

in crippling backlogs, not just for years but for decades. Close to 5 million future Americans—close to 5 million—are in line waiting for green cards. Hundreds of thousands are working in the United States on a temporary visa while many more are waiting abroad, separated from their American families.

Only 226,000 family green cards and 140,000 employment green cards are available each year. The backlogs are a real hardship on these families caught in immigration limbo. For example, children in many of these families age out and face deportation. While their parents are waiting for the green card, the child reaches the age where they are deported, at age 21.

The green card backlog includes thousands of doctors currently working in the United States on temporary visas. These doctors face many restrictions due to their temporary status, such as not being able to take shifts at hospitals in COVID-19 hotspots where they may be desperately needed.

The solution to the green card backlog is very clear: Increase the number of green cards.

In 2013, I joined a group of four Republicans and four Democrats who authored bipartisan comprehensive immigration reform legislation. Our bill, which passed the Senate on a strong bipartisan 68-to-32 vote, would have eliminated this green card backlog.

Last year I introduced the RELIEF Act, legislation based on the 2013 comprehensive immigration reform bill, which would clear the backlogs for all immigrants waiting in line for green cards within 5 years. I will keep fighting to help these immigrants here in the United States who simply want a chance to continue to serve this Nation.

Last month I joined with my colleagues—Senators PERDUE of Georgia, YOUNG of Indiana, CORNYN of Texas, COONS of Delaware, and LEAHY of Vermont—to introduce legislation to quickly address the plight of immigrant doctors and nurses stuck in this green card backlog.

This backlog poses a significant risk to our ability to effectively respond to this pandemic. Our bill, the Healthcare Workforce Resilience Act, is a temporary stopgap effort that will strengthen our healthcare workforce and improve healthcare for Americans in the midst of this national emergency.

Our bill would reallocate 25,000 unused immigrant visas for nurses and 15,000 unused immigrant visas for doctors. These are visas that Congress has previously authorized but were not used.

It is important to note that our bill requires employers to attest to a very important fact. They have to attest that immigrants from overseas who receive these visas will not displace an American worker. We want to ensure that the beneficiaries of this bill help build our workforce but not at the ex-

pense of those already here in the United States.

Our bill now has 13 Republican and 13 Democratic cosponsors and broad support from the medical community. As Congress works on the next legislation to address the COVID-19 pandemic, I am going to join my Republican colleagues and push for the Healthcare Workforce Resilience Act to be included.

Today, let me tell you the story of one immigrant healthcare worker stuck in this green card backlog waiting indefinitely, for years, and he would benefit from the Healthcare Workforce Resilience Act: Dr. Parth Mehta, born in India.

As a child, he was inspired to pursue a career in medicine by his grandfather, who worked as an assistant to a physician, and by his older sister, who is a surgeon.

Dr. Mehta came to the United States in the year 2004. He has been here 16 years. He obtained a master's in public health at Saint Xavier University in the city of Chicago. He then completed his residency in internal medicine at St. Joseph's Hospital in Chicago.

In 2010, 10 years ago, Dr. Mehta began working as a hospitalist at UnityPoint Health Methodist Medical Center in downstate Peoria, IL.

He sent me a letter, and here is what he says about being a doctor:

I feel that it is a great privilege to help people, comforting them, healing them, and making them better when they are most vulnerable.

Dr. Mehta lives in Peoria with his wife and his 10-year-old son and 4-year-old daughter, and he writes, in addition:

We have called Peoria home for 10 years now and we love our community here. We have bought a home here, built a career here, and we plan to stay in this community as long as we can.

Now Dr. Mehta is on the frontlines of the pandemic, treating COVID-19 patients. He was also selected as the principal investigator for a COVID-19 trial for which the hospital has applied, but unfortunately, Dr. Mehta is one of thousands of doctors who are stuck in this green card backlog. He has been on a temporary work visa for 13 years. He has been forced to renew his visa four times since he became a doctor. His green card petition was filed in 2011, but he will have to wait years and years and years before he receives a green card.

In the midst of this pandemic, Dr. Mehta's immigration status puts him at great risk. If, God forbid, he contracts COVID-19 and becomes disabled or dies, his family would immediately lose their immigration status and be forced to leave the United States.

Dr. Mehta has written goodbye letters to his wife and kids and prepared an emergency binder with all the necessary information for his family if he dies. To keep his family safe, Dr. Mehta has isolated himself by living in the basement of his home. He is espe-

cially worried about his wife, who has asthma. In March, she was diagnosed with pneumonia and was hospitalized for 10 days, including a stay in the intensive care unit.

Here is what Dr. Mehta wrote to me about this:

Seeing COVID patients, treating them, taking care of them, and saving their lives is part of my job, and I will never shy away from doing my job. But how is it fair that my family gets no protection if I die doing my job?

Dr. Mehta's story makes it clear why Congress needs to pass the Healthcare and Workforce Resilience Act. Under our bill, Dr. Mehta and thousands of others like him could receive their green cards. They and their families would get the permanent immigration status they deserve and be able to use their skills to serve on the frontlines of the pandemic, where they are needed most.

Don't put a sign in the window saying that you love healthcare workers, don't come out at 7 at night and beat on a pan to show that you care for healthcare workers and ignore the reality that this man in Peoria, IL, is risking his life every day to treat those patients, and we have written a law that says you are basically not welcome in the United States.

How can we say this to him, to thousands just like him, doctors and nurses who are really caring for the people we love and risking their own lives in the process?

It would be great, in these times of political division, if we could come together in this Congress to quickly aid these immigrant healthcare heroes.

The bill that I have introduced with Senator PERDUE, Senator YOUNG, and others is a step toward reality, toward realizing that people just like these make us a better nation and a stronger nation.

Dr. Mehta and his family, with all their fears, should know that there are many here in Congress, particularly here in the Senate, who want to move as quickly as possible and make sure that their lives are better because they have done so much to make the lives of others better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah is recognized.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. LEE. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

HONORING NATE LYDAY

Mr. LEE. Mr. President, it is with a very heavy heart that I stand today in