

ota overtook Daimler-ler in European vehicle n January, as its new-car rations increased 21%. A10

obe into Broadcom is a 'ow long-running inves-ns of stock-options back-are heating up. Monster ide's former general l pleaded guilty to fraud. A1

it Suisse named Brady l, head of its securities be CEO. The firm also a jump in quarterly net. C1

ays's practice of securi-nding in the exchange-funds arena is bringing ns of dollars a year. C1

g is spending billions of n new tracks and high-ains under a five-year odernize the railways. A4 rdercial aviation is boom-ina, but its heavily re-air space is causing lots and frustrations. B6

s psychologi-ortant 3000 level de-cerns of overheating. C3 named a vice minister of ead a new agency that t a portion of the coun-7 trillion in reserves. C3

earings into contract-s in Iraq are prompting quiry into Pentagon con-ractices in general. A4

iversal shuffled its ex-ns, naming Beth to oversee ad sales gship NBC network of cable channels. B5

said net profit rose ear, boosted by new-unches and strong oss all regions. C8

and installed Webcams to reassure Muslims that Jerusalem repair work poses no threat to Al Aqsa mosque. ■ Egypt rounded up Muslim Brotherhood members as April elections near. Candidates affiliated with the group rattled nerves in '05 results.

■ Russia's Putin elevated Defense Minister Ivanov to first deputy premier as maneuvering intensified for 2008 presidential elections. A6

■ Airport screeners may get union-ization rights and whistleblower protections under a bill the Senate Homeland Security panel approved.

■ Senate Republicans blocked a Democratic move to modify the Patriot Act to strip the president of sole authority to fire U.S. attorneys.

■ A federal judge ordered a trial for a suit seeking \$105 million from Sudan for aid to al Qaeda in the USS Cole bombing that killed 17 in 2000.

■ Spain began a trial of 29 Madrid train-bombing suspects. The alleged mastermind, captured in Italy, repudiated all terror attacks.

■ A Moroccan man tried to hijack an Air Mauritania 737 to France. It landed in Spain's Canary Islands after he was overcome by passengers.

■ The National Guard was called in to deliver food and other necessities to a 50-mile line of vehicles trapped by snow in Pennsylvania.

■ The CDC said salmonella-tainted peanut butter has sickened 288. Peter Pan and Great Value lids with codes beginning "2111" are suspect.

■ West Virginia and Kentucky have the highest U.S. rates of heart disease due to smoking, diet and other factors, the CDC reported.

■ A Japanese whaler is on fire and listing near the main Antarctica penguin breeding grounds, sparking fear of environmental tragedy.

■ Scientists gathered in Atlanta to find a way to stop a fungus killing the world's frogs. Up to 170 species have gone extinct in the past decade.

Fisk University Could Use The Money, but Tennessee Delays a Deal to Sell

By COREY DADE

NASHVILLE, Tenn.—Two modernist masterpieces from the early 20th century sit in a storage chamber here at a downtown museum. They have been in this city for most of the last half century, but they've been out of view long enough that many residents may have forgotten about them.

Their owner, tiny Fisk University, has decided it's too expensive to continue insuring and caring for the paint-



Courtesy of Fisk University

Georgia O'Keeffe's, "Radiator Building—Night, New York"

ings, by Georgia O'Keeffe and Marsden Hartley. Fisk wants to sell them both to help solve a financial crisis.

But a legal battle erupted over whether Fisk has the right to do that. Ms. O'Keeffe, who died in 1986 at the age of 98, gave the two paintings and many other artworks to Fisk in 1949, on the condition that they never be sold. This week, Tennessee Attorney General Robert E. Cooper Jr. stepped in to try to keep the paintings in Nashville. State law authorizes him to weigh in on the sale of chari-

of promising cases. The government is nearing charges against a former official of computer-security company McAfee Please turn to page A13

of taxpayers are vulnerable to its bite. The Treasury estimates that unless Congress acts, more than 23 million households will be affected by the AMT Please turn to page A12

SIDE EFFECTS

With a Quirk in Visa Law, Small Towns Lose Doctors

A Program to Bring In Foreign Physicians Is Unexpectedly Hurt

By MIRIAM JORDAN

YAKIMA, Wash.—For the past decade, a steady flow of foreign doctors helped Yakima Neighborhood Health Services take care of its growing patient caseload. "There was never a day when I didn't get a résumé" from a foreign doctor, says Anita Monoian, the community clinic's director.

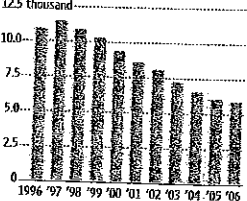
But in the past few years, the supply of doctors has begun to dry up in this agricultural valley famed for its apples and vineyards. These days, Ms. Monoian says she rarely even sees a résumé, much less a doctor, headed Yaki-ma's way.

Across the nation, the flow of overseas doctors to small towns and rural areas has slowed to a trickle. Behind the shift: an unusual tale of two visa programs.

One is the H-1B, which helps U.S. companies temporarily hire skilled foreign workers for jobs that are diffi-

Dwindling Supply

Foreign physicians in clinical training in the U.S. on a J-1 visa:



Note: Figures are for academic year ending June 30 Source: Educational Commission for Foreign Medical Graduates

cult to fill domestically. Hungry to lure more high-skilled tech workers, American employers have been pushing to expand the H-1B. But in an inadvertent consequence, it's now undercutting the pipeline to the J-1 waiver, a little-known provision that for years has funneled thousands of physicians to parts of the country that Please turn to page A12



INSIDE

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FROM PAGE ONE

With a Quirk in Visa Law, Small Towns Are Losing Doctors

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led them the most. Today hundreds of doctors from India, Pakistan and other countries are passing the J-1, which gives doctors eligibility for a green card if they spend three years in an underserved area. Instead, many foreign doctors are securing an H-1-B, which doesn't require the rural stint, and working in the big urban areas, where they prefer for professional and lifestyle reasons.

Like their American counterparts, foreign doctors say working in rural areas often means few chances to use their specialties or work with cutting-edge technology. Working in an underserved area can also mean long and lonely hours. "It's like serv-jail time," says Mingo Kavarana, a Pakistani native working in Appalachia as a heart surgeon on a J-1 waiver. Dr. Kavarana calls his work tedious, he says he will leave Louisville, Ky., after his required three years unless the hospital builds a new heart-surgery facility.

The number of foreign doctors in the U.S. on a J-1 visa has plummeted, falling about 45% to almost 6,000 in 2006, compared to nearly 11,000 in 1995-96. Connie Berry, a senior health official in Texas, says the total number of foreign doctors hasn't changed—it's just that many have decided to take the H-1-B.

e-and-Death Situation

The effect is profound in small towns and rural areas, where the shortage of doctors is already acute. About 25% of all physicians in practice in training across the U.S. are foreign, but in rural areas the percentage is ten much higher. Without J-1 physicians, some rural doctors might have to travel more than 100 miles to reach a hospital. "It's a e-and-death situation," says Rep. Roy Moran, who represents a rural constituency in Kansas where several hospitals haven't successfully re-



in two years, having just found an Indian doctor to join him. In North Carolina's tobacco-growing region, Pender Memorial Hospital lost three of six physicians last year and is scrambling to replace them.

The situation is so bad that when war was raging in Lebanon last summer, Sen. Kent Conrad of North Dakota mobilized the State Department, the Department of Homeland Security and the embassies of Norway and Canada to ensure that a Lebanese oncologist visiting Beirut could return to his job in Fargo.

Sweeping Changes

Signed into law in 1990, the H-1-B visa was created to address the shortage of experts in such fields as high technology and the sciences. Later that decade, amid a worker shortage created by the dot-com boom, leaders of Silicon Valley companies such as Intel Corp. lobbied Congress heavily, arguing that the visa's limits were making corporate America less competitive globally. In October 2000, Congress passed sweeping changes to H-1-B regulations.

In order to boost the number of H-1-B workers that corporate America could hire, Congress exempted research institutions and universities from a ceiling on the number of workers they could bring on the H-1-B. That

new skills that they could then use back home.

By law, foreign physicians on the J-1 visa are required to return to their countries of origin for at least two years to use their skills there. After that, they can then attempt to re-enter the U.S. to seek work and permanent residency.

By the 1990s, the number of U.S. doctors willing to work in rural areas was dwindling. While some federal agencies had sent foreign doctors to certain needy areas in the past, a national system wasn't formalized until 1994. That year, Sen. Conrad created a provision allowing each state to enlist up to 20 J-1 foreign medical graduates annually to work in their underserved communities. The new law waived the requirement that doctors return to their home countries for two years and let them become eligible for a green card after spending three years in an underserved area.

The arrangement has its detractors, who worry it drains skilled doctors away from countries that need them. Last year, the World Health Organization urged developed countries to reduce their reliance on foreign physicians. In the Feb. 1 issue of the *New England Journal of Medicine*, Fitzhugh Mullan, a professor of health policy at George Washington University, writes that the huge U.S. market for foreign physicians is "inadvertently destabilizing the medical systems of countries that are battling poverty and epidemic disease."

The J-1 waiver program has provided more than 1,000 doctors annually to underserved areas, outperforming scholarship and loan programs designed to attract young U.S. doctors to these same places. The program's success in its early years prompted Congress to expand it in 2002. Late last year, Congress extended the J-1 waiver program until 2008.

But those efforts have been under-

court promising international medical graduates to their programs. The J-1 costs employers almost nothing.

Fixing the Problem

Some state health officials have started to mobilize to fix the problem. Ms. Berry, the Texas health official, says that one idea is to require all foreign medical graduates to spend time in an underserved area, regardless of which visa they use to enter the U.S. for training.

Situated in a valley at the foot of the Cascade Mountains, Yakima is typical of U.S. towns that had come to rely on J-1 waiver doctors. "Just like we can't get American kids to pick our apples, we can't get American doctors to treat patients in needy areas," says Michael Maples, chief executive of Community Health of Central Washington, a nonprofit agency that operates community health centers in the area.

In recent years, a significant reduction in timber harvesting on federal lands and a program to protect endangered species eroded one of Yakima Valley's main economic activities. When the lumber mills disappeared, many residents lost their jobs and health insurance. Meanwhile, field workers rarely get any health benefits. The average family income in Yakima is \$28,000 a year, and 42% of Yakima County residents are on some form of public assistance.

Yakima Neighborhood Health, a nonprofit facility in the city's downtown, opened in 1975 with a small all-American staff that treated about 12 patients a day. But as demand for low-cost care surged, it added a medical clinic. Today, the sprawling clinic's internists, family doctors and pediatricians see 600 patients a day. About 80% of the facility's \$12 million annual budget is covered by federal or state reimbursements.

Ms. Monoian, the chief executive, set out to hire the clinic's first J-1

calls Dr. Pedrosa, who interpreted this to mean the area was green and the town not too tiny. After completing her three-year assignment, Dr. Pedrosa decided to stay in Yakima. The Nordstrom is gone, but she is the medical director of the clinic.

Under her watch, the facility has more than doubled in size. Foreign doctors on J-1 waivers have formed the backbone of this growth. "I don't know how we would have bridged the 1990s to the present without" foreign physicians, says Ms. Monoian.

Currently, seven of 12 full-time physicians at the clinic are foreign. But the facility is short three physicians. Two foreign doctors left two months ago after doing their time. Another is due to leave in a month.

Like other facilities, Yakima Health advertises in medical publications, such as the *New England Journal of Medicine*. It also receives referrals from Washington state's health department, whose officials attend job fairs to meet potential J-1 waiver physicians.

But the entire state is suffering. Between October 2006 and January 2007, the state health department received only two applications from J-1 waiver doctors. The previous year, the health department had received seven applications by Jan. 31. And, two years ago, the state had received 13 inquiries by that date. "It's simply alarming," says Jennell Prentice, program manager for the state.

Among the patients in the packed waiting room at Yakima Health one recent Wednesday were gas-station attendant Colin Cunningham, his wife, Amanda and their 1-year-old, Braden, who came to see James Jabile, a pediatrician from the Philippines.

Dr. Jabile, who completed his J-1 residency in a New York City hospital, says he hasn't decided whether he will stay or leave once he completes his three-year stint later this year. The clinic's primary-care administrator Rhonda Hauff, who has been trying to fill the void for several years