

consideration the bill (H.R. 1402) to require the Secretary of Agriculture to implement the Class I milk price structure known as Option 1A as part of the implementation of the final rule to consolidate Federal milk marketing orders.

Mr. OBERSTAR. Mr. Chairman, in 1996 Congress agreed the U.S. dairy pricing system was seriously flawed and the U.S. Department of Agriculture (USDA) should develop a more evenhanded pricing system. After three years of research and an exhaustive public comment period, USDA proposed a modest reform plan, and now the proponents of H.R. 1402 seek to violate the agreement made in the 1996 Farm bill by leaving in place a blatantly unfair Depression-era pricing structure that penalizes dairy producers based on their distance from Eau Claire, Wisconsin.

Few government programs are more complex and misunderstood than the USDA's milk marketing system. President Franklin Roosevelt established federal orders in the 1930s during the Great Depression to ensure an adequate supply of fresh milk nationwide. The primary goal of the system was to facilitate the flow of milk from surplus production regions to deficit regions. During the Depression, the Upper Midwest was the nation's center of dairy production. So to encourage the flow of milk from the region, the federal government required dairy processors to pay higher prices for fluid milk based on their distance from the Upper Midwest. This allowed our dairy farmers to recover the extra costs of transporting their product to consumer regions. Clearly, federal orders made sense sixty years ago.

The situation has changed. Dairy farms have sprung up in every corner of the country, especially in those regions farthest from the Upper Midwest where the government requires higher minimum prices. Federal orders no longer encourage the flow of milk from one place to another. Today, federal orders artificially encourage the production of milk by high-cost producers in certain regions at the expense of more efficient producers in the Upper Midwest. Geographically, the system favors milk production in high-cost regions such as the Southeast, Texas, and the Northeast at the expense of traditional dairy states such as Minnesota and Wisconsin.

The impact of this pricing system on the Upper Midwestern dairy farmer has been disastrous. Since 1955, Minnesota has lost nearly 60,000 dairy farms. Over one-quarter of Minnesota dairy farmers disappeared in the six-year period following 1993.

Mr. Chairman, I strongly oppose this misguided legislation that would continue an outdated dairy policy, and I believe that the USDA's reform plan should be implemented.

INTERNATIONAL PATIENTS' CARE

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 28, 1999

Mr. BENTSEN. Mr. Speaker, today I am introducing legislation to address the time limitation placed on international patients and attending family members who remain in the United States while receiving medical treat-

ment. I am grateful for the Texas Medical Center in Houston for bringing this important issue to my attention.

Many international patients who obtain prearranged care in the United States require long-term medical treatment and lengthy hospital stays. However, a provision in the 1996 Immigration Reform Act instituted a time limit on "voluntary departure" status that has restricted health care facilities from providing sufficient care to some patients.

Each year, hospitals and health care facilities across the United States provide prearranged treatment and health care assistance to more than 250,000 international patients, who come from many nations around the world. At the Texas Medical Center in Houston, more than 25,000 international patients are seen each year. These patients come to the United States because of the high quality health care that is the best in the world.

Since the 1996 immigration reforms were enacted, many medical patient visitors have entered the United States under the Visa Waiver Pilot Program, which allows a maximum 90-day stay. After 90 days, these patients and their attending family members are eligible to apply for voluntary departure, which allows an additional stay of 120 days. Upon completion of the 120 days, these individuals must request "deferred action" status, which allows them to stay in the United States for an extended period, but places them under illegal status. Consequently, these patients—whose lives are often dependent on return visits to the United States for further medical treatment—are barred from entering the United States from between 3 and 10 years.

After I brought this issue to the attention of the INS and the Department of State, each agency has worked to strengthen their staff knowledge of medical patients, and to better screen prospective international patients at U.S. embassies and during inspections. However, due to the relaxed rules governing participation in the Visa Waiver program, many patients have continued to come to this country unaware of its strict length-of-stay restrictions.

Mr. Speaker, I was a strong proponent of the immigration reforms passed by Congress and signed by the President in 1996. Overall, I believe these were tough, but needed reforms that cracked down on illegal immigration. I have worked closely with law enforcement authorities in my district to clamp down on illegal immigration, and I have supported legislative efforts to provide the INS with the resources to safeguard the integrity of our borders while also holding the agency to high professional standards of law enforcement. In this case, though, I believe it is entirely appropriate to make a concession to the small number of international patients who travel to the United States for life-saving treatment.

The bill I am offering today would authorize a 3-year pilot program allowing the Attorney General to waive the voluntary departure 120-day cap for a very limited number of international patients and attending family members who enter the United States under the Visa Waiver program. It would implement a tough, restrictive process for these patients, to ensure that only those truly in need of long-term medical care could obtain such a waiver.

This legislation would require these patients to provide comprehensive statements from attending physicians detailing the treatment sought and their anticipated length of stay in the United States. In addition, the patients would be required to provide proof of ability to pay for their treatment and the daily expenses of attending family members. This legislation would strictly limit the number of allowable family members and limit the total number of waivers to 300 annually. To safeguard against fraud and abuse, this legislation would require the INS to provide Congress with an annual status report detailing the number of international patients waivers allowed each fiscal year. Should the INS fail to release this data, Congress would be authorized to discontinue these waivers.

In drafting this legislation, I consulted with the Texas Medical Center to determine an accurate, workable number of annual waivers for this legislation. After contacting a number of medical institutions throughout the United States, the Texas Medical Center estimated that approximately 1000 annual waivers will be needed to meet the total number of international patients who fall out of legal immigration status due to long-term health care needs. Despite this estimate, I believe 300 annual waivers will provide an adequate starting point to address this situation, while providing an appropriate safeguard against fraud and abuse.

Mr. Speaker, I realize that there are many members who are hesitant to make changes to the immigration law Congress adopted in 1996. I know that I am loath to do anything more than a surgical fix to the underlying statutory scheme. However, I am convinced that the reforms enacted in 1996 were not intended to target nonimmigrant visitors who enter this country to receive preapproved, life-saving medical treatment. I believe we have an obligation to protect the status of legal, international patients who owe their lives to the high-quality medical care they receive in the United States. Working together, in a bipartisan manner, we have taken great strides in strengthening our immigration laws. We should not allow our hard work to be diminished by the unintentional consequences of otherwise highly effective immigration reforms.

I urge my colleagues to join me in supporting this important effort.

HONORING JACKIE WAITLEY

HON. BOB SCHAFFER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 28, 1999

Mr. SCHAFFER. Mr. Speaker, I rise today to honor Jackie Waitley of Liff, CO, immediate past president of Colorado Cattle Women who recently was recognized for her leadership and hard work on behalf of the organization.

Jackie, born in Boston, MA, is a true westerner. Growing up in a Denver suburb, she romanticized about living on a ranch riding and rodeoing. Meeting her husband Frank at Hastings College, both went to work for a short time as school teachers in Peetz, CO, but soon realized their shared dream of ranching and raising cattle and owning the Waitley