offer a watered-down compromise that will satisfy actually no one. I think it is appalling. What are we here to do if not to address the issues of national security, war and peace, and life and death?

And the White House, meanwhile, persists in a stubborn state of denial. The President continues to say he will not leave until the mission is complete, but at this point there is no clear mission nor how to know when it is complete. As he consistently has, the President is leaving open the very real possibility that our troops will be in Iraq for as long as he occupies the Oval Office.

The White House obviously wasn't listening to the message that was sent on November 7. But we are a co-equal branch of government, and we owe it to the American people to push for a course correction in Iraq. Obviously we won't make any progress on that front this week, but I look forward to the new year when the quacking stops and we will have a new Congress with a mandate and the fortitude to bring an end to this disastrous occupation and to bring our troops home.

URGING REFORM OF IMMIGRATION POLICY PERTAINING TO SANCTUARY CITIES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. SEKULA GIBBS) is recognized for 5 minutes.

Ms. SEKULA GIBBS. Mr. Speaker, I rise today to speak regarding a subject that is very important to my constituents in Congressional District 22 of Texas and has great national interest as well. This consideration is regarding much needed reform on our Nation's immigration policies, especially those policies that regard such sanctuary cities, as they are known.

As you are aware, my colleague from Texas, Congressman JOHN CULBERSON, led a successful effort to place an amendment in a recent bill that passed the House of Representatives but has not come forward through the Senate, and this bill disallows Federal funding to those cities who do not provide information to Federal immigration officers regarding illegal aliens. Cities such as Houston, cities that operate under general orders such as that signed by a police chief, those orders that prevent police officers from asking about the immigration status of criminals who commit claim C misdemeanors. Such sanctuary policies have contributed to rising crime rates and to, unfortunately, deaths of police officers, such as the death of Police Officer Rodney Johnson in Houston, who was killed this year by an illegal immigrant, one who had been arrested three times and deported once but then subsequently returned to Texas.

Americans are indeed saddened at the loss of our troops in the war in Iraq and also the war conducted across the world against terrorists. We have lost almost 2,900 troops in the war in Iraq. But this figure has to be placed into perspective. We have been given information by Representatives STEVE KING, Republican from Iowa, who used data from the Government Accountability Office, the Violent Crimes Institute of Atlanta, and AAA Foundation, that says that 12 Americans are murdered every day by illegal aliens and 13 Americans are estimated to be killed by illegal aliens who are driving while intoxicated. This gives us a total of almost 4,700 Americans who are murdered annually by illegal aliens. These statistics must not go unrecognized. They call out for action.

Americans also are losing their property rights. Those rights are being trampled in favor of the rights of illegal aliens. Recently a jury awarded $210,000 in damages against a rancher who was attempting to protect his property against trespassing by individuals that he thought were illegal aliens but turned out not to be, but he was really attempting to defend his property. He will ultimately be required to pay $98,000 for trying to defend his property against trespassers. What about his rights? Ranchers have been put on notice that if they attempt to prevent armed trespassers from crossing their property, they could face financial ruin with charges of civil rights violations, especially if those trespassers happen to be illegal aliens.

This is not right. Legal is legal and illegal is illegal. Illegal immigrants should not be accorded more rights than American citizens.

Mr. Speaker, this is a very important issue to the constituents in the congressional district in my part of Texas, Southeast Texas, District 22. Tackling the problem of illegal immigration will require full cooperation of all of our government resources, local, State, and Federal, and I call on this body to work diligently to help us solve this situation. We are all Americans and we must pull together to address difficult issues such as this. Taxpayers demand accountability from elected officials across our country, and they have made it clear that they will not tolerate uncooperative or inefficient use of government resources and their tax dollars.

I would like to urge you to work hard to ensure that this important provision that deals with sanctuary city policies is included in any version of immigration bills that do progress into law through this body.

HONORING DR. MARION FLECK

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

Mr. UDALL of New Mexico. Mr. Speaker, I rise today to pay tribute to Dr. Marion Fleck, co-founder of the College of Nursing at the Health Sciences Center of the University of New Mexico. She was recently honored at a large gathering in Albuquerque, both for her enormous contributions to the field of nursing and also for her 90th birthday.

Marion Fleck is truly a remarkable lady, and her story is legendary. Born in Wisconsin on September 4, 1916, she earned a degree in nursing in her home State, a master's from Yale University, and a doctorate from the University of New Mexico with honors. In 1955 Dr. Fleck and Mary Jane Carter met with then UNM President Tom Popejoy, whose support led to his securing $60,000 from the New Mexico legislature that year to found the first baccalaureate program in nursing in the State. Out of that initial funding, the college grew to graduate thousands of nurses over the years in every aspect of patient care: teaching, research, and all the nursing specialties. Of particular triumph, the UNM College of Nursing will be graduating its first Ph.D. candidates in the 2007 academic year.

Dr. Fleck was Dean of the UNM College of Nursing in the mid-1970s and also served in other important positions in the community. She worked in public health and also served for 17 years as the director of school nursing for the Albuquerque public schools.

She is loved and admired for her commitment and devotion to better health care by her fellow professionals, by students, and by the untold numbers of the community that she has served so well.

Dr. Fleck's late husband was also a legend in public education. Dr. Martin Fleck was a professor and chair of biology at the University of New Mexico. Like his wife, he was a caring and involved member of his community, serving on committees that either founded or supported the symphony, public parks and many educational programs. He was also a devoted family man who, with his wife, raised his children, Martin and Ann Hara.

Dr. Marion Fleck is a visionary whose unwavering enthusiasm, vigorous efforts and diligent action blazed the course for others. She inspired both students and health professionals to be the best they could and to strive to follow her example of commitment and devotion to professional nursing and public health. Because of her courageous and determined spirit over a century ago, thousands of citizens across New Mexico and the Nation have received quality trained nurses to strive to make a better life for others. I respectfully ask my colleagues to join me today in paying the highest tribute to a New Mexico treasure and a great American, Dr. Marion Fleck.

Thank you, Dr. Fleck, for your many years of extraordinary service.

(1515)

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.)

HEALTH CARE EXPENDITURES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Georgia (Mr. PRICE) is recognized for 60 minutes as the designee of the majority leader.

Mr. PRICE of Georgia. Mr. Speaker, I want to thank you so very much for allowing me to come to the floor. I want to thank the leadership for allowing me to come and talk about an issue that is extremely, extremely important and timely right now as we complete congressional business this week.

I would like to talk a bit about health care and health care expenditures and how the current system is set up that will, I believe, and many people believe, adversely affect how patients are treated across our Nation. And it has to do with the Medicare program, and it has to do with something called a sustainable growth rate, or SGR, which is currently the way in which it is determined on the part of the government how physicians are compensated for caring for Medicare patients.

Now, before I came to Congress, Mr. Speaker, as you know, and others, I was a physician, orthopedic surgeon; practiced over 20 years in private practice of orthopedic surgery on the north side of Atlanta. And there are probably another 10 or 12 physician Members of the United States House of Representatives, and each of us knows and appreciates and understands that the manner in which the government has decided reimbursement for physicians over the past number of years has resulted in, in many cases, in many cases across this Nation, a disincentive for physicians to be able to see patients.

And that is an important point that we need to think about, Mr. Speaker, because as that disincentive has increased over a period of time, and I, and many others would argue that it continues to increase. In fact, it is getting much, much worse. There is a decrease in the access that patients have to quality care all across this Nation, and we are seeing it in numbers that we will talk about today, time and time again, especially in many of the specialties, subspecialties.

So what has happened with the manner in which the government makes decisions regarding reimbursement, regarding how much physicians are paid for services, oftentimes what has happened is that patients can no longer find doctors, having difficulty finding doctors. So what we would like to do for the next few moments is to chat about, to discuss this issue of physician reimbursement as it relates to patient access to care and to talk about this SGR, sustainable growth rate.

I joke back home about how the SGR really is not a sustainable growth rate; it is an unsustainable reduction rate, URR, and we will have some numbers that will back that up.

Oftentimes when we think about the expenditure of health care dollars in this Nation, we think, well, every single dollar is obviously going to doctors to take care of patients. In fact, that is not what happens. And this chart is a great example of that.

This is national health care expenditures in the year 2004, the most recent for which this kind of data is available. The total in 2004 was $1.88 trillion, Mr. Speaker, $1.88 trillion of money being spent on health care. And I always, whenever I present this kind of information in a forum where individuals can ask questions, they are always surprised to find that a relatively small portion of that health care dollar goes to their doctors. In fact, on this pie chart, only 21 percent goes for what are called clinical services; that has physician/clinical services, which means what it takes to take care of patients, ordering tests and prescription drugs and the like.

In fact, the amount of money going to physicians out of a given health care dollar is in the low teens, 12, 13, 14 percent on the dollar, which means that it really is pennies out of the health care dollar that we are spending in this Nation that goes to the individuals who are providing the vast majority of the care.

Now, that is not to say that these other things aren't important; but it is important to appreciate, Mr. Speaker, that the amount of compensation, the reimbursement, the providing of the cost for the services that are being provided by physicians is a relatively small portion of the health care dollar. And that is important, because what we have seen over the past number of years is that the way in which the Federal Government is reaching their targets as to how much they spend on health care is to decrease the reimbursement for physicians, and therein lies the significant problem.

So how did we end up in this boat?

Well, in 1965, middle '60s, Medicare was passed. And at that time, the manner in which it was determined how much physicians should be paid and therefore what kind of access patients had to physician care was that each individual physician would bill Medicare for certain services, and then the amount of difference between the amount that Medicare paid and what they had billed, the physicians were then allowed to then what's called balance bill or bill the patient. And initially this program compensated the physicians, as I mentioned, on the basis of their charges, and allowed them to balance bill.

What happened over a period of time, for a variety of reasons, and I would suggest, not necessarily physician related, but in 1975 the Medicare payments were continued to be linked to physicians. But the annual increase in cost, the annual increase in fees began to be limited by what was called and is called the Medicare economic index or MEI. And because the changes were not enough to prevent the total payments from rising more than were desired at that time, from 1984 through 1991, the yearly change in fees was determined specifically by legislation.

So between 1984 and 1991, instead of allowing physicians to bill for certain procedures and certain activities that they would perform in taking care of patients, what happened is that Congress decided, between 1984 and 1991, what physicians in the Medicare program would be compensated for those procedures or that activity. And then starting in 1992, this charge-based system was replaced by what was called a physician fee schedule. And this fee schedule bases payment for individual services on measures of the relative resources provided to them.

Now, this is extremely important because in 1992 was the time when the Federal Government, and we as a Nation, decided, in essence, we will determine at the beginning of the year, January 1, how much money we will spend for health care for the entire year to come. Without regard to how many patients there were to be seen, what kind of health challenges and problems they had, we were going to set this finite pot of money as a Nation and say, this is what we will spend on health care. It doesn't make a whole lot of sense when you think about it, because those kinds of things are not necessarily predictable.

Now, at that time it was stated that that schedule, this physician fee schedule, was not intended to control spending; but it was designed to redistribute the spending among various physician specialties, so if it was determined by the Federal Government that thoracic surgeons were gaining too much of this small portion of the pie, then they would shift that money to another specialty, remembering that when those monies are shifted, what happens is that many patients oftentimes lose access to the care of a quality physician.

Now, the schedule was updated at that time, in 1992, using a combination of the Medicare economic index that I mentioned before and an adjustment factor that was designed to counteract changes in volume of services being delivered per beneficiary. That adjustment factor was known as the volume performance standard. And over a period of time, relatively short period of time, that led to significant variability in the amount of payment rates. And Congress then replaced, in 1998, all of this system with what is currently in place, which is called the sustainable growth rate.

□ 1530

Now, the sustainable growth rate is something that has come under significant scrutiny, because in fact it hasn't been a growth rate; it has been, as I mentioned before, a reduction rate. It hasn't answered the true question of