

within our companies. We know that within our own military, within our own government. People are policy. Good people in Iraq will rebuild Iraq. We need people there. I want to see Americans go there to help. I want to see the Iraqi people stay there and rebuild their country. That's a high level of patriotism for them to show.

This is a bill that discourages that and actually works inversely to the best interests of the United States and the best interests of Iraq. So I urge its defeat.

Mr. Speaker, I yield back the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, again, we have seen ongoing news reports that those who have chosen to help us in our efforts in Iraq and Afghanistan are risking their lives for our Nation's interests, and it is appropriate that we give them assistance.

This bill is exactly what we thought we had done earlier in the year. This is a technical correction. It's not a change in policy. It is what we thought we were doing. In fact, I'm surprised we have opposition because we didn't think it was controversial. The Senate bill, just to read the original cosponsors, the Senate bill was introduced by Senators KENNEDY and LUGAR with bipartisan cosponsorship of Senators LEAHY, CORNYN, BIDEN, MCCAIN, LEVIN, SPECTER, OBAMA, HAGEL, DURBIN, SUNUNU, CARDIN, SMITH, COLEMAN, and BOND. An identical bill was introduced in the House by the gentlewoman from California (Ms. ZOE LOFGREN) with original cosponsorship of Mr. FORTENBERRY, Mr. CONYERS, Mr. SENSERBRENNER, Mr. SKELTON, Mr. HUNTER, Mr. BERMAN, Ms. ROSLEHTINEN, Mr. BLUMENAUER, Mr. SMITH of New Jersey, Mr. PERLMUTTER, Mr. PENCE, and Ms. JACKSON-LEE of Texas.

Obviously those broad bipartisan cosponsors suggest that this is something that should not be controversial, especially when you consider it also has the strong support of the Department of Defense, the Department of State, and the Department of Homeland Security. I would hope, Mr. Speaker, that we adopt the bill and do what we thought we were doing in January to protect our friends who have protected us.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. SCOTT) that the House suspend the rules and pass the Senate bill, S. 2829. The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. KING of Iowa. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

EXTENDING PROGRAM RELATING TO WAIVER OF FOREIGN COUNTRY RESIDENCE REQUIREMENT WITH RESPECT TO INTERNATIONAL MEDICAL GRADUATES

Mr. SCOTT of Virginia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5571) to extend for 5 years the program relating to waiver of the foreign country residence requirement with respect to international medical graduates, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5571

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

SECTION 1. EXTENSION OF WAIVER PROGRAM.

Section 220(c) of the Immigration and Nationality Technical Corrections Act of 1994 (8 U.S.C. 1182 note) is amended by striking "June 1, 2008" and inserting "June 1, 2013".

SEC. 2. EXPANDING THE FLEXIBILITY OF THE CONRAD STATE 30 PROGRAM.

Section 214(l)(1)(D)(ii) of the Immigration and Nationality Act (8 U.S.C. 1184(l)(1)(D)(ii)) is amended by striking "5" and inserting "10".

SEC. 3. SENSE OF CONGRESS.

It is the sense of the Congress that—

(1) Federal programs waiving the 2-year foreign residence requirement under section 212(e) of the Immigration and Nationality Act (8 U.S.C. 1182(e)) for physicians are generally designed to promote the delivery of critically needed medical services to people in the United States lacking adequate access to physician care; and

(2) when determining the qualification of a location for designation as a health professional shortage area, the Secretary of Health and Human Services should consider the needs of vulnerable populations in low-income and impoverished communities, communities with high infant mortality rates, and communities exhibiting other signs of a lack of necessary physician services.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. SCOTT) and the gentleman from Iowa (Mr. KING) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. SCOTT of Virginia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include extraneous material on the bill under consideration.

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

There was no objection.

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Today we take urgent action to prevent a critically important immigration program from expiring.

No one disputes that there is a health care crisis in this country. With our population aging, there can be no doubt that the demand for health care will only increase.

The problem is made worse by the fact that many people in communities across America lack access to health care because of a shortage of medical professionals, including doctors. H.R. 5571 will reauthorize the program, the Conrad 30 J Waiver program, that has been successful in helping medically underserved communities attract highly skilled physicians. If Congress does not act, the Conrad program will expire on June 1, 2008.

And how important is this program? Well, to take just one example, a little more than a year ago, in early May 2007, a powerful tornado tore through a Kansas prairie, destroying 95 percent of the town of Greensburg and killing 11 people. Because of the Conrad 30 program, doctors were available in Greensburg to serve this community in need. The Conrad 30 program allows States, like Kansas, to recommend that doctors who have received medical training in the United States on a J-1 visa and who now want to work in medically underserved areas receive waivers from the general requirement that doctors first return to their home countries for 2 years. This is too important a program to let expire.

I want to commend the gentlewoman from California (Ms. ZOE LOFGREN), the Chair of the Immigration Subcommittee, for her leadership on this issue. I also want to thank the ranking member of the full committee, the gentleman from Texas (Mr. SMITH); and the gentlewoman from Texas (Ms. JACKSON-LEE) for their efforts to make sure that this bill came to the floor.

I urge my colleagues to support this important legislation.

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

Mr. KING of Iowa. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, aliens who participate in medical residencies in the United States on J exchange program visas must generally leave the U.S. at the conclusion of their residencies to reside abroad for 2 years before they can be eligible for permanent residence or status as H-1B or L visa non-immigrants. The intent behind this policy to encourage American-trained foreign doctors to return home to improve health conditions and advance the medical professions in their native countries.

In 1994 Congress created a waiver of the 2-year foreign residence requirement. The waiver was available if requested by State departments of public health for foreign doctors who committed to practice medicine for no less

than 3 years in a geographic area or areas designated by the Secretary of Health and Human Services as having a shortage of health care professionals. The number of foreign doctors who could receive the waiver was limited to 20 per State.

Congress has extended this waiver on multiple occasions and has also expanded the numerical limitation on waivers to 30 per State. The waiver is set to expire on June 1 of this year. In fiscal year 2007, 768 foreign doctors received waivers.

H.R. 5571 will further extend the waiver until June 1, 2013. I support this bill. The waiver program assists people in rural and inner-city communities in getting good quality and accessible medical care. As I look at the problem of access to health care and the way we have addressed it in this Congress, it gives me a foreboding feeling to see where we will be in 10 years or so. I think it's an important piece, a small piece, but an important piece of our health care plan. I urge its adoption.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise as well to support the legislation, H.R. 5571, and to commend the chairwoman of the Subcommittee on Immigration of the House Judiciary Committee for her leadership on this issue, Congresswoman ZOE LOFGREN. I thank the manager of the bill, Mr. SCOTT, for his leadership; our chairman of the full committee; our ranking member of the full committee; and the ranking member of the Immigration Subcommittee, Mr. KING of Iowa.

This is an embracing and unifying initiative. Why? Because we all understand the necessity of health care in America. We understand the importance of providing access to health care no matter where you live. And I thank Mr. Blake Chisam and my staff, Mr. Arthur Sidney, for working on language that I proposed to emphasize the importance of the provision that these doctors receive and should be guided by language that indicate that they should be utilized in areas that are underserved, that there are doctors that are not serving the area.

□ 1630

So that foreign doctors who will benefit from the waiver provisions, which means eliminating the need for foreign medical doctors to return to their native land, will be utilized or encouraged to be utilized in areas around the country. The language in particular reads: It is the sense of Congress that Federal programs waiving the J-1 home residency requirement for physicians are generally designed to promote the delivery of critically needed

medical services to Americans lacking adequate access to physician care, and that when determining the qualification of location for a waiver petition, the Department of Health and Human Services should always consider the needs of vulnerable populations in low-income and impoverished communities, communities with high infant mortality rates, rural areas, and communities exhibiting other signs of a lack of necessary physician services.

In my State of Texas, we have been fighting for this for a very long time. In the rural parts of Texas, we are lacking in medical services and physicians. It's very important when these waivers are given that these physicians are utilized where they can best serve, and that is in vast number of areas that do not have access to health care.

I support this legislation, H.R. 5571, and I think as it comes to the floor, it contains all the elements that suggest a benefit that brings about a burden, but not a burden that is negative but a burden to serve those who are in desperate need. Many of our country are, and these physicians can help them. With that, I believe this is an important bill.

Mr. Speaker, I rise today in support of H.R. 5571, to extend for 5 years the program relating to waiver of the foreign country residence requirement with respect to international medical graduates. The purpose of this bill is to extend for 5 years the program relating to a waiver of the foreign country residence requirement with respect to international medical graduates. I support this bill.

The Immigration and Nationality Act allows for foreign doctors to train in the United States under the "J-1" visa program, otherwise known as non-immigrants in the "Exchange Visitor Program." This Exchange Visitor Program seeks to promote peaceful relations and mutual understanding with other countries through educational and cultural exchange programs. Accordingly, many exchange visitors, including doctors in training, are subject to a requirement that they must return to their home country to share with their countrymen the knowledge, experience, and impressions gained during their stay in the United States. Unless U.S. Customs and Immigration Service approves a waiver of this requirement, the exchange visitors must depart from the United States and live in their home country for 2 years before they are allowed to apply for an immigrant visa, permanent residence, or a new non-immigrant status.

A waiver of the 2 year foreign residency requirement is available for doctors who have trained in the United States under the J-1 visa if a State or an interested Federal agency sponsors the physician exchange visitor to work in a health manpower shortage area within the State for 3 years as a non-immigrant in H-1B status (temporary worker in specialty occupation). The Secretary of Health and Human Services determines which areas have a health manpower shortage.

The availability of this waiver will sunset on June 1, 2008. H.R. 5571 would extend this waiver for 5 years to ensure that areas in the

United States with a shortage of doctors have an option to hire a doctor with a J-1 visa for 3 years where there is no other doctor available to fill the job.

I worked with Congresswoman ZOE LOFGREN to ensure that the foreign doctors who will benefit from the waiver provisions, eliminating the need for the foreign medical doctors to return to their native land, will be required to work in impoverished and underserved inner-city and urban communities. I believe that this is important because Americans who need access to medical care, the poor and needy, will benefit. This would be a tremendous improvement in the U.S. medical system and would move us closer to garnering access to healthcare for all.

Specifically, I worked to include the following language in the bill:

It is the sense of Congress that Federal programs waiving the J-1 home residency requirement for physicians are generally designed to promote the delivery of critically needed medical services to Americans lacking adequate access to physician care and that when determining the qualification of a location for a waiver petition, the Department of Health and Human Services should always consider the needs of vulnerable populations in low-income and impoverished communities, communities with high infant mortality rates, rural areas, and communities exhibiting other signs of a lack of necessary physician services.

Across this great Nation the health disparities between minority and majority populations are staggering. Most major diseases—diabetes, heart disease, prostate cancer, HIV/AIDS, low-birth-weight babies—all hit the minority communities harder. Minorities consistently have decreased access to care, and receive lower quality care, when they do have access. As the economy continues to falter and as the unemployment rate spikes, millions of Americans are losing their health insurance. That state of affairs will only make the health disparities worse. Consider these statistics:

African-American women are nearly three times as likely to die from pregnancy complications and childbirth as White women.

Native American, African-American and Hispanic women are most likely to receive inadequate prenatal care.

Compared with White women, African American women are twice as likely and Hispanic women are nearly three times as likely to be uninsured. Furthermore, African Americans and Hispanics are much more likely than Whites to lack a usual source of care and to encounter other difficulties in obtaining needed care.

Certain minorities also have much higher rates of diabetes-related complications and death, in some instances by as much as 50 percent more than the total population. It is truly an epidemic.

Nearly 31 percent of African American girls in the 4th grade were overweight in 2001.

Thirteen percent of Houston high school students are overweight and 17 percent are at risk.

Thirty-four percent of African American women are obese, compared to 19 percent of White women.

Forty-four percent of African American women are projected to be obese by 2020, and 47 percent by 2040.

As of February 2006, African-Americans represented only 13 percent of the U.S. population, but accounted for 40 percent of the 944,306 AIDS cases diagnosed since the start of the epidemic and approximately half, 49 percent, of the 42,514 cases diagnosed in 2004 alone.

African-Americans also account for half of new HIV/AIDS diagnoses in the 35 States/areas with confidential name-based reporting.

The AIDS case rate per 100,000 population among African-American adults/adolescents was nearly 10.2 times that of Whites in 2004.

African-Americans accounted for 55 percent of deaths due to HIV in 2002 and their survival time after an AIDS diagnosis is lower on average than it is for other racial/ethnic groups.

HIV was the third leading cause of death for African-Americans, ages 25–34, in 2002 compared to the sixth leading cause of death for Whites and Latinos in this age group.

African-American women account for the majority of new AIDS cases among women, 67 percent in 2004; while White women account for 17 percent and Latinos 15 percent. Among African-Americans, African-American women represent more than a third, 36 percent, of AIDS cases diagnosed in 2004.

Although African-American teens, ages 13–19, represent only 15 percent of U.S. teenagers, they accounted for 66 percent of new AIDS cases reported among teens in 2003.

It is my hope that the language that I worked to get included in the bill will promote the delivery of critically needed medical services to Americans in low-income and impoverished communities, rural areas, and communities that are in desperate need of physician services.

I urge my colleagues to support this bill.

Mr. KING of Iowa. I have no further speakers, and I will yield myself such time as I may consume.

Mr. Speaker, I rise in support of this bill. I think reauthorizing the J visas for access to health care across this Nation, allowing people practicing medicine to come in at the rate of 30 per State, and look around to see which States utilize that and which ones don't, it is easy for us to see those States that need that access to health care. This will help. It will help in a lot of the States. In fact, it will help in all the States, if they use it.

I urge its adoption.

Mr. MCHUGH. Mr. Speaker, I rise today in support of H.R. 5571, which provides a 5-year extension of the Conrad 30 J Waiver Program. That program is of critical importance to my constituents and to our Nation as a whole because it provides a mechanism whereby doctors can be provided to medically underserved areas.

I have the privilege of representing New York State's 23rd Congressional District, a predominantly rural region which encompasses 14,739 square miles in 11 counties in northern and central New York. It is breathtakingly beautiful and contains national treasures such as Lake Champlain, the St. Lawrence River, Lake Ontario, and the Adirondack Mountains. However, it has a 13.5 percent poverty rate and some have characterized it as remote.

One of our greatest challenges is recruiting and retaining physicians. In fact, given its importance to our economy and quality of life, that challenge is almost always raised whenever I meet with the fine men and women who serve as local elected officials, business community leaders, or health professionals.

The Conrad 30 J Waiver Program is an invaluable tool in our effort to meet that challenge. In fact, since 1996, my office has helped secure waivers for 46 doctors, including 7 primary care physicians located in 6 of the 11 counties I represent. While these doctors have helped immensely in our effort to address our physician shortage, I am hesitant to imagine a scenario where we did not have the Conrad 30 J Waiver Program.

Accordingly, I greatly appreciate the work the Gentlewoman from California (Ms. LOFGREN) and the Gentleman from Michigan (Mr. CONYERS) have done to bring this measure to the floor and look forward to its enactment.

Mr. KING of Iowa. I yield back the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. SCOTT) that the House suspend the rules and pass the bill, H.R. 5571, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. KING of Iowa. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

RECOGNIZING THE 100TH BIRTHDAY OF LYNDON BAINES JOHNSON

Mr. SCOTT of Virginia. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 354) recognizing the 100th birthday of Lyndon Baines Johnson, 36th President, designer of the Great Society, politician, educator, and civil rights enforcer.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 354

Whereas August 27, 2008, marks the 100th birthday of Lyndon Baines Johnson;

Whereas Lyndon B. Johnson was born in Stonewall, Texas, to Samuel Ealy Johnson, Jr., a Texas representative, and Rebekah Baines, on August 27, 1908;

Whereas upon graduation, Lyndon B. Johnson enrolled in Southwest Texas State

Teachers' College, where he vigorously participated in debate, campus politics, and edited the school newspaper;

Whereas Lyndon B. Johnson had several teaching positions throughout Texas, including at the Welhausen School in La Salle County, at Pearsall High School, and as a public speaking teacher at Sam Houston High School in Houston;

Whereas Lyndon B. Johnson went to work as a congressional assistant at the age of 23;

Whereas Lyndon B. Johnson served the 10th Congressional District in the Texas House of Representatives from April 10, 1937, to January 3, 1949;

Whereas Lyndon B. Johnson became a commissioned officer in the Navy Reserves in December 1941;

Whereas during World War II, Lyndon B. Johnson was recommended by Undersecretary of the Navy James Forrestal to President Franklin D. Roosevelt, who assigned Johnson to a three-man survey team in the southwest Pacific;

Whereas Lyndon B. Johnson was conferred the Silver Star, which is the military's third highest medal, by General Douglas MacArthur;

Whereas in 1948, Lyndon B. Johnson was elected to the Senate at the age of 41;

Whereas in 1951, Lyndon B. Johnson was elected Senate minority leader at the age of 44 and elected Senate majority leader at the age of 46, the youngest in our history;

Whereas Lyndon B. Johnson was elected Vice President at the age of 52, becoming president of the Senate;

Whereas Lyndon B. Johnson's congressional career and his leadership spanned the stock market crash, the Great Depression, World War II, the nuclear age, the Cold War, the space age, and the civil rights movement, some of the most turbulent years in American history;

Whereas Vice President Lyndon B. Johnson was appointed as head of the President's Committee on Equal Employment Opportunities, through which he worked with African Americans and other minorities;

Whereas an hour and 38 minutes after the assassination of President Kennedy, Lyndon B. Johnson was sworn in as President aboard Air Force One;

Whereas Lyndon B. Johnson was a bold leader;

Whereas as President, Lyndon B. Johnson believed that government could guarantee human rights, could lift people out of poverty, and provide access to quality education and health care throughout the Nation;

Whereas Lyndon B. Johnson was an idealist, a force of nature, and had the energy and determination and leadership to turn those dreams into reality;

Whereas Lyndon B. Johnson was a "can-do" President because no matter how difficult and daunting the task at hand, he never rested until it was completed;

Whereas in 1964, the Johnson Administration passed the landmark Civil Rights Act of 1964, which banned de jure segregation in the Nation's schools and public places;

Whereas the Johnson Administration passed the Voting Rights Act of 1965, which outlawed obstructive provisions that were rendered impractical and impartial to potential voters;

Whereas in January of 1965, the Johnson Administration introduced the Great Society, which included provisions for aid to education, Medicare, urban renewal, beautification, conservation, the development of depressed regions, a wide-scale fight against poverty, and the removal of obstacles to the right to vote;