

that plague adolescents—pressure from school, family, and peers—it seems this barrage may be taking its toll on the mental health of our children. Those children living in the wake of the attacks of 9/11, or those living in broken homes, may be particularly vulnerable. However, no child is immune.

A recent survey revealed that 13.7 million children nationwide suffer from mental health problems. At least one in five children and adolescents has a diagnosable mental, emotional, or behavioral problem. That is 20 percent. However, 75 to 80 percent of these children do not receive any services in the form of specialized treatment or other mental health intervention.

Unchecked mental illness in the young can lead to academic failure, substance abuse, violence, or suicide. In fact, adolescent depression is increasing at an alarming rate. Recent surveys indicate that as many as one in five teens suffers from clinical depression. Each year, almost 5,000 young people between the ages of 15 and 24 take their own lives. The rate of suicide for this age group has nearly tripled since 1960. Obviously, the youth mental health programs we have in place are either ineffective or insufficient.

Responsibility for mental healthcare is shared across multiple settings: schools, primary care, the juvenile justice system, and child welfare. The bill I co-sponsored would establish school and community-based grant programs that would help prevent, identify, and treat mental health problems in children and adolescents. Local educational agencies that receive the grants would be required to maintain a certain ratio of students per counselor, nurse, psychologist, and social worker. Grants will be funded with a matching requirement of \$2 from private or local public entities, for each \$3 of federal funds.

For too long we have ignored the mental health needs of young Americans. There is a clear cry for attention to the mental health of our children. We must answer that cry. I hope others will support this bill, in a bipartisan way, and help our children through their formative adolescent years and help make them into healthy, well-adjusted adults.

ANTI-DRUG ACTIVITIES

On June 24, 2002 I joined the U.S. Department of Justice in announcing a \$100,000 grant to the Houston Council on Alcohol and Drugs, the fiscal agent to the Coalition of Behavioral Health Services. The Coalition will play a critical role in the prevention of substance abuse in youth in the 18th Congressional District of Texas by strengthening community anti-drug activities and reducing abuse among youth.

The 2002 project was a continuation and refinement of The Houston Council on Alcohol and Drugs' past goals: to reduce substance abuse among youth by 10 percent over the next 12 months, and encourage participation and collaboration of all sectors of the community including federal, state, and local government in an effort to increase resources for substance abuse prevention and reduction among youth.

The Houston Council on Alcohol and Drugs has distinguished itself as a leader in the fight to save our young people from the perils of drug abuse. I applaud and will continue to support these model programs that effectively motivate our youth to avoid drugs and equip them with the skills necessary to have a healthy and productive life.

We continue to wrestle with the devastation that drug abuse creates in our communities. It is particularly important that we support programs that will aid our youth in finding alternatives to drug use. Grants will help our children stand up against drugs. It clearly benefits the whole of our society when we help those most vulnerable before they enter into a life of substance abuse and crime.

THE COSTS OF IMMIGRATION, ILLEGAL AND LEGAL

The SPEAKER pro tempore (Mr. BRADLEY of New Hampshire). Under the Speaker's announced policy of January 7, 2003, the gentleman from Colorado (Mr. TANCREDO) is recognized for 60 minutes.

Mr. TANCREDO. Mr. Speaker, I want to talk tonight about another aspect of the immigration issue that I so often come to the floor to discuss, and what I have decided to do is over the course of the next several weeks is to break this issue down into several of its component parts. Because it really is a fascinating issue, immigration and immigration control, the impact of massive immigration into this country, uncontrolled immigration, the impact of having porous borders.

It really does matter. It is not just something that we can observe and think about as being really not involved with and not important to our Nation's future. It will affect every single aspect of our lives. It will affect us socially and economically and politically. It really does have enormous implications, the whole idea of massive immigration into the United States, both legal and illegal.

So as I say, tonight I want to go into one specific aspect of this and focus on it for a while, and that is the costs of illegal immigration and even to a large extent massive legal immigration to our social service systems in this country, to our States and to the Federal Government. Especially we are going to focus again a little more narrowly in that area on health care.

□ 1645

Mr. Speaker, there is probably no issue that is brought to our attention here more often and with more concern on the part of our constituents than the issue of health care, its unaffordability, its inaccessibility, and the fact is that it is a very, very serious problem. The costs are rising so dramatically, such as in order to pay for new technologies.

There are a lot of reasons for the costs to increase. One reason is because, of course, our health care system is being accessed by a lot of people who are here illegally, they are not citizens of the United States, but also because in fact legal immigrants to the United States access social services to a higher extent than native citizens. So the impact of massive immigration, both legal and illegal, on the system is enormous.

This map is a condensed picture of our problem with regard to the health

care costs that are being incurred by States, by taxpayers in the various States, and by, of course, all taxpayers in the Nation as Federal taxpayers. I say "condensed," because this particular map only takes a look at the uncompensated medical costs along our border, in California, Arizona, New Mexico and Texas.

This is an annual expenditure. It says these costs represent only hospital costs. By the way, it is condensed again into just hospital costs in those four States. This is the emergency medical services costs. This, again, is condensed. It is not for all immigrants; it is just for illegal immigration.

These costs that we are going to talk about here are not the Nation's costs, just for four States. They are not all medical costs, just hospitals. They are not the costs of all immigration, just the cost of illegal immigration.

One in four dollars of uncompensated emergency medical costs for Southwest and border hospitals can be attributed to "undocumented immigrants." That is a way of saying illegal immigration. In California, \$295 million; in Arizona, \$97 million; in New Mexico, \$45 million; in Texas, \$393 million in the Year 2000. Somebody does pay for this. Of course, it is primarily the taxpayers of those States that have to pick up the tab.

But think about the real costs. Let us go ahead and just extrapolate out what the real costs to the Nation are in all States, because, I guarantee you, my State of Colorado has an enormous cost for both legal and illegal immigrants accessing the welfare system and specifically, again, the health care system. These costs are absorbed by hospitals, by the doctors and, eventually, of course, are paid for by the taxpayer.

One extensive study of the cost of illegal immigration is the one we are pointing to here. It determined that care provided to illegal aliens costs border hospitals \$189.6 million in uncompensated medical emergency costs in the year 2000. Total reported uncompensated costs at these same hospitals was \$831 million.

In other words, uncompensated costs to illegal aliens, this is all costs, emergency care to illegal aliens comprised 23 percent of the total uncompensated costs incurred by those hospitals in the year 2000.

This, as I say, is just the tip of the iceberg. It does not, as I mentioned, include non-emergency services provided by doctors or hospitals. Furthermore, the study only covers the counties that are along the border, the counties directly along that border. Total costs throughout the United States for all counties are unknown. However, if the numbers for these southern border counties are a sample for the whole Nation, the true costs of medical care is in really the hundreds of billions of dollars.

Part of the problem is, of course, self-induced. That is to say, the Federal Government has passed legislation that

has exacerbated this problem. The Emergency Medical Treatment Act and Active Labor Act enacted in the Congress in 1996 made it illegal to ask immigrant status prior to rendering services in emergency rooms. As a result of this, hospitals have no way of tracking information that would be helpful in identifying the actual costs of care to illegal immigrants. A lot of this, of course, is estimated.

Being able to track this information in a consistent manner would not only help in developing a policy to deal with this problem but also assist in measuring how much medical services illegal aliens were really obtaining.

This brings me to another point here that I think is worthy of mention. Let us go to the legal immigrant in the United States, somebody who has arrived here, let us say, in the last 5 years.

In 1996, this Congress passed another law; and it said that anyone coming into the United States under what was called the Family Reunification Act would have to identify a sponsor here in the United States and that sponsor had to agree to become financially liable for the person they were bringing into the country. If that person were to go onto some sort of social service, onto welfare or access hospitals and be unable to pay themselves for doctor bills, food banks, anything that was provided to this person coming in here under the Family Reunification Act, you had to have a sponsor.

By the way, we have had that law generally on our books for 100 years. For 100 years an immigrant coming into the United States had to have a sponsor, and that sponsor took on some responsibility. The language is very plain on the documentation they have to fill out, that, in fact, you are accepting financial responsibility for that person that you are bringing in.

Now, that was the way it was for everybody. But in 1976 we reduced the scope, the field, I suppose, to say, no, we will just do it for people who are coming in under the Family Reunification Act. People who are coming in under H-1B visas or any of the other work visas and all that sort of thing, not to worry, that is not going to matter.

Well, as it turns out, about 75 to 80 percent of all immigration into the United States is under the Family Reunification Act, so almost everybody here today, the recent immigrant in the last 5 years, let us say, 10 years, came under that particular provision of our immigration law. It says, if that is the case, you need this sponsor.

Now, here is another one of those little interesting aspects of law and the way we treat law around here, especially immigration law. It is ignored. It is ignored by States and the Federal Government, because, you see, it says if a person accesses any of this and they are not a citizen of the United States, somebody else is liable. But that means somebody has to go after them.

So about a year and a half ago, I think it was, the chairman of the Committee on the Judiciary, the gentleman from Wisconsin (Mr. SENSENBRENNER), wrote a letter to the Department of Justice and asked the Attorney General what they were going to do to enforce this particular part of the law that says, if you come here and access a social service, somebody else is supposed to pay for that. It is supposed to be your sponsor.

Not one person to this date, to my knowledge, not one person in the past 30 years has ever been held to account by either the Federal Government or any State agency.

But that is something that we should focus on and let people understand, Mr. Speaker, and that is it is not just the Federal Government that could in fact go after the sponsor and get them to live up to the obligation they signed on to if their person goes on to the welfare roles or has to access medical services. But any aspect, any level of government that delivers the service can in fact seek that payment or repayment from the sponsor, any county that has its social services accessed by a person who is here as a recent immigrant.

Of course, illegal immigrants are not supposed to be eligible for anything; and yet, of course, we know that they do access all of these services; and they have become quite adept at it.

The costs are enormous. But, at least for the legal immigrants who are here, we could recoup a lot of these costs, because, as I say, statistically, it is shown that legal immigrants into the United States do access social services to a greater extent than non-immigrants. It is just a fact of life.

Many people, of course, come to the United States for the purpose of obtaining health care to begin with. On our borders you can see it any day that you go down there. We have had reports at hospitals near the border, some of these States, where a bus load of individuals, a bus load of young women about ready to give birth, will pull up and disembark and go into the hospital for the purpose of giving birth in the United States, because we have something we call the Anchor Baby Program. If you have your baby here, right now the law says that child is a citizen, regardless of whether or not its parents are legally here. That is something also we need to address as a body. We are one of the only countries, and maybe the only country in the world, that has such a liberal policy about allowing someone to become a citizen.

But because of that and because of the various benefits that a person can obtain as a result of having your child here, the social services, the WIC program, a whole bunch of other things, people will come here for just the purpose of having a child, so much so that many of these hospitals along the border are saying they are closing down their neonatal wards and delivery rooms because they cannot afford it

any more. They have been inundated with people that come across the border to have children, and they cannot pay for it, and, of course, that service is provided to them.

There are multiple reports that women come to the border just to wait until they go into labor and then be rushed not to Mexican hospitals but American hospitals. One hospital in California reported that near-term pregnant women will sit in cars in the parking lot and enter the emergency room when they go into labor.

In the instances where these women arrive at the border crossings, the Border Patrol, instead of returning them to Mexico to be taken to Mexican medical facilities, they allow them into the United States. When I asked the Customs officials about this, they say, "You know, we are not medical people. We don't have that kind of expertise. We don't know. Somebody says they are sick, we wave them on in."

We have been down there on our border. You will see ambulances coming up to the border, coming up to the Customs agent at the port of entry, and saying, "You know, I have got this really sick person here, and I need to get through." And they wave them on through. Ambulances are delivering sick people to our hospitals, sick people from Mexico, because the treatment is better, and it is free.

Now, I am sympathetic to the needs of the people who are in dire straits. I will tell you, this country can never be the health care provider to the Third World. It is impossible. There is not that much money in America, let alone in the health care system. And yet that is what is happening.

The issue here is one that does affect everyone, and that is what I really want to try to point out when we talk about these separate issues in migration. They do have an effect far beyond what one might think of to be an immigration-related issue.

So when we talk about costs at our hospitals, when we talk about health care in general, it is important to understand the impact of immigration, both legal and illegal immigration, on the system and on every single tax-paying American.

I have to ask you if that is fair? I just would like to know, Mr. Speaker, is that fair? Is it fair that American taxpayers are being asked to pay for the health care benefits of people who are not legal residents of this Nation?

□ 1700

There is just no way that we can do that and hope to maintain some quality in that system.

I visited, as I said, not too long ago, near Douglas, Arizona; and I was talking to a nurse at a hospital in Douglas, and she was telling me of the situation that exists in that hospital. It is on the verge of bankruptcy. I believe it has already claimed Chapter VII, I think it is, and may go out altogether, and

there is one reason, and it is because of this: they cannot afford to provide the services to people who come across that border from Mexico and access them. They cannot afford to do it anymore. The county is not that wealthy that they can keep it open. And when this hospital closes, the nurse told me, there will not be another hospital. There will be no hospitals available within a 100-mile radius of Douglas, Arizona.

So it does matter. It only matters, I guess, if one is in Douglas. You can say, that is their problem, really. Too bad. Those poor people in Douglas, Arizona, should probably move someplace else and get better health care. I assure my colleagues that the problem is not unique to Arizona, as more and more people enter the United States. And by the way, we have to understand that Mexico contributes about 40 percent of all of the illegal immigration into the country. About 40 percent come from Mexico, and we have another 40 percent of the people coming into this country illegally from places other than Mexico, and they are simply overstays. They come into our ports, to our airports, with visas; they come into the country legally, and they simply overstay the visa. And 20 percent, another 20 percent from along our northern border enter the country illegally. At least that is the estimates we have been given.

My State, Colorado, is having a very difficult time, as most States are, trying to meet their responsibilities, given the sad state of the economy in many areas, the many problems we have had with both drought and fire and now a massive storm that actually has caused the Governor to request emergency aid. The problems that the State faces are not unique; most States in the Nation, to some extent or another, are in the same sort of fiscal dilemma.

One of the things that they chose to do was to look at one category; it was called Medicaid services for noncitizens. Now, this is something many States do. They provide Medicaid services. Now, Medicaid, of course, is a program that is designed to provide services for people who are financially unable to provide services for themselves. And the States, many of them, decided to embark upon this very altruistic path and establish Medicaid for noncitizens. And guess what? The use of that particular program grew dramatically. I will be darned. They can get a 50 percent match from the Federal Government. So they thought, let us do it, it is, again, an altruistic thing to do. Even though, as I said earlier, anyone who is here legally has a sponsor, and that sponsor can be made to pay for the person that they sponsored if they do access these services, if someone wants to do it. So Colorado axed that particular program. And there is a human cry about it. Almost every day, there is something in the paper about the fact that Colorado has eliminated

Medicaid for noncitizens, and how heartless and how cruel.

I suggest that one of the things the State of Colorado could do, Mr. Speaker, and every other State and every county, as a matter of fact, is begin to total up the costs for the provision of services to noncitizens and then, all they have to do is communicate with the Department of Justice, because by law, the Federal Department of Justice has to look at the names that it has provided and match them up against the documents that were prepared and filled out for that person to come into the United States.

So all that the hospitals have to do, all that any State has to do, all that any county has to do, if they want to recoup some of the costs that they have been forced to lay out for the provision of services to noncitizens legally here, is to actually take that step. Send the Department of Justice the names, obtain them from your hospitals, from your clinics, from your Department of Social Services, obtain the names of the people who are here as immigrants, send that to the Department of Justice, they will identify those people and who the sponsors are for each individual, and then each of those entities can go to the sponsors and ask them to live up to their responsibility that they said they would live up to when they signed the document.

As I say, it does not happen. I know that people are thinking, well, of course, that is there, but nobody really does it. So what. They access it. We will pay for it. Nobody should do it. Well then, we should eliminate the law. We should repeal that law. If we are not going to enforce it, like every other immigration law on the books almost, we should repeal all immigration laws if we are not going to enforce them. If we do not mean it when we pass the law, what is the purpose of all of the debate we have here taking up the time of the stenographer? It just does not matter, if we are not going to enforce the law. So let us repeal that portion that says, if you come into this country, you have to get a sponsor. Let us pull it back and say, you know what, we were just joking. It really does not matter. You will get all of the services you want and the taxpayers of the country will pay for it. Let us be honest.

But we go through this charade: well, if you are going to come into the country, you have to get a sponsor and fill this out right here and show us that you are a fiscally responsible person. You have to actually show that you can take on that responsibility financially, so that you can do it. So people sign it, and then they know it is forgotten about; nobody is going to actually force them to do it.

As I mentioned to my colleagues, the chairman of the Committee on the Judiciary wrote the letter to the Justice Department; and we got a letter back saying, essentially, yes, we do collect

the names, but that is about it. And, yes, we will give them out if somebody wants them; but, no, we are not going to go enforce this stuff. We have a lot of other things to do. We are chasing terrorists and whatever. And we certainly do not want them to stop chasing terrorists, but they can simply give the names to any county or any hospital or any Department of Social Services in this Nation that has had a cost that they have incurred in providing the services, and I suggest that somebody in fact do that. It is the law.

And if one does not like the law, do as Colorado does: repeal Medicaid for noncitizens.

The other part of this picture, of course, is just welfare in general, and not just health care. As I said earlier on, it is a fact that immigrants into the country will access social services to a greater extent than nonimmigrants. This may have always been the case; but, Mr. Speaker, we never really had the ability to determine that when my grandparents came or, for the most part, most of the Members here that serve in this body, I should say, would say when their grandparents came, we could not really have this kind of statistic. We would not know, because there was nothing to access. When my grandparents came here, they had two choices: work or starve. That was it. There was nothing like a social service agency to provide any sort of relief. So we do not know what would have happened in 1900, but we do know what is happening today.

In 1996, 22 percent of immigrant-headed households used at least one major welfare program, compared to 15 percent of native households. After a decline in the 1990s, welfare use rebounded with 23 percent of immigrant households using welfare compared to 15 percent of native households. The presently high rate of welfare used by immigrant households stems from their heavy reliance on Medicaid, I mentioned that earlier, which has actually risen modestly. In contrast, immigrant use of TANF funds has fallen significantly from a little under 6 percent to slightly over 2 percent, and food stamp use has also declined significantly. Now, these rates are only slightly above those for native Americans. The average value of benefits and payments received by immigrant households has changed little and remains at about 50 percent above that which is the average for native Americans.

So what we see is that again, there is a cost attributed to massive immigration into this country, and our social service systems are overburdened, our health care system is, of course, overburdened, and our Social Security system is challenged. And I will add Social Security here for a moment, because to a large extent, it does fall, I think, into the category of a social service.

Social Security, there is always a debate on this floor as to how long it is

going to last. And the trustees of the Social Security fund will give us dates maybe 20 years out, sometimes 30 or 40 years out; but everybody said it is coming to a screeching halt, at least mid-century. And the reason is simple: there are relatively few people working to support the number of people who are retired, and because, of course, demographic profiles in this country now are such that we see this increase, significant increase in the number of people who are living passed that magical age of 62. So the costs are rising dramatically.

The United States of America is engaged in negotiations with the Government of Mexico to do something that is referred to as "totalizing," and what that means is this: that along with about 20 other countries, we have agreements that say, if you work for a company, if you are an American working in Sweden for a Swedish company, that the time that you spend there will be counted in your Social Security eligibility and, likewise, a person from Sweden working in the United States for a Swedish company could count it for their Social Security. That is just a reciprocal arrangement that we have with about 20 countries. It is called totalization. It is not really a very big deal.

But now with Mexico, we are now talking with them about providing that same benefit, providing American Social Security benefits to illegal immigrants in the United States who are working here illegally.

Now, people will say, well, you know what, it is really right. Even if they are illegally here, that is okay, because they are working and maybe paying into the system. Well, think again. A large number of people who come to this country illegally and seek low-pay, low-skilled jobs are people who are not getting paid quote, "on the books." That is one reason why they are sought after by employers. Employers keep telling us, I just do not know where to go. I have no place else to go. I have jobs that no American citizen will take. Well, what they are saying is, yes, no jobs that an American citizen will take for what I want to pay, and I want to pay under the table and avoid all the other kinds of taxes. I can get somebody who will work here and who is illegal.

□ 1715

What are they going to do about it? Who are they going to squeal to?

So there is a large amount or there are a great number of people who are working here under those conditions who are simply not paying taxes. There are many others working here, and if they are paying taxes, they are working at low-skill, low-wage jobs. The amount of taxes being collected from them would be certainly nothing in income tax, very little in Social Security, and never enough to pay for what they are going to, in fact, claim, because they will work some time in Mexico.

If this agreement goes through that will allow them to claim the time they work in the United States for United States Social Security benefits, then, of course, I assure the Members that the amount of money they will be collecting is far, far greater than the amount of money they put into that system.

Mr. Speaker, there is a certain degree of concern we should all have about the Social Security system and the impact of illegal immigration on the Social Security system.

By the way, just a little tidbit, kind of a strange story emanating out of San Luis, a town in Arizona on the border with Mexico. San Luis is a town of 2,000 residents. It has 6,000 mailboxes. Everything has been turned into one of those little mailbox centers, where it is a rented mailbox. Everything in the town, all the old 7-11 stores and everything, are simply turned into a mailbox place because of the number of people who rent mailboxes. But these people who live in Mexico, they are Mexican citizens who once a month come across in the United States to San Luis, collect their Social Security checks, SSI money, various other kinds of social services. This was on a program called "20/20" not too long ago.

It is not unique. The town is not unique. That happens all across the border. The Social Security system is being jeopardized by the actions of people who are trying to commit fraud and by the reluctance of our government to protect the Social Security system and to defend those borders.

There are sites that are located throughout the Southwest. They are called pick-up sites. They are just places where massive numbers of people have come through the border, walked into the United States, and gathered at certain places near a road, sometimes a highway but more often than not just a dirt road, because at a point in time a truck will come and pick them up and take them into the interior.

Sometimes these places are mammoth. They are 50 or 100 acres of accumulated trash, where literally thousands of people have accumulated on ranchlands, pristine desert environments. They have become essentially trash dumps. They have ruined the land. They have destroyed the property. They are places of enormous amounts of trash, paper, plastic, human waste; because everybody has to discard everything, their coats, backpacks and everything when they get onto these trucks in order to make more room to get more people packed into them.

They are told by the "coyote," people bringing them across, they have to discard everything, and they do. They throw everything down, and there are all kinds of pharmaceutical drugs, health care products, just tons of trash.

By the way, where is the Sierra Club? This is an environmental disaster. It is

all over. I am not talking about one little thing here. This is all over the country. The Organ Pipe Cactus National Monument, I call it the Organ Pipe Cactus National Dump because of what has happened there.

The fact is, we were walking through one of these places 2 or 3 weeks ago. I was with several other Members of Congress and with a group of people from the area who live in that area, some of the ranchers down around Douglas. They took us to one of these pick-up sites on one rancher's land. His cattle cannot drink the water anymore. The water has been polluted by human waste that has drained into their system. Cattle eat the plastic bags and die.

All their fences are torn down constantly. So many people have gone across the land, they have created paths that will never, ever, or for a hundred years, if they are left in pristine condition, from now on it would take 100 years to get the land back to where it was. There are car tracks all over the place.

Again, the Sierra Club does not say a word about it. Imagine if this would happen anywhere else. Imagine if that would not be done by illegal immigrants into the United States, imagine what the environmental community would do about these kinds of things. They would go ballistic. We do not hear a word about it from them down there.

At any rate, we were walking through one of these pick-up sites. I looked down, and there is a tax form. It struck me because, of course, along with all this trash it was a strange place to have a U.S. revenue, Department of Revenue tax form, IRS form.

I picked it up. It was for a gentleman, a Mr. Delgado. At any rate, he had filled this out using, if I remember correctly, an ID number that the IRS will give you simply by asking for one. You can have a taxpayer ID number. You fill it out with that. He claimed that he made \$9,000 some last year and paid about \$1,800 in taxes and claimed about a \$2,700 Earned Income Tax Credit. So when they do come and they do in fact pay taxes, believe me, we are not getting the benefit of those tax dollars. They actually become a responsibility, a social service responsibility through the Tax Code.

We have had estimates of literally hundreds of millions of dollars in fraud going to people in this particular one program, the Earned Income Tax Credit program. But this I could not even say would be fraudulent, because I think the fellow did what he was supposed to do: He got a tax ID number.

The fact that he was in the country illegally, the IRS does not care about that. They do not check it. They do not know. They do not care. They will send a check. The Social Security system will send a check. All one has to do is have a mailing address inside the United States. Go to San Luis, get a box. Go to any town along that border. They do. They come across.

They were interviewing them on television, all these people the first of the month coming across from Mexico. They were interviewing them and saying, do you not know this is illegal, that you should not be doing it? And they say, yes, but as long as you are going to hand out the dough, are we not going to take it?

We cannot argue the logic. But do not tell me that immigration and porous borders, that these things do not have an impact on a wide variety of activities in the United States. Do not tell me it does not have an impact far beyond such those borders. These people are receiving the brunt of it now, but I assure the Members, it moves northward. All of us pay the price. Our social security system is jeopardized, our health care system is jeopardized, our welfare system is overtaxed.

Immigration is something this Nation has thrived on since its existence, of course. Everybody here is an immigrant or a son or a grandson or a great grandson, as far as we want to go, a granddaughter of an immigrant. I do not care if people call themselves Native Americans, but if we go back far enough, their people came across a land bridge from Asia.

There was no one here. There is no indigenous population, at least that we can identify, so everyone, everyone in this country is an immigrant by background. That is great. However, that is totally irrelevant as to what we should be doing now about immigration.

As I said earlier, when my grandparents came, they did not have TANF programs, they did not have Earned Income Tax Credit, they had no social service benefits. You worked or you starved. That was it.

Now, we can debate whether we are attracting people just for the benefits. Certainly, it is an attraction when we consider the fact that our benefits are certainly relatively rich, considering the benefits that would be available to them in their country of origin, especially Mexico. It does impact America, and this is an issue with which we must deal.

I talked about the issue of border security and national security last time. I talked about the fact that, because we have porous borders, our Nation is more at risk than it would otherwise be, especially in this time, a time of war. That is only one part of the picture. It is a very significant part, it is a scary part, but it is only one part.

We talked about social services tonight. We talked about the environment, the impact on the environment. We talked about drugs, about a variety of other things that are attributable to massive immigration, legal and illegal, and do in fact matter. Mr. Speaker, I believe they matter to a majority of the people in this country.

I do not think that there is a bigger divide between what the people of this country want and what this government is willing to give them other than the area of immigration, immigration

reform. Poll after poll after poll says that the people of this country want reform of this program. They want to reduce immigration to a manageable level.

I have a bill to reduce immigration to 300,000 people a year down from the present a little over 1 million people a year. I think that is a goal that we could achieve. I think we can still benefit by the diversity and the value, the added value that immigration can bring to the country, but we can begin to operate our social services system and we can begin to recover if we reduce the number of illegal immigrants coming into the country by securing our borders and reducing legal immigration, at least for 5 years while we try to catch our breath.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. CARDOZA) to revise and extend their remarks and include extraneous material:)

Mr. PALLONE, for 5 minutes, today.

Mr. CUMMINGS, for 5 minutes, today.

Mr. KENNEDY of Rhode Island, for 5 minutes, today.

Mr. CARDOZA, for 5 minutes, today.

Mr. MCGOVERN, for 5 minutes, today.

Ms. CARSON of Indiana, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. MCDERMOTT, for 5 minutes, today.

(The following Members (at the request of Mr. SIMPSON) to revise and extend their remarks and include extraneous material:)

Mr. MCCOTTER, for 5 minutes, today.

Mr. KING of Iowa, for 5 minutes, April 1.

ADJOURNMENT

Mr. TANCREDO. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 5 o'clock and 27 minutes p.m.), under its previous order, the House adjourned until Monday, March 31, 2003, at 12:30 p.m., for morning hour debates.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

1484. A letter from the Deputy Director, Defense Security Cooperation Agency, transmitting notification with respect to a proposed Letter of Offer and Acceptance (LOA) to sell defense articles and services, pursuant to 22 U.S.C. 2776(b); to the Committee on International Relations.

1485. A letter from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting copies of international agreements, other than treaties, entered into

by the United States, pursuant to 1 U.S.C. 112b(a); to the Committee on International Relations.

1486. A letter from the Secretary, Department of Commerce, transmitting the annual report for FY 2002 of the Department's Bureau of Industry and Security; to the Committee on International Relations.

1487. A letter from the Chairman, Broadcasting Board of Governors, transmitting the Annual Program Performance Report on the FY 2002 Performance Plan; to the Committee on Government Reform.

1488. A letter from the Deputy Secretary, Department of Defense, transmitting the Department's FY 2002 Performance and Accountability Report; to the Committee on Government Reform.

1489. A letter from the Chair, Equal Employment Opportunity Commission, transmitting the Commission's FY 2002 Annual Program Performance Report; to the Committee on Government Reform.

1490. A letter from the Chairman, Federal Energy Regulatory Commission, transmitting the Commission's FY 2002 Performance Report; to the Committee on Government Reform.

1491. A letter from the Manager, Benefits Communications, U.S. AgBank, FCB, transmitting an annual report for the plan year ended December 31, 2001; to the Committee on Government Reform.

1492. A letter from the Under Secretary of Commerce for Oceans and Atmosphere, National Oceanic and Atmospheric Administration, transmitting the annual report of the Coastal Zone Management Fund for the National Oceanic and Atmospheric Administration for fiscal year 2002, pursuant to 16 U.S.C. 1456a(b)(3); to the Committee on Resources.

1493. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Civil Procedure that have been adopted by the Court, pursuant to 28 U.S.C. 2072; (H. Doc. No. 108-56); to the Committee on the Judiciary and ordered to be printed.

1494. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Evidence that have been adopted by the Court, pursuant to 28 U.S.C. 2072; (H. Doc. No. 108-57); to the Committee on the Judiciary and ordered to be printed.

1495. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Bankruptcy Procedure that have been adopted by the Court, pursuant to 28 U.S.C. 2075; (H. Doc. No. 108-58); to the Committee on the Judiciary and ordered to be printed.

1496. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Appellate Procedure that have been adopted by the Court, pursuant to 28 U.S.C. 2072; (H. Doc. No. 108-59); to the Committee on the Judiciary and ordered to be printed.

1497. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Herington, KS [Docket No. FAA-2003-14457; Airspace Docket No. 03-ACE-10] received March 11, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1498. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Cherokee, IA [Docket No. FAA-2003-14429; Airspace Docket No. 03-ACE-9] received March 11, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1499. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Larned, KS