries.

In 1994, the Congress created a waiver of the 2-year foreign residence requirement for foreign doctors who commit to practicing medicine for no less than 3 years in the geographic area or areas, either rural or urban, which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals. The waiver limited the number of foreign doctors to 20 per State so that underserved areas in all States receive doctors. The original waiver was set to expire on June 1, 1996. The Congress extended the waiver to June 1, 2002.

States with underserved medical areas worry that health facilities in such areas will have to close down if the authority for these medical waivers is not extended. The States have also requested additional waivers so that they have more doctors to help keep their clinics open.

Mr. Speaker, H.R. 4858 increases the numerical limitation on waivers requested by States from 20 per State per year to 30 per State per year. It also extends the deadline for the authorization of the waiver to June 1, 2004. The bill retroactively takes effect May 31, 2002, prior to the waiver's expiration.

I urge my colleagues to support this bill so that urgently needed doctors may continue to practice medicine in areas that are in critical need of medical care.

Mr. Speaker, I reserve the balance of my time.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

I thank the distinguished chairman of the Committee on the Judiciary. I would like to offer my support for this legislation.

I offer my support for this legislation with a qualification, recognizing that this legislation did not come before the Subcommittee on Immigration and Claims and was marked up in full committee. I believe the importance of this legislation was such that deviation from regular order and committee procedures was to be understood. So I rise in support of this legislation, a bill that will help provide underserved areas with needed health care providers.

As my colleagues know, there are many inner city and rural areas in dire need of doctors, and this program will allow a limited number of foreign doctors the opportunity to practice in America. In working on this legislation, I worked with Members and colleagues from both rural and urban areas, and their advocacy for this showed the dire need for those who are in underserved areas.

The bill was introduced by the gentleman from Kansas (Mr. MORAN); and many of our colleagues from the rural areas and, as I said, inner city areas, have asked for this legislation to be in place.

Mr. Speaker, H.R. 4858 reauthorizes the Conrad 20 program until May 31, 2004. The reauthorization is retroactively effective to May 31, 2002, as that was the date of the expiration of the program and also noting the ending of the involvement of the USDA. The bill also includes a modest increase in the number of eligible foreign physicians. That number goes from 20 to 30 based upon a survey showing the need.

Might I note that the Texas Primary Care Office, certainly a State of which I come from that recognizes the importance of serving in rural areas and inner city areas, surveyed all 50 States on the use of the J-1 visa. Upon the USDA announcement that they were ending their participation, the PCO again surveyed the States and, as a result, the most recent survey by the PCO, every State but two, indicated that they are or are intending to put in place a Conrad 20 program, which would utilize the J-1 visas.

Under current immigration law, a “J” visa is available to foreign physicians as an exchange visitor if the person meets certain requirements, including the intention to return to his or her home country, participation in an exchange visitor program designated by the U.S. Information Agency, and participation in a program that is intended to train foreign nationals in a field that can be utilized in the person's home country, and sufficient funds and fluency in English. They are limited in the number of visas of a 2-