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History has taught us that evil ideologies must ultimately be defeated in the minds of human beings. But in the meantime, in the meantime, Mr. Speaker, they must often be defeated upon the battlefield.

The battle Israel fights in these days is a battle to protect all of humanity from an evil ideology that has no respect for innocent human life anywhere on the Earth. That is why, Mr. Speaker, Israel's war is our war, and if there is hope for peace and freedom in this world, free peoples across this world just unite to defeat this hellish ideology of terrorism. This time, Mr. Speaker, we must not wait too long.

So may the people of Israel take comfort in these days, knowing that America stands with you. May you find victory, and may the light of God's peace shine down upon the streets of Jerusalem, forever.

The SPEAKER pro tempore (Mr. POE). Under a previous order of the House, the gentlewoman from New York (Mrs. MCCARTHY) is recognized for 5 minutes.

(Mrs. MCCARTHY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

## CONCERN ABOUT U.S. ARMS SALE TO PAKISTAN

Mr. PALLONE. Mr. Speaker, I ask unanimous consent to take the time of the gentlewoman from New York.

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey is recognized for 5 minutes.

There was no objection.

Mr. PALLONE. Mr. Speaker, I rise this evening to express concern about the Bush administration's $5 billion arms sale to Pakistan. Though little can be done to stop the deal, I believe the plan is misguided.

Considering the recent linkage of the Mumbai bombing to terrorist groups operating in Pakistan, this sale may further slow a 2-year peace process between India and Pakistan.

The government of India has made a strong commitment to fighting terrorism all over the world. Like the United States, nothing has deterred their firm policy to fight this regional and global menace. Unfortunately, Pakistan has not yet figured out a way to deter terrorist cells from growing within their borders.

We have to be careful where we are sending such highly sophisticated weaponry. While Pakistan has been an ally in the global war on terror, the government has simply watched while terrorist groups such as Lashkar-e-Tayyaba committed terrorist acts in Jammu and Kashmir and other parts of India. Its actions within its own country proved themselves not fit for receiving these arms.

Mr. Speaker, foreign military assistance to Pakistan has been used against India in the past. This new U.S. policy of military sales to Pakistan will contribute to increasing security concerns throughout South Asia, particularly in India. This material is not being used against al Qaeda, but there is a potential that it would be used in a war against India. We don't need to reward Pakistan for being our friend in the war on terrorism by giving them advanced weapons systems that are not likely to be used in that effort.

Pakistan has also faltered on proliferation in the past. In fact, just last week Pakistan announced that it is increasing its capacity to produce nuclear fuel, a move which signals a major expansion of the country's nuclear weapons capabilities. These reactors paired with some of our most highly technological jets and materials could be disastrous to the region.

Mr. Speaker, we may be supporting the Pakistani military, but we may also be increasing the rift in peace relations between India and Pakistan and in the South Asia region.

Mr. Speaker, economic assistance is certainly necessary to reform Pakistan's schools, provide health care programs and support economic restructuring that will stop Pakistan from being a breeding ground for terrorists. But military assistance is another matter. Allowing this sale sends the wrong message to the government and the people of India. I fear that it will mean a step backwards in U.S.-India relations and in South Asia's regional stability.

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

(Mr. GARRETT of New Jersey 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 Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

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

## TACKLING THE IMPOSSIBLE? LAWMAKERS ADDRESS PHYSICIAN PAYMENT OVERHAUL

Mr. BURGESS. Mr. Speaker, I ask unanimous consent to speak out of order for 5 minutes.

The SPEAKER pro tempore. Without objection, the gentleman from Texas is recognized for 5 minutes.

There was no objection.

Mr. BURGESS. Mr. Speaker, I come to the House floor tonight to talk to my colleagues about a bill, H.R. 5866. This is a bill that will repeal the SGR, the formula by which physicians are paid under Medicare, and replace it with a more sustainable, more market-friendly Medicare economic index which in fact reflects the actual costs of input for the physician delivering the care.

Mr. Speaker, the Medicare Physician Payment Reform and Quality Improvement Act of 2006 has four main goals: First, to ensure that physicians receive full and fair payment for services rendered; secondly, to create quality performance measures that allow patients to be informed consumers when choosing their Medicare provider; thirdly, to improve Quality Improvement Organization accountability and flexibility; and, fourth, to find reasonable methods of paying for these benefits.

Current law calculates an annual update for physician services based on the sustained growth rate, or SGR, as well as the Medicare economic index and the adjustment to bring the MEI update in line with the SGR target. When expenditures exceed the SGR target, the update for a future year is reduced. If expenditures fall short, the update for future years is increased. This is an economic incentive for physicians to limit health care spending.

Unfortunately, Mr. Speaker, the system simply doesn't work. Healthcare spending continues to grow and physicians exceed their target expenditures every year. Subsequently, Medicare reimburses them less and less. The net result is that patients have less and less access to their physicians, and those patients covered by Medicare arguably are our nation's most frail and complex patients.

This bill just introduced ends the application of the SGR January 1, 2007. Instead, we propose using a single conversion factor for Medicare reimbursement: The MEI, Medicare economic index, minus 1 percent. This eliminates the negative feedback loop that constantly creates a deficit in healthcare funding and introduces a more market sensitive system.

Regarding quality measures, the American Medical Association and other physician organizations have been working to create a relevant evaluation system for outpatient healthcare. In conjunction with these organizations, we propose creating a voluntary system of evidence-based quality measures.

Each physician specialty organization will create their own quality measures applicable to core clinical services which they will submit to a consensus building organization. Taken as a whole, these measures should provide a balanced overview of the performance. They will allow patients to better understand the quality of the healthcare providers they choose and be a fair assessment to reduce healthcare disparities across groups and regions. This will arm patients with critical information related to quality of care giving and give physicians a yardstick to measure their own performance and make improvements.

Additionally, these provisions largely follow the spirit of an agreement brokered between medicine and leaders on