

Indian food and recitals featuring classical Indian dances.

Family members say it took years to earn the trust of the community, but once they did, the practice quickly grew. Some local doctors who once viewed the Shahs as competition eventually joined the practice.

Each time the nearby Patuxent River Naval Base added employees, the practice received a wave of patients. The practice's offices, where employees had once been asked to park in front so business would appear brisk, were soon overflowing.

In 1995, V.K. Shah found an empty lot on Route 235 in Hollywood. Two years later, he opened the Philip J. Bean Medical Center, dedicating it to a late local physician who he said "delivered half the county."

"We said 'Let's name it after someone who means something to this community,'" Shah said. "I think people should feel good about this place—it should mean something to them."

But the facility that felt like a palace then is already too small, and the practice with 65 physicians in 10 locations, is scrambling to recruit more doctors. "Demand is so high across the board," said Shah, 66. "I can't retire."

Plans were announced last week for a 32,000-square-foot addition to the medical center. The extra space will allow specialists from Georgetown University Hospital and Washington Hospital Center to practice there as part of a new partnership.

Because Shah Associates provides so much of the medical care in the region, the partnership will allow the universities to study health patterns over generations, said Leslie Miller, head of the cardiac program at both hospitals.

Shah Associates has compiled its patients' medical records into a database that allows it to track the medical histories of families and look for early warning signs in younger generations. Such locally comprehensive databases might one day help researchers better understand such hereditary conditions as heart problems, he said.

"They are a model of the health care of the future," Miller said. "These guys, on their own, using their own money, have put together this extraordinary system. . . . We want to extend what they have done."

But in many areas that are more rural than Southern Maryland, as in many inner cities, the gap between medical needs and resources remains great, despite government efforts.

In 1994, Congress made foreign doctors who train in the United States while holding a so-called J-1 visa eligible to apply for a green card if they practiced for at least three years in underserved areas. The program, which exempts J-1 holders from a required return home for two years after their training is complete, has placed thousands of doctors in inner-city and rural communities, as well as in prisons.

They continue to flood the United States with residency applications, but each year the program receives fewer applications and fills fewer spots. Last year, only 900 of the 1,620 available waivers were issued.

Rural health experts attribute much of that drop to the popularity of another visa, the H-1B, which allows U.S. companies to temporarily sponsor highly skilled foreign workers in such fields as medicine, architecture and science.

In 2000, to make more H-1B visas available for technology companies, Congress exempted research institutions and universities, including their hospitals, from a cap on the hard-to-get visas. The popularity of the J-1 waiver program plummeted, and the pipeline that once channeled doctors to underserved areas narrowed.

Today, no medical facilities in Southern Maryland are eligible to sponsor physicians under the J-1 waiver program. A majority of the nearly 30 Maryland primary medical care centers designated as having a specialist shortage are in Baltimore. The District has 13 sites, including the D.C. jail. Virginia has nearly 120, two of which are in the Washington area.

With baby boomers beginning to retire, the American Medical Association says, the country could be short as many as 200,000 doctors before 2020—a shortage that is expected to hurt already-underserved areas the most.

V.K. Shah, who is also vice president of the American Association of Physicians of Indian Origin, said a shortage could be prevented by drastically increasing the number of medical schools in the United States, relying more on nurses and nurse practitioners or by allowing more qualified international medical graduates to practice in the United States.

But to practice, foreign doctors must first complete training in a U.S. residency program, for which spots are scarce. Last year, 46 percent of foreign applicants received residencies, compared with 93 percent of American graduates, according to the National Resident Match Program, which facilitates the application process for more than 1,000 U.S. institutions.

Each year, Shah Associates hosts a handful of graduates from foreign medical schools, encouraging them to seek opportunities beyond big cities. This summer, four recent graduates of Mumbai medical schools traveled to Southern Maryland on tourist visas for an unpaid crash course in American medicine.

The graduates watched as the Shahs cracked jokes with their patients, reassured them about upcoming operations and gently recommended diet changes. Mitesh Lotia, 24, one of the graduates, said that the one-on-one interaction held great appeal.

"In India, we would see 100, 150 patients a day," he said. "There was no time to get to know patients. I want to practice here. I'll go anywhere."

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 10 a.m. today.

Accordingly (at 9 o'clock and 9 minutes a.m.), the House stood in recess until 10 a.m.

□ 1000

AFTER RECESS

The recess having expired, the House was called to order at 10 a.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

In the beginning, at the leap of nothingness to material existence, You, the Almighty, acted.

In the desperation of human search for lasting truth, You spoke Your prophetic word.

In the tangled history of nations and faith, You established a new world.

Even in this century, You breathe forth in people the desire for salvation and lasting freedom.

Dear God, be with us today, that Your lasting values may take shape in this Nation. Make this government of the people Your instrument of stability and hope. Abide within Your people as equal justice and incarnate love, both now and forever.

Amen.

THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentlewoman from New York (Mrs. MALONEY) come forward and lead the House in the Pledge of Allegiance.

Mrs. MALONEY of New York led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

9/11 HEALTH AND COMPENSATION ACT

(Mrs. MALONEY of New York asked and was given permission to address the House for 1 minute.)

Mrs. MALONEY of New York. Madam Speaker, last night when Congress passed its year-end spending bill, our Nation took another step forward in caring for the heroes and heroines of 9/11.

By including \$108 million for the health needs of the World Trade Center first responders, residents, students, and others exposed to the deadly toxins at Ground Zero, we again show that we will not turn our backs on those who came to New York from every single State in our Nation to help in the aftermath of 9/11.

And in the new year, I look forward to continuing to build support for the bipartisan 9/11 Health and Compensation Act, which I introduced with my colleagues JERRY NADLER, VITO FOSSELLA, and GEORGE MILLER.

Caring for the heroes and heroines of 9/11 is our duty. They were there for us, we were there for them last night in our budget, and we need to be there in the future.

I thank my colleagues for their support, especially for the leadership of Mr. OBEY and Speaker PELOSI.

TAX RELIEF, NOT TAX INCREASES

(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, last week the majority forced a vote on a faulty fix to the alternative minimum tax, AMT, that raises taxes