said to me, ''Congressman, all we need is a fair chance to compete. That's what we get there at Opportunity and just look at the results!'' Clearly, Opportunity, Inc. is an organization that lives up to its name.

Mr. Speaker, I am proud to represent a congressional district that includes enterprises of this caliber. It is my pleasure to salute the employees, management and directors of Opportunity, Inc. on the occasion of their annual dinner, and to extend my personal congratulations to Raymond J. Geraci, Mayor of Highland Park, Illinois, who is the recipient of this year's Handicapable Leadership Award for 20 years of service.

THE 50TH ANNIVERSARY OF THE FRAMINGHAM HEART STUDY

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Monday, September 28, 1998

Mr. MARKEY. Mr. Speaker, I submit the following address.

Good afternoon, everyone. Thank you for inviting me to this historic celebration—the commemoration of a 50 year milestone in the advancement of public health in the United States. No other community in America has ever contributed as much to the health of all Americans as the town of Framingham—a veritable medical mecca. We are here today to honor you and the gift of life you have given to our country.

I am pleased to be among so many friends and so many experts in the fields of medicine and research. Framingham is blessed with the very best State House delegation in Massachusetts—State Senator Dave Magnani, and State Representatives John Stefanini and John Stasik. And what a great local government—represented today by Chairman of the Board of Selectmen Chris Petrini. Our Master of Ceremonies, Dr. Timothy Johnson, a modern day Marcus Welby—he's on ABC now, but he was dispensing his outstanding medical advice to all of us in Boston long before he made it really big—right here on Channel 5.

Jay Lander and the many other study participants and their families whom we congratulate and thank today.

The guardians of the Framingham Study—Doctors William Castelli, Aram Chobanian, and Daniel Levy. One of the federal government's top health experts, Dr. Claude Lenfant, Director of the National Heart, Lung, and Blood Institute at NIH.

And to this distinguished public health pantheon we welcome a world leader, America's Doctor, the Surgeon General of all of these United States, the Pied Piper of Prevention, Dr. David Satcher. There is no kinder, wiser, more conscientious or creative caregiver in the land, and we are grateful for, and honored by his presence and his willingness to devote his great talents to helping all of America's people lead healthier and more productive lives.

As I was preparing for today's event, it occurred to me that the willingness of the people of Framingham to volunteer for this monumentally important civic cause has proven to be as critical to the promotion of our nation's health as the Minutemen of Middlesex County were to the promotion of our democracy. It is extraordinary to think in 1948, in a town of only 28,000 people, nearly one out of five residents stepped forward to answer the call for participation in this long-term affair of the heart. They devoted their lives to a revolutionary undertaking, demonstrating the same deeply felt spirit of voluntarism as their forebearers who took up their flintlocks to beat back King George III.

When the history of Western Medicine is written, every one of those first 5,000 volunteers, and every one of the subsequent wave of 5,000 offspring and spouse volunteers, and every one of the more than five hundred Omni Study volunteers, will be listed in the history books under the heading of ''Public Health Patriots.'' Because for the past 50 years, you have opened your lives to save all of ours.

Make no mistake about it, the Framingham Heart Study has been revolutionary—changing the way our entire country thinks about medicine and revolutionizing our understanding of heart disease. Framingham has set the standard for the very best in medical research, bridging the gap between science and advocacy. It has made history as one of the first major health studies to include women who had long been neglected in the halls of public policy, in research studies, and in clinical practice. Fully 55 percent of the original cohort and 52 percent of the second generation ''Offspring Study'' were women. This fact is significant because heart disease was long believed to be only a man's disease—but thanks to Framingham we know that it is in fact the #1 killer of American women, that the symptiom presentation may be different in women than men, and that there are important steps that both women and men can take to protect themselves from the dangers of cardiovascular disease.

Research is medicine's ''field of dreams'' from which we harvest new findings about the causes, treatments, and prevention of disease. And we have harvested a great deal of knowledge about heart disease from our national investment in the Framingham Heart Study. In 1948, the United States Public Health Service wanted to know why the rates of heart disease were rising in America. Since then, the Study has been answering that question, and for the first time in history identified risk factors for heart disease. The federal government's total contribution to the Framingham Study has been just $43 million dollars—but that $43 million dollars has produced 50 years of data and over 1,000 scientific papers—the Holy Book for Healthy Hearts. I believe this is one of the best investments our government has ever made, because it has paid life-saving dividends: Since the time the study began, the death rate from heart disease has declined by 50 percent.

Perhaps the most long-lasting contribution of the Framingham Heart Study will be the way in which it turned the attention of medicine inexorably towards prevention as a strategy for reducing the ravages of disease and for improving the quality and quantity of our lives. Framingham has given us a public health model that extends well beyond the heart and challenges the mind as well. You see, we are finally waking up to the fact that only through lifestyle and behavioral changes will Americans achieve optimal health.

That is because at the turn of this century, in the year 1900, the average life expectancy in the United States was 48 years of age for women and 46 years for men. Americans died of infectious diseases, and for women, also from complications of childbirth. So, from the dawn of time to the year 1900, we had added just a few years to the lives of Americans. However, for a person born today, the average life expectancy is 79 years of age for women and 72 years for men. Over the last 98 years, through government sponsored public health interventions including better sanitation, immunization, and advances from our federal investment in medical research, we have added thirty bonus years to the lives of Americans.

Today, the major killers of people in the United States are chronic diseases—including heart disease, cancer, stroke, chronic lung disease and diabetes, for which over 50 percent of the cause are behavioral and lifestyle factors—smoking, poor diet, lack of physical activity, alcohol and illicit drug abuse, unsafe sexual practices, and not wearing a seatbelt.

As a result of the extraordinarily well-designed Framingham Heart Study, our nation learned about risk factors and adopted the prevention message that the Framingham Study put on the map. Healthy diet and exercise will help prevent heart disease, high blood pressure, diabetes, and some types of cancer. Conversely, cigarette smoking is the #1 preventable cause of death in America. It not only causes lung cancer and chronic lung disease, but it is a leading contributor to heart disease as well. Yet 1 in 4 Americans smokes, 1 in 3 high school seniors smoke, and one-third of them will die of their addiction. Furthermore, there is a growing epidemic of obesity and sedentary lifestyles in America.

But today we spend only one percent of a 1 trillion dollar health budget on prevention. I believe it is time to put prevention on the front burner of our nation's health care agenda where it belongs. Because more than any miracle drug we could discover, changing health-damaging behaviors and eliminating environmental health hazards could decrease premature death in America by one half, chronic disability by two-thirds, not to mention dramatically cut health care costs.

As we enter the 21st Century and adapt the Framingham Study to help us better understand all of the diseases that affect us today and into the future—diseases like Alzheimer's disease, diabetes, cancer, and the genetics of many other illnesses—the work of Framingham's Public Health Patriots will go on and on, and the rest of us will have even more reason to praise all of the volunteers gathered here this afternoon and the thousands of others who are with us in spirit.

In closing, I'd like to share an ancient proverb: ''He, let's also make that she—who has health has hope. And he who has hope has everything.'' That's what this landmark Framingham Heart Study and your important contributions are all about—providing hope for a healthier future for the citizens of Framingham, of Massachusetts and for all Americans.

I am proud to represent you, I salute you, and I thank you with all of my heart for opening your lives to science to save our lives and the lives of generations of Americans to come.

TRIBUTE TO COLONEL DENNIS K. OBERHELMAN

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Monday, September 28, 1998

Mr. SKELTON. Mr. Speaker, let me take this opportunity to pay tribute to Marine Corps Colonel Dennis K. Oberhelman, who is retiring from the military after 28 years of exceptional service to our nation.

From 1996 to 1998, Col. Oberhelman served as Commanding Officer, Marine Corps Support Activity, Kansas City, Missouri. During this period of time, his leadership, innovative concepts, and farsighted planning were manifested in the overall effectiveness of Support

Activity. He demonstrated outstanding skills in directing a quite diverse organization, from the command staff to the Marine Corps Regional Contracting Office, Family Services Center, and Housing Office. Col. Oberhelman ran a highly cohesive staff with a single focus on providing the best possible support to all Kansas City area military personnel as well as families living at Richards-Gebaur.

Col. Oberhelman has been at the forefront of every major military-related challenge in the Kansas City area. He helped to devise a five year plan for Richards-Gebaur, and worked toward bringing 300 additional Marines to the former Air Force facility. In addition, he worked toward the establishment of a TRICARE Prime Site there.

Col. Oberhelman has fostered good will within the Kansas City community, and he has developed a close working relationship with civic leaders and organizations. I am certain that Members of the House will join me in paying tribute to this outstanding American as he retires from active duty.

ADJUSTMENTS OF STATUS OF BANGLADESH NATIONALS, H.R. 4652

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, September 28, 1998

Mr. GILMAN. Mr. Speaker, it is with great pleasure that I rise to introduce H.R. 4652, a bill to provide for the adjustment of status of certain nationals of Bangladesh who have resided in the U.S. for over a decade. Despite attempts at promoting democracy and pluralism in Bangladesh, nearly half of that nation's population still lives below the poverty line. Per capita income is approximately $260 dollars per year making Bangladesh one of the poorest nations in the world.

The Monsoon's of 1998 have magnified Bangladesh's problems making it ever more difficult for the people of that nation to distribute the scarce resources available. With 830 people per square kilometer, Bangladesh is one of the world's most densely populated places. In 1992, nearly ⅔ of Bangladesh is one of the world's most densely populated places. In 1992, nearly ⅔ of Bangladeshi children suffered from severe malnutrition. The picture in Bangladesh remains exceedingly bleak.

The recent nuclear threats emanating from Bangladesh's larger neighbors have placed further burdens on a nation which has traveled so far in its quest for democracy yet remains precariously perched in a very dangerous neighborhood. Our colleagues should applaud Bangladesh for its efforts to reduce the problems associated with child labor over the last several years. We must, however, do more. We must do something vital and tangible to demonstrate our commitment to help a limited number of Bangladeshi people who have lived in this country for at least a decade, contributed to American society and in many cases, raised their American children.

The perils of living in poverty and climatic devastation in Bangladesh has forced some of these people to follow the same route of our own ancestors and seek refuge in the United States. Some of these people are suspended in a statute of permanent illegality, entangled in a labyrinth of changing, complex immigration laws. These people are not on our welfare roles and will not become wards of the state. They are good, hard working people with whom I have been proud to associate myself.

Mr. Speaker, let us do what is right, let us do what is just and let us do what is humane. Let us respect that role that immigrants have played in the cultural mosaic that is our United States. Accordingly, I invite my colleagues to join me in supporting this limited action to legalize those who truly are deserving of permanent residency in this great nation.

Mr. Speaker, I request that a copy of the bill be inserted into the RECORD following my remarks.

A bill to provide for adjustment of status for certain nationals of Bangladesh.

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

This Act may be cited as the ''Bangladeshi Adjustment Act''.

SEC. 2. ADJUSTMENT OF STATUS FOR CERTAIN NATIONALS OF BANGLADESH.

(a) ADJUSTMENT OF STATUS.—

(1) IN GENERAL.—The status of any alien described in subsection (b) shall be adjusted by the Attorney General to that of an alien lawfully admitted for permanent residence, if the alien—

(A) applies for such adjustment before July 1, 2000; and

(B) is otherwise admissible to the United States for permanent residence, except in determining such admissibility the grounds for inadmissibility specified in paragraphs (4), (5), (6)(A), (7)(A), and (9)(B) of section 212(a) of the Immigration and Nationality Act shall not apply.

(2) RELATIONSHIP OF APPLICATION TO CERTAIN ORDER.—An alien present in the United States who has been ordered excluded, deported, removed, or ordered to deport voluntarily from the United States under any provision of the Immigration and Nationality Act may, notwithstanding such order, apply for adjustment of status under paragraph (1). Such an alien may not be required, as a condition of submitting or granting such application, to file a separate motion to reopen, reconsider, or vacate such order. If the Attorney General grants the application, the Attorney General shall cancel the order. If the Attorney General renders a final administrative decision to deny the application, the order shall be effective and enforceable to the same extent as if the application had not been made.

(b) ALIENS ELIGIBLE FOR ADJUSTMENT OF STATUS.—

(1) IN GENERAL.—The benefits provided by subsection (a) shall apply to any alien who is a national of Bangladesh and who has been physically present in the United States for a continuous period, beginning not earlier than the date the application for adjustment under such subsection is filed, except an alien shall not be considered to have failed to maintain continuous physical presence by reason of an absence, or absences, from the United States for any periods in the aggregate not exceeding 180 days.

(2) PROOF OF COMMENCEMENT OF CONTINUOUS PRESENCE.—For purposes of establishing that the period of continuous physical presence referred to in paragraph (1) commenced not later than January 1, 1987, an alien—

(A) shall demonstrate that the alien, prior to January 1, 1987—

(i) performed service, or engaged in a trade or business, within the United States which is evidenced by records maintained by the Commissioner of Social Security; or

(ii) applied for any benefit under the Immigration and Nationality Act by means of an application establishing the alien's presence in the United States prior to January 1, 1987; or

(B) shall make such other demonstration of physical presence as the Attorney General may provide for by regulation.

(c) STAY OF REMOVAL; WORK AUTHORIZATION.—

(1) IN GENERAL.—The Attorney General shall provide by regulation for an alien subject to a final order of deportation or removal to seek a stay of such order based on the filing of an application under subsection (a).

(2) DURING CERTAIN PROCEEDINGS.—Notwithstanding any provision of the Immigration and Nationality Act, the Attorney General shall not order any alien to be removed from the United States, if the alien is in exclusion, deportation, or removal proceedings under any provision of such Act and has applied for adjustment of status under subsection (a), except where the Attorney General has rendered a final administrative determination to deny the application.

(3) WORK AUTHORIZATION.—The Attorney General may authorize an alien who has applied for adjustment of status under subsection (a) to engage in employment in the United States during the pendency of such application and may provide the alien with an ''employment authorized'' endorsement or other appropriate document signifying authorization of employment, except that if such application is pending for a period exceeding 180 days, and has not been denied, the Attorney General shall authorize such employment.

(d) ADJUSTMENT OF STATUS FOR SPOUSES AND CHILDREN.—

(1) IN GENERAL.—The status of an alien shall be adjusted by the Attorney General to that of all alien lawfully admitted for permanent residence, if—

(A) the alien is a national of Bangladesh;

(B) the alien is the spouse, child, or unmarried son or daughter, of an alien whose status is adjusted to that of an alien lawfully admitted for permanent residence under subsection (a), except that in the case of such an unmarried son or daughter, the son or daughter shall be required to establish that they have been physically present in the United States for a continuous period, beginning not later than January 1, 1987, and ending not earlier than the date the application for adjustment under this subsection is filed;

(C) the alien applies for such adjustment and is physically present in the United States on the date the application is filed;

(D) the alien is otherwise admissible to the United States for permanent residence, except in determining such admissibility the grounds for exclusion specified in paragraphs (4), (5), (6)(A), (7)(A), and (9)(B) of section 212(a) of the Immigration and Nationality Act shall not apply; and

(E) applies for such adjustment before July 1, 2000.

(2) PROOF OF CONTINUOUS PRESENCE.—For purposes of establishing the period of continuous physical presence referred to in paragraph (1)(B), and alien—

(A) shall demonstrate that such period commenced not later than January 1, 1987, in a manner consistent with submission (b)(2); and

(B) shall not be considered to have failed to maintain continuous physical presence by reason of an absence, or absences, from the United States for any period in the aggregate not exceeding 180 days.

(e) AVAILABILITY OF ADMINISTRATIVE REVIEW.—The Attorney General shall provide to applicants for adjustment of status under subsection (a) the same right to, and procedures for, administrative review as are provided to—