

These provisions are not abstract, legal, or political. These are real protections that make a real difference in saving people's lives. I hope my colleagues will consider how vital specialist care is for those who do not have access and join me in supporting H.R. 526, the Bipartisan Patient Protection Act.

REMOVAL OF NAME OF MEMBER
AS COSPONSOR OF H.R. 1187

Mr. SANDERS. Mr. Speaker, I ask unanimous consent to have my name withdrawn as a cosponsor of H.R. 1187.

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

There was no objection.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. WOLF) is recognized for 5 minutes.

(Mr. WOLF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. PETERSON) is recognized for 5 minutes.

(Mr. PETERSON of Pennsylvania addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. SCHIFF) is recognized for 5 minutes.

(Mr. SCHIFF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

DETENTION OF 24 CREW MEMBERS
IN CHINA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Mexico (Mrs. WILSON) is recognized for 5 minutes.

Mrs. WILSON. Mr. Speaker, 24 Americans are currently being detained in China under circumstances that are unacceptable. Today, the Chinese ambassador has said that the crew members are in China because the investigation is going on, and China's foreign minister has asked for an apology. The Chinese news agency, Xinhua, reports that the American ambassador was admonished and told that the U.S. has displayed an arrogant air, used lame arguments, confused right and wrong, and made groundless acquisitions against China.

America has nothing to apologize for. Our aircraft was operating in international air space when Chinese interceptors came close to investigate it. They came too close and caused a mid-air collision.

Mr. Speaker, we all know that sometimes in international politics, state-

ments are made for internal consumption rather than for the ears of other powers. But the Chinese government needs to understand that here in Congress we are listening and watching. Their action or failure to act has consequences. This is an unusual situation in which an American military aircraft had to make an emergency landing on Chinese soil. I am supportive of the President's desire to keep this accident from becoming an international incident, but every hour that goes by without the return of our crew makes the likelihood of continued good relations between our two nations less achievable.

I have supported free trade with China and engagement with China's people. That and more is at risk, and not all of it is under the control of the President and his administration. In the coming months this House may consider China's access to the WTO, arms sales to Taiwan, military to military, cultural and scientific exchanges, as well as an array of other issues important to China.

We have allowed the Chinese government time to do the right thing. We know the difference between right and wrong. Now it is time for our servicemen and women to be returned home.

CRITICAL ISSUES FACING
AMERICA'S NURSES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 5 minutes.

Mr. LANGEVIN. Mr. Speaker, today I would like to address critical issues facing America's nurses, which have a tremendous impact on the quality of this Nation's health care system.

As many of my colleagues know, we face an unprecedented, dangerous shortage in the number of nurses in our hospitals, extended care facilities, community health centers, nursing education, and ambulatory care settings. This shortage is due in large part to the aging nursing population, which is not being replaced by younger entrants into this field.

Moreover, data on the nursing workforce shows that staffing shortages are already occurring and recruiting new registered nurses is becoming a looming obstacle which we will not be able to overcome without swift congressional action. The current shortage will soon be compounded by the lack of young people entering the nursing profession, the rapid aging of the nursing workforce, and the impending health needs of the baby boom generation.

That is why I am proud to be an original cosponsor of legislation to improve access to nursing education, to create partnerships between health care providers and educational institutions, to support nurses as they seek more training, and to improve the collection and analysis of data about the nursing workforce.

I congratulate my colleagues in both Chambers for their hard work in

crafting this comprehensive legislation, and I urge both Chambers to bring this legislation to the floor as expeditiously as possible.

An equally vexing issue concerning our hard-working nurses is mandatory overtime. Last week I joined the gentleman from California (Mr. LANTOS), the gentleman from Massachusetts (Mr. MCGOVERN), and the gentlewoman from California (Ms. SOLIS) in introducing legislation to prohibit mandatory overtime for all licensed health care employees beyond 8 hours in a single workday or 80 hours in any 14 day work period except in cases of natural disaster or declaration of an emergency by Federal, State, or local government officials, or when it is voluntary.

The practice of mandatory overtime tears at the fiber of many hard-working families. Instead of punching out at the end of an already lengthy shift and traveling home to their families, many nurses are forced to remain at work. But more than a family or labor issue, this is a fundamental public health problem with far-reaching consequences. Exhausted health care workers can inadvertently or unintentionally put patient safety at risk. A report by the Institute of Medicine on medication errors found that safe staffing and limits on mandatory overtime are essential components to preventing medication errors. An investigative report by the Chicago Tribune also found that patient safety was sacrificed when reductions in hospital staff resulted in registered nurses working long overtime hours and being more likely to make serious medical errors.

Mr. Speaker, these studies confirm the grim stories I hear from my constituents on a regular basis. In fact, last October 1,900 people participated in a 1-day strike at Rhode Island Hospital which illustrated the magnitude of this problem facing Rhode Island nurses, hospitals and patients.

I understand that hospitals need an ample supply of nurses to safely administer patient needs, and they are not to blame for our Nation's nursing shortages. But with nurses within the Lifespan Hospital network in my State working 180,000 hours of overtime, the equivalent of 22,500 extra 8-hour shifts last year, I cannot understand why Congress does not act now to stop this injustice which risks the lives of thousands of Americans each and every day.

Mr. Speaker, what happened in Rhode Island is happening across America. That is why I urge my colleagues to join the gentlewoman from California (Mrs. CAPPS), the gentleman from California (Mr. LANTOS), and me in ensuring expedient passage of both of these bills to help our hard-working nurses and to improve the kind of quality of health care that Americans expect and deserve.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. HYDE) is recognized for 5 minutes.