

fraud to exploit persons through forced prostitution, sexual slavery, sweatshop labor, or domestic servitude. Faced with difficult times in their home countries, women are often lured by advertisements for job opportunities overseas. Women will often answer these ads hoping to make enough money to take care of their families and fulfill their dreams in far away places. Unfortunately, these dreams soon turn into nightmares as the women have their passports seized, are sold for profit, and then forced to sell their bodies to recover the cost of a debt they did not incur. In many cases, they are constantly monitored and supervised to prevent them from escaping. Trafficked women are often subject to physical and mental abuse including, but not limited to battery, cruelty, and rape.

The legislation I am introducing today builds on my efforts over the past several years to bring attention to the problem of trafficking, particularly with respect to the sale of Burmese women and children into brothels in Thailand. Unfortunately, as we learn more about this problem, it is becoming tragically clear that trafficking knows no national or regional borders. Throughout the regions of Southeast Asia, as well as within a number of nations across the former Soviet Union and Warsaw Pact, criminal organizations are capitalizing on poverty, rising unemployment, and the disintegration of social networks to exploit and abuse women and children.

This legislation would create an Interagency Task Force to Monitor and Combat Trafficking within the Office of Secretary of State, that would submit an annual report to Congress on: (1) The identification of states involved in trafficking; (2) the complicity of any governmental officials in those states; (3) the efforts those states are making to combat trafficking; (4) the provision of assistance to victims of trafficking; and (5) the level of international cooperation by such states in internal investigations of trafficking. It would also bar police assistance to governments that are involved in this practice, and would amend the Immigration and Nationality Act to allow trafficking victims brought to the United States to remain here for three months so that they may put their lives back together and at the same time testify against their traffickers in both civil and criminal proceedings.

Mr. Speaker, I ask my colleagues to join me and Senator WELLSTONE, who has introduced the Senate companion legislation, in supporting this bill to end the abhorrent practice of trafficking both home and abroad.

TRIBUTE TO A FRIEND OF  
MICHIGAN

**HON. JOE KNOLLENBERG**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 23, 1999*

Mr. KNOLLENBERG. Mr. Speaker, I rise to pay tribute to Mr. Alfred Berkowitz, who was an active supporter of the Wayne State University College of Pharmacy and Allied Health Professionals. Sadly, Mr. Berkowitz died on February 25 in a car accident in Northern Michigan.

Mr. Berkowitz began his relationship with the pharmaceutical profession in Detroit over 60 years ago when he attended the Detroit In-

stitute of Technology, which merged with Wayne State University in 1957. Once completing his education, he joined the United States Army where he spent seven years on active duty and 27 years as an active reservist. Mr. Berkowitz retired from service in 1975 with the rank of Warrant Officer IV. Although his professional career was in business, after maintaining his license for 50 years, he was honored by the Michigan Board of Pharmacy, in 1987.

Mr. Berkowitz was generous in his philanthropic support of the College of Pharmacy and Allied Health Professionals with a specific focus on benefiting students. He was an invaluable resource to the college by supporting scholarships and by taking a personal interest in students faced with financial hardships. He received Wayne State's Honorary Doctorate of Humane Letters in 1996 as a result of his outstanding support and was recognized at the Cornerstone Club level of the Anthony Wayne Society.

Through his service and dedication to Wayne State University and the community, Mr. Berkowitz made a big difference in many lives and his legacy that he gave the college will help students for years to come.

HONORING NEW PENSACOLA CHIEF  
OF POLICE, JERRY W. POTTS

**HON. JOE SCARBOROUGH**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 23, 1999*

Mr. SCARBOROUGH. Mr. Speaker, across America, the peace and prosperity enjoyed by our citizens owes much to the tireless efforts by our law enforcement personnel. And in my hometown of Pensacola, Florida, the proud policemen that preserve the peace in our community are led by a great American, Jerry W. Potts.

Chief Potts brings a positive reassuring style of leadership to his job while exhibiting a strength of character in his personal and professional life. Chief Potts' professional and personal life has been characterized by excellence, leadership and service to others. His public service began in earnest in 1965 when he joined the U.S. Army 82nd Airborne Division. The leadership skills he developed in the service quickly transferred to excellence in law enforcement.

Chief Potts began his law enforcement career in 1973 when he joined the Pensacola Police Department as a dispatcher. Jerry quickly worked his way up the ranks being promoted to police officer, Sergeant, Assistant Chief of Police, and early this year, Chief of Police.

Jerry Potts' service to others goes beyond law enforcement. Chief Potts has always been involved in our community. He has served on the Judges' Task Force for Children, the mayor's Task Force on Community Values, and the Board of Governors for Fiesta of Five Flags.

Mr. Speaker, by any measure of merit, Chief Potts is one of America's best and brightest law enforcement professionals, and he will continue to be an asset for Northwest Florida in his new role. As a father of two young boys, I sleep better at night knowing that our streets are safer and that our children are protected because of his life-long efforts.

Chief Jerry Potts has devoted his life to preserving the public safety enjoyed by the people of the City of Pensacola and the entire State of Florida. We are grateful for his continuing public service.

TRIBUTE TO JESSICA MARIE  
JENKINS

**HON. ANNA G. ESHOO**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 23, 1999*

Ms. ESHOO. Mr. Speaker, I rise today to honor Jessica Marie Jenkins, an extraordinary citizen of San Mateo County, California, who will be inducted into the San Mateo County Women's Hall of Fame on Friday, March 26, 1999.

Jessica Marie Jenkins is a brilliant high school student who has earned National Merit Semifinalist status. Jessica entered high school with an aggressive plan to take the most challenging courses offered. She has set high goals for herself despite the fact that she is legally blind.

While maintaining a heavy academic load, Jessica volunteers in a local business and at the Peninsula Center for the Blind and Visually Impaired, where she teaches Braille and helps organize youth group activities. She's a leader in her church where she serves as a Eucharistic Minister. An accomplished pianist, Jessica is a thoughtful person, always willing to help anyone, whether they need a tutor or a friend. Jessica's future plans are to combine her interests in community building, and the rights of the disabled and international relations to benefit others.

Mr. Speaker, Jessica Marie Jenkins is an outstanding young woman and I salute her for her remarkable contributions and commitment to our community. I ask my colleagues to join me in honoring her on being named a Young Woman of Excellence by the San Mateo County Women's Hall of Fame.

INTRODUCTION OF THE ALL-  
PAYER GRADUATE MEDICAL  
EDUCATION ACT

**HON. BENJAMIN L. CARDIN**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 23, 1999*

Mr. CARDIN. Mr. Speaker, I rise today to introduce the All-Payer Graduate Medical Education Act, legislation that improves the funding of America's teaching hospitals and eases the burden on the Medicare Trust Fund.

We have recently learned that medical care costs will double in the next ten years. Health care budgets, including Medicare, will be caught in the vise of increasing costs and limited resources. We must try to restrain the growth of Medicare spending, while protecting our teaching hospitals that rely on Medicare and Medicaid as major sources of funding for graduate medical education (GME).

America's 125 academic medical centers and their affiliated hospitals are vital to the nation's health. These centers train each new generation of physicians, nurses and allied health professionals, conduct the research and

clinical trials that lead to advances in medicine, including new treatments and cures for disease, and care for the most medically complex patients. To place their contributions in perspective, academic medical centers constitute only two percent of the nation's non-federal hospital beds, yet they conduct 42% of all of the health research and development in the United States, provide 33% of all trauma units and 31% of all AIDS units. Academic medical centers also treat a disproportionate share of the nation's indigent patients.

To pay for training the nation's health professionals, our academic medical centers must rely on the Medicare program. But Medicare's contribution does not fully cover the costs of residents' salaries, and more importantly, this funding system fails to recognize that graduate medical education benefits all segments of society, not just Medicare beneficiaries. At a time when Congress is revising the Medicare program to ensure that the Hospital Insurance Trust Fund can remain solvent for future generations, GME costs are threatening to break the bank.

The All-Payer Graduate Medical Education Act distributes the expense of graduate medical education more fairly by establishing a Trust funded by a 1% fee on all private health care premiums. Teaching hospitals receive approximately \$3 billion annually in additional GME payments from the Trust, while Medicare's annual contribution to GME decreases by \$1 billion. The current formula for direct graduate medical education payments is based upon cost reports generated more than 15 years ago, and it unfairly rewards some hospitals and penalizes others. This bill replaces the current formula with a fair, national system for direct graduate medical education payments based upon actual resident wages. Children's hospitals, which have unfairly received only very limited support for their pediatric training programs, will receive funding for their GME programs.

Critics of indirect GME payments have sought greater accountability for the billions of dollars academic medical centers receive each year. The All-Payer Graduate Medical Education Act requires hospitals to report annually on their contributions to improved patient care, education, clinical research, and community services. The formula for indirect GME payments will be changed to more accurately reflect MedPAC's estimates of true indirect costs.

My bill also addresses the supply of physicians in this country. Nearly every commission that has studied the physician workforce has recommended reducing the number of first-year residency positions to 110% of the number of American medical school graduating seniors. This bill directs the Secretary of HHS, working with the medical community, to develop and implement a plan to accomplish this goal within five years. In doing so, we ensure that rural and urban hospitals that need residents to deliver care to underserved populations receive an exception from the cap.

Medicare disproportionate share payments are particularly important to our safety-net hospitals. Many of these hospitals, which treat the indigent, are in dire financial straits. This bill reallocates disproportionate share payments, at no cost to the federal budget, to hospitals that carry the greatest burden of poor patients. Hospitals that treat Medicaid-eligible and indigent patients will be able to

count these patients when they apply for disproportionate share payments. In addition, these payments will be distributed uniformly nationwide, without regard to hospital size or location. Rural public hospitals, in particular, will benefit from this provision.

Finally, because graduate medical education encompasses the training of other health professionals, this bill provides for \$300 million annually of the Medicare savings to support graduate training programs for nurses and other allied health professionals. These funds are in addition to the current support that Medicare provides for the nation's diploma nursing schools.

The All-Payer Graduate Medical Education Act creates a fair system for the support of graduate medical education—fair in the distribution of costs to all payers of Medicare, fair in the allocation of payments to hospitals. Everyone benefits from advances in medical research and well-trained health professionals. Life expectancy at birth has increased from 68 years in 1950 to 76 years today. Medical advances have dramatically improved the quality of life for millions of Americans. And it is largely because of our academic medical centers that we are in the midst of a new era of biotechnology that will extend the advances of medicine beyond imagination, advances that will prevent disease and disability, extend life, and ultimately lower health care costs.

The Association of American Medical Colleges, the National Association of Public Hospitals, the National Association of Children's Hospitals, the American Medical Student Association, the American Physical Therapy Association, the American Occupational Therapy Association, the American Speech-Language, Hearing Association, and the American Association of Colleges of Nursing have all expressed support for the bill.

I urge my colleagues to join me in protecting America's academic medical centers and the future of our physician workforce by cosponsoring the All-Payer Graduate Medical Education Act.

IN RECOGNITION OF DR. GEORGE  
A. HURST, M.D.

**HON. RALPH M. HALL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 23, 1999*

Mr. HALL of Texas. Mr. Speaker, I rise today to pay tribute to a great American, who has dedicated his life to those less fortunate—Dr. George A. Hurst, M.D., of Tyler, Texas. In honor of his tireless sacrifices and endless contributions to the medical community, Dr. Hurst will be named as Director Emeritus at the University of Texas Health Center at Tyler on March 31, 1999.

The son of American missionaries, Dr. Hurst was born in Brazil, attended high school in Georgia and graduated from Austin College. He earned his medical degree from the University of Texas Southwestern Medical School in Dallas and interned at Parkland Memorial Hospital.

In 1964, he came to Tyler as the Clinical Director of the East Texas Chest Hospital. In 1970, he was named Director and worked in that capacity until January of 1998. In 1977, the hospital became a part of the University of

Texas System and was renamed the University of Texas Health Center at Tyler (UTHCT).

Working with the leadership of the UT System, he has guided the institution through a remarkable period of growth in its facilities including: the Patient Tower in 1980, the Biomedical Research Building in 1987, the Medical Resident Center in 1987 and the Ambulatory Clinic Building in 1996. More importantly, UTHCT evolved from a chest hospital to an acute care facility with a multiple mission of patient care, medical education and biomedical research. To help fulfill this mission, The Family Practice and Occupational Medicated Residency Programs were begun during his tenure.

A dedicated servant, he has served his institution, community, family and church with humility and insightful leadership. A godly man, placing others before self, he dedicated his life to caring for those in need and in so doing achieved a high level of respect from his peers, as signified by the many honors bestowed upon him.

The University of Texas Health Center at Tyler is honored to recognize, Dr. George A. Hurst, Director Emeritus, for his exemplary service to mankind as its Director from 1970–1998.

Mr. Speaker, as we adjourn today, let us do so in honor and respect for this great American—Dr. George A. Hurst, M.D.

TRIBUTE TO EARL HENDRIX—PROGRESSIVE FARMER'S MAN OF THE YEAR IN SOUTHEAST AGRICULTURE

**HON. ROBIN HAYES**

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 23, 1999*

Mr. HAYES. Mr. Speaker, it is my privilege and pleasure to rise today to pay special tribute to Mr. Earl Hendrix of Hoke County, North Carolina. Mr. Hendrix was recently named Man of the Year in Southeast Agriculture by Progressive Farmer.

Earl Hendrix is a lifelong farmer, known for his quiet, unselfish leadership. He has made outstanding contributions to North Carolina agriculture as a producer of soybeans, tobacco, corn, small grains, cotton, tobacco seed and swine.

Mr. Hendrix has served on many agricultural boards over the years including the state boards of the Cotton Promotion Association, the Small Grain Growers Association and the Soybean Producers Association. He is former president of the Soybean Producers.

Nationally, Hendrix is serving his third term on the United Soybean Board and is chairman of the USB Production Research Committee which oversees more than \$6 million annually for soybean research nationwide.

Mr. Hendrix has been honored by the North Carolina Association of County Agriculture Agents and has been the recipient of the state commissioner's "Friend of Agriculture" award. He has received the Natural Resources Conservation Service Conservationist of the Year award and he and his wife, Hazel, are the recipients of the Extension Area Farm Family of the Year Award.

Mr. and Mrs. Hendrix have three children, two of whom are partners on the family farm.