that we should. And that is part of our goal, here, to extend coverage, for the government to be smarter in the way we finance it, and for people to take more personal responsibility in their own health care as well.

Mr. RANGEL. Dr. MCDERMOTT, before you came here you've practiced, you've been out here, you've worked with patients and doctors and hospitals. One of the most frightening thoughts that we have is that you get sick and you don't have enough coverage—or you don't have any coverage—you face bankruptcy, you lose your home, you lose your dignity, and sometimes even lose your family merely because you didn't have the resources to deal with a catastrophic illness. What provisions are in this legislation to protect Americans against that?

Mr. MCDERMOTT. Well, the plan that would be provided for every American who was in a health insurance plan, whether the private one they were in before or the one that they're in in the government option, would give them the protection for the basic things that everybody needs in a health care system.

I have a story you reminded me of. One night I was going out of a hospital in Seattle and a telephone operator stopped me and said they want you up on the coronary care unit. So I went up there, and there was a guy putting on his clothes and said, I'm leaving the hospital. He had had a heart attack the day before. They wanted him to stay in the hospital. He said, Look, I have no health insurance. If I lie in this bed, it costs me $1,000 a day, and I can't afford it. And what if I die? I then leave my family with a big bill. So either way I'm caught. And when we put this program together, we give people the assurance that if you have a heart attack, or whatever, and you need hospitalization, you will being taken care of.

Mr. RANGEL. Well, let me thank the speaker and Mr. ELLISON and Ms. WOOLSEY for giving us an opportunity to share what's in our bill. We will be back tomorrow. And we hope during August all Americans can look forward to the President of the United States signing a bill that will give them confidence that wellness is the top priority for this Congress.

Mr. Speaker, I yield back the balance of my time.

THE PROGRESSIVE CAUCUS ON HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Minnesota (Mr. ELLISON) is recognized for 30 minutes as the designee of the majority leader.

Mr. ELLISON. Mr. Speaker, this is the Special Order hour of the Congressional Progressive Caucus. We come every week to talk with each other and to talk on the House floor about a progressive vision for America, a progressive vision that embraces everybody, where we all do better when we all do better, a progressive vision that says that the greatest moments of American history were when we passed the civil rights bill, when we invested in our infrastructure during the Roosevelt era. The greatest moments in American history were when we passed the 19th Amendment recognizing the right of women to vote. These are the great moments of American history. And this great tradition of a progressive vision for America is what we carry on week in and week out. I want to say that if you want to communicate with us, our Web site is here at the bottom of the page, cpc.grijalva.house.gov.

What I would like to do, Mr. Speaker, is right away turn the microphone over and yield to our caucus cochair, one of the stalwart, big-time fighters who never backs down and always is for the people, who has lived it, who knows it, and who is now representing the people of California in a great struggle to promote a progressive vision, none other than Congresswoman LYNN WOOLSEY—who, by the way, has more 5 minutes against the Iraq war than anybody else in history. I yield to the gentlelady from California.

Ms. WOOLSEY. Thank you very much. And thank you so much, Congressman ELLISON, for doing this every single week for the Progressive Caucus because we do have a progressive message, and by the end of the day, we sometimes think that we are too tired to come down here and talk about our message.

We are in the middle of a health care debate right here in the House of Representatives. And as Congressman RANGEL told us, two of the committees have marked up, written, and are ready to present their health care bills. One of the committees is Ways and Means, the other one is Education and Labor. The Energy and Commerce Committee is working on it right now. And we're going to leave before the end of the week, and we're going to go off while our leadership and the heads of those three committees put the bill together out of these three committees.

One of the committees, what's happening in Energy and Commerce, the progressives disagree with very, very severely. So we have written a letter to our leadership, to the Speaker and the three chairmen of these committees who will be writing this, pulling these bills together, laying out what the progressives in this Congress stand for, once again, regarding health care.

I'm going to read this letter because I think it's very important. We have 57 Members of the House of Representatives who have signed this letter just today.

□ 2000

I'm reading it to make sure it is in the RECORD.

It says: ''Dear Madam Speaker, Chairman Waxman, Chairman Rangel, and Chairman Miller, we write to voice our opposition to the negotiated health care reform agreement under consideration in the Energy and Commerce Committee.

''We regard the agreement reached by Chairman Waxman with several Blue Dog members of the committee as fundamentally unacceptable. This agreement is not a step forward toward a good health care bill but a large step backwards.

''Any bill that does not provide, at a minimum, for a public option with reimbursement rates based on Medicare rates, not negotiated rates, is unacceptable. It would ensure higher costs for the public plan and would do nothing to achieve the goal of keeping insurance companies honest and their rates down.

''To offset the increased costs incurred by adopting the provisions advocated by the Blue Dog members of the committee, the agreement would reduce subsidies to low- and middle-income families, requiring them to pay a larger portion of their income for insurance premiums, and would impose an unfunded mandate on the States to pay for what were to have been Federal costs.

''In short, this agreement will result in the public, both as insurance purchasers and as taxpayers, paying even higher rates to insurance companies. We simply cannot vote for such a proposal.''

Mr. ELLISON. So as the Chair of the Progressive Caucus, along with Congressman GRIJALVA, are the Progressives and others hanging tough and sticking up for a robust public option?

Ms. WOOLSEY. That is what this letter is all about. We just want the Chairs of all three committees, when they moosh the three bills together, to know that the Ways and Means Committee and the Education and Labor Committee have bills that we can support. Do not weaken those bills with what is being proposed in the Energy and Commerce Committee this week. That is our goal. And it was not only Progressive Caucus members. It was also the TriCaucus that signed onto this, which is the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Asian American Caucus.

So this is our letter. This is what we stand for, and this is what we're hoping we will have when we are voting for real health care reform later this fall.

Mr. ELLISON. We thank the gentlewoman for reading that letter into the RECORD.

I want to say that we are joined by Congresswoman EDWARDS of Maryland, who has been a courageous fighter for many issues but has not shrunk from the battle in this fight for real health care reform.

Let me ask the gentlewoman, I think Congressman MCDERMOTT has a quick thing he wants to say. So, if the gentlewoman will allow me to yield to him first, then I will yield to her.

Mr. MCDERMOTT. I appreciate your giving me a chance to say something. I spoke a little earlier. But one thing I wanted to say. In Seattle they announced that on August 1 the premiums on insurance policies are going up 17 percent.

Now, when people talk about fear and they have to fear the government and fear the government option, this is a real fear. This 17 percent increase in Seattle is going to hurt people badly. Some people are not going to be able to afford continuing their insurance, and that's why it's so important that the Progressive Caucus, led by you and by Ms. WOOLSEY, are out here making sure that people understand there is an option to these absolutely unacceptable increases in premiums.

Nothing else has gone up 17 percent. Housing prices have dropped. Gasoline prices have dropped. But health insurance? Up 17 percent. The only way we are going to stop that is with a government option that makes competition.

Thank you for the work that you are doing. And I again say thank you to the gentlewoman for letting me speak.

Mr. ELLISON. Thank you, Dr. MCDERMOTT, for your passionate advocacy.

Now I yield to one of my favorite Members. I love to hear her talk about these issues because she is so articulate. I yield to Congresswoman EDWARDS.

Ms. EDWARDS of Maryland. I thank the gentleman from Minnesota for yielding.

We have been here talking about health care reform, and sometimes out in America when they watch Congress, they might think that this is about Blue Dogs and Progressives and liberals and conservatives and Republicans and Democrats, but health care reform is actually about people.

It's about, for example, a young woman in my congressional district from Hyattsville, Maryland, Ariella, who writes to me that she was 13 years old when her father developed cancer and they were struggling without insurance. And she said no one should be 13 years old and wondering if the insurance company would pay for her father's treatment so that he could see his daughter's next birthday. ''Your support and determination to improve this system means the world to so many of us. On behalf of my family and the American Cancer Society, thank you.''

It's about Ariella, and it's about the millions of people across the country who don't have health care. It's about millions more who are underinsured, and it's about millions who are insured and are paying skyrocketing costs just discussed by our colleague from Washington, skyrocketing costs of premiums and deductibles and copays that are rising three times the rate of wages.

A good friend of mine from New Hampshire, one of our colleagues, put together this chart, and it shows what the alternatives are. And we can either really work for reform together or not.

Some people know that if you don't have any money and you don't have any insurance, you get sick and it's a disaster. If you have a preexisting condition and you don't have health insurance, you get sick and it's a disaster. If you're laid off and you don't have insurance, you get sick and it's a disaster. If your employer drops your coverage, you don't have any insurance, you get sick, it's a disaster. And so, really, the Republican plan for health care reform is just don't get sick. Well, that's not an option for most Americans.

I know that we have a process here, and I think Americans across the country, Mr. Speaker, are really trying to understand that process, but that's kind of internal. It's not about Ariella who doesn't have health insurance. I know that probably so many of our offices here in the Congress have received letters just as I have from people throughout my congressional district who are begging us to reform this health care system.

They are begging us for their 77-year-old mother who has a gap in her health insurance. They're begging us for their cousin who has breast cancer, who's not getting paid to work, is too sick to go to work, but can't afford even to stay home and to get treatment. They're begging us for their children who have preexisting conditions and can't get insured at all. The American public is begging us to do something about health care reform. We can't just have a plan that says just please don't get sick.

I tried that plan. This Member of Congress tried that plan. Seventeen years ago I didn't have health insurance, and I just crossed my fingers every night not to get sick. I ended up getting sick. I was sick in the produce section of the grocery store. I passed out. I was rushed to the hospital emergency room. And I ended up with thousands of dollars in health care costs. It took me years and years to pay it off. I almost lost my home as a result of that. No American should have to make that kind of decision. And you know what it would have been? It would have been a couple of hundred dollars to go visit the doctor and get some antibiotics, and instead it was thousands of dollars, a financial disaster, and almost losing my home in the process. That's what Americans are suffering from right now, and that's why we have to fix this system.

Now, I know, Mr. ELLISON and Mr. Speaker, we have a process, but that process has to involve, I believe, a public health insurance option that says no matter if you get sick, if you don't have insurance now, you're going to be covered, and we are going to bring down the cost for everyone. That's what Americans want. And it doesn't matter whether you're a middle-income family, a working family, a poor family. You shouldn't have to make a life decision about whether you and your children and your family get health care because you can't afford it.

So I'm excited about the prospect for reform. But I know that there are some bad guys in this fight and the bad guys are out there. I want to share with you who some of those bad guys are because the challenge for us is helping the American people understand that in this country there are people who share interests who don't want to reform the system. The big winners in this broken health care system, let's look at who they are:

The CEO of United Health Group, Stephen Hemsley, his annual financial report, United Health made $81.2 billion. Their net income, $2.9 billion. His salary, $3.2 million.

Mr. Speaker, this is what's at stake.

The CEO of WellPoint, Angela Braly, $61.3 billion they made. Their income, $2.5 billion. I mean, Americans can't even count these zeros because we don't understand them. What was her salary? It was $9.8 million.

I mean, this is outrageous. This is the money that that's at stake.

The CEO of CIGNA, Ed Hanway, the annual revenue, $19.1 billion, $292 million in net income. His salary, $12.2 million.

Let's call out these names because I think it's important for Americans to put the names on the faces of those who are reaping billions of dollars of profit, netting millions of dollars in salary, and then taking the American public to the bank without health care reform.

The CEO, Ronald Williams, of Aetna, $30.9 billion in revenue for Aetna; $2.8 billion in net income; and his salary, $24.3 million.

This is outrageous. There's a lot at stake. I understand why these folks are fighting health care reform. I understand, because they stand a lot to lose. And our job here in the United States Congress is to make sure that it's the American public that wins, that it's the taxpayer that wins, that it's the patient that wins, that it's the doctor who has a relationship with their patient, and not these insurance companies standing between you and your health care, between you and your doctor.

Mr. ELLISON. I actually have a few questions, but I am going to yield to the gentleman from Illinois.

Before I do that, I just want to say that if we just took some of these salaries that are out there and put them into providing care for people, maybe we wouldn't have nearly 50 million people without health care and another 25 million without adequate insurance. It's really outrageous. And they're spending about $1.4 million a day to lobby against health care, and that's nothing but pocket change for some of those folks, and I can see why they would do that.

With that, I will yield to the gentleman from Illinois, Congressman DAVIS.

Mr. DAVIS of Illinois. Thank you very much, Representative ELLISON.

Let me, first of all, commend you for the leadership that you continue to display as the message leader for the Progressive Caucus. I see you here every week and oftentimes Representative EDWARDS is here with you. So I'm pleased to join you and her and Representative MCDERMOTT, with whom I serve on the Ways and Means Committee, and I know that Chairman RANGEL was here a few minutes ago and others.

□ 2015

You know, as I listened to Representative EDWARDS and as she talked about the winners and the losers, it is amazing that individuals in the health care arena are earning these kind of salaries, and that people are able to somehow or another not want to pay, and people somehow or another don't want to add a few extra dollars.

I come from a county with over 5 million people, and unfortunately, many of them are low income. They are poor. Many of them don't have any insurance at all. They don't have any way to access care, any way to be taken care of. Some of them go to emergency rooms of hospitals that are as many as 8 and 10 miles away in an urban area, and they can't get there.

To think that we now have an opportunity to reform, in a real way, health care delivery and to create the kind of health care delivery system that says that all of our citizens have worth, I don't know how those who are opposing a public option, I don't even know how you could begin to talk seriously about reforming our health care delivery system without a public option.

I have sat through the many hearings that we have had in Ways and Means. I have sat through countless hours of discussions with staff and experts. No matter what we come up with, we know that we need a robust, not a minuscule, not a weak, not an anemic public option, but we need a real public option, one that can help build upon the network of community health centers that we have spread across the country, which have proven to be worth their weight in gold, which have proven that they can deliver first-rate health and medical care in a cost-efficient way with individuals who understand the language, the culture, and the lifestyles of the people who come.

I agree with the Progressive Caucus members, as well as others, that there just ought not to be a plan without a serious public option.

Again, I want to commend both of you for the tremendous leadership that you continue to display. I know with the kind of attention and care that you give to these issues, that our Congress and our people are going to be in good shape for many years to come.

So, it has been a pleasure for me to stop by and to join with you and have a few words to say. Of course, you know, I remember a term we used to use a lot back in the sixties and seventies. We used to say ''a luta continua,'' meaning that the struggle must continue and we will conquer, without a doubt. If we dare to struggle, we dare to win.

Thank you so much. It is a pleasure to be here.

Mr. ELLISON. Let me thank you again, Congressman DAVIS. You have been putting it out there for so long. There are 57 Members who insist upon a robust public option. It is wonderful to count you among one of those. I think the American people can rest assured there are people in this Congress who are sticking up for their interests and fighting for them, and your leadership in that regard is inspirational. Thank you, sir.

Mr. DAVIS of Illinois. Thank you very much.

Mr. ELLISON. Let me then yield back to the gentlelady from Maryland, Congresswoman EDWARDS. You have got some pretty good stuff over there. What else do you have?

Ms. EDWARDS of Maryland. I have thought about this a lot, as many of us have, and I know that our leadership, the Democratic leadership in this Congress, is moving toward reform at a pace and for a reason that we know is really important. We also know that our President wants real reform. So I think the importance of the discussion that we are having this evening is about how we define reform, particularly how we define a public option and why it is needed.

I think Congressman DAVIS said it, that the system won't really work without a public option. We won't be able to bring down costs without a public option. We want people to have choice, the choice of their doctor, choice of their providers. We want people to have the choice to look at the various plans stacked up against each other and say, I want this one over that one. We can do that with a robust public option, one that is tied to the Medicare network.

Today is the 44th anniversary of the enactment of Medicare, and it is instructive that we are here on this day, because there are those who like to say government can't do anything, government doesn't know how to do health care. Well, government sure knew how to do Medicare, and for 44 years people in this country have had the benefit of Medicare, have had the benefit of a Medicare provider network.

That is the kind of network we want for a public option, one that has doctors. We need more doctors, and this legislation that we are looking at will provide more doctors and more nurses. It will ensure that people can get primary care and preventive care. It will ensure that people aren't excluded because of preexisting conditions, and we know that is a problem.

So there are a lot of good things that we have to celebrate about where we are today. But we also have to be vigilant, as Congressman DAVIS said. We have to be vigilant to ensure that we have a robust public option tied to the Medicare provider network and that relies on a payment structure that is stable so that we can inject real competition into the system. Not competition upward for premiums and deductibles and copays, but competition downward, so that we can lower costs, provide quality care, and have a choice of doctors.

I have been thinking, Congressman ELLISON and Mr. Speaker, I have been thinking that there are a lot of enemies to reform and there is a lot at stake out there. There is money flowing all over the system. Not just the CEO salaries and the bonuses and the profits. That is bad enough. So the insurance companies have a lot to lose. And, do you know what? We found out that that is why they have decided that they are going to put skin in this game, and the skin that they put in the game to oppose reform is in the form of their money.

All you have to do is follow the money to know why the enemies of reform are galvanizing. We have to be strong and courageous in our fight against them and for the American people for health care reform.

If you follow the money, let's look at CEO compensation, $85.4 million. Lobbying expenditures, what they have been spending to fight reform, $62.5 million. PhRMA alone in the pharmaceutical industry has spent $233.7 million. And look at their profits, $8.4 billion. This is a lot of money that is at stake.

So if you follow that money and then follow it right to campaign contributions, they have been throwing campaign contributions all over the map; $28 million, or $220 million for the 10-year period from 1998 to 2008. And do you know why? Because they don't want reform.

That is why it is up to those of us in the Congress who are looking out for regular people, looking out for people throughout our congressional districts who really are struggling to pay their premiums and their deductibles and who are struggling to pay their copays that are going up.

I look at my own district. We have a lot of people actually who have health insurance, and the reason is because they have it through their employers. But even their employers are really struggling now. It is getting in the way of our competitiveness. It is getting in the way, because people know that they can't afford, anymore, these premiums. The premiums are going up three times the rate of our wages.

But do you know what? The wages of those CEOs have been going up. Some of their wages have gone up 26 percent in just this last year. But have any of us seen our wages go up like that? The American public hasn't, and it means that those deductibles and those premiums and those copays are no longer affordable.

Mr. ELLISON. Reclaiming my time, the reform that we are talking about

includes employer-based health care, where there couldn't be an exclusion for preexisting conditions. There are the existing government programs, Medicare, Medicaid. Part of the money, if we get the version we are looking for, would be to help States cover everybody for Medicaid.

Then the third thing, this would be new and would include a robust public option. The public option would be a program run by an agency in the government that would be not looking to generate a profit. In that case, would the public option that we have been talking about, would they be reaping a portion of those, what is that, $84 billion in profit? Would that be a cost measure within the public option, if we were able to achieve that?

Ms. EDWARDS of Maryland. Well, I think that what would happen is that the public option would be so competitive. Keep in mind that the CEO of the public option, the Secretary of Health and Human Services, doesn't make $9.8 million a year. It is a basic government salary, I don't know, about $175,000 or $185,000 a year to run all of Medicare. Our CEO is a government employee who doesn't make a ton of money, who is not reaping millions and millions of dollars in compensation.

This is only compensation. Maybe next time I will bring the bonus chart. That would require a lot more zeros.

But I think really there is so much overhead in the private insurance, and it is really sending costs up. All we want is a public option, and what the American people want is a public option, because something like 70-some percent of the American public actually support a public option, and what they want is something that competes with the private insurers.

After all, Mr. ELLISON, I am not really sure what the private insurers are afraid of, because if they believe in the free marketplace, put the public option in there, let it compete in the free marketplace, and I will tell you what, the competition will be on and costs will be down.

Mr. ELLISON. That is right. And lobbying expenditures, CEO compensation and profits will not be there.

We will have to yield back and be back the next time. This has been the Progressive Hour.

NOTICE OF CONTINUING EMERGENCY WITH RESPECT TO SOVEREIGNTY OF LEBANON—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111–59)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared with respect to the actions of certain persons to undermine the sovereignty of Lebanon or its democratic processes and institutions is to continue in effect beyond August 1, 2009.

In the past 6 months, the United States has used dialogue with the Syrian government to address concerns and identify areas of mutual interest, including support for Lebanese sovereignty. Despite some positive developments in the past year, including the establishment of diplomatic relations and an exchange of ambassadors between Lebanon and Syria, the actions of certain persons continue to contribute to political and economic instability in Lebanon and the region and constitute a continuing unusual and extraordinary threat to the national security and foreign policy of the United States. For these reasons, I have determined that it is necessary to continue the national emergency declared on August 1, 2007, to deal with that threat and the related measures adopted on that date to respond to the emergency.

BARACK OBAMA.

THE WHITE HOUSE, *July 30, 2009*.

DOCTORS HOUR

The SPEAKER pro tempore (Mr. KRATOVIL). Under the Speaker's announced policy of January 6, 2009, the gentleman from Louisiana (Mr. CASSIDY) is recognized for 60 minutes as the designee of the minority leader.

Mr. CASSIDY. Mr. Speaker, we are pleased to be here. We call this the Doctors Hour because there is a fair number of us on the Republican side who are physicians or in some way health care providers, optometrists, a practicing psychologist, or in some other way connected with the health care field. So we give our own perspective.

Now, my own bio, if you will, aside from being a physician, I have worked with the uninsured in my State of Louisiana for the last 20 years.

□ 2030

That's almost 90 percent of my practice, working with the uninsured in a public hospital. And so, when I speak of what we need to do to help the uninsured, it is purely flowing out of my life experience. I think that as the others come up I'll give them a chance to speak as to it what they're about. I'll start off with a couple of comments. I've learned in my 20 years of, whether private practice or public practice, that the only thing that lowers costs is if you make things patient-centric. If the government is in charge, or the insurance company or a bureaucracy run by anybody is in charge, it becomes something that doesn't work for the patient. The patient's separated from costs. They have a harder time accessing benefits. It just doesn't work.

On the other hand, if you put the patient in the middle, if you tell that woman, listen, you can go see the physician you wish to see and when you go in there there's minimal administrative hassle. And if you don't like that physician, you can go see another physician. It really works. The patient's satisfied, and typically, the patient/physician relationship is stronger. And key to getting good health care is having a strong patient/physician relationship.

Now, frankly, I think the only thing innovative that we've heard from the other side, although their plan kind of is changing on a day-by-day basis, is in one sense, the only thing about that plan which is radical is that it nationalizes health insurance. I was a little amused by my Democratic colleagues earlier who were saying, Oh, my gosh, Republicans are defending insurance companies. No, actually I think they're defending insurance companies. They like insurance companies so much they want to nationalize it and have a national insurance company.

Now I'm thinking, now we have an insurance company run by the private sector that, if it doesn't work, constituents call Congresswomen, Congressmen, we pass a law that changes that, changes that so that the private insurance company plays by better rules. Now, though, it's going to be both the referee and the player. Now the government will make the rules, but also compete. And as it does that, in some way, we're supposed to expect that the government-run insurance company is going to be kinder and gentler, more cost-effective, higher value product than is the private insurance company.

I think it's the triumph of hope over experience. We hope it will be better. We know Medicaid and Medicare don't work as we wish; in fact, they're going bankrupt, and their bankruptcy is what's driving this plan. And so we're going to believe that the third try is going to be the charm and that this time we get it right. Well, without going further, I'll yield to my fellow physician from Louisiana, JOHN FLEMING.

Mr. FLEMING. Well, I thank my friend and fellow colleague, both a physician and fellow Member of Congress, BILL CASSIDY, and also fellow Louisianan. And of course tonight we're going to be talking about a lot of different things relative to what is really the hottest topic maybe in a decade, health care reform, which both sides of the House are very interested in.

You know, you hear often from this side of the aisle that well, for heavens