required by this Congress, by law, to submit two things with that budget: first of all, a plan about the number of ships that we have, a shipbuilding plan, so that we could look at that plan and see how it matches up to threats that we have around the world. And the second thing was an aviation plan. It just makes sense that you have a plan and know how many planes you're building and where they're going to be so that we can see that we can defend this country. As the ranking member of the Readiness Subcommittee it is important, I felt, for us to know those risk factors.

The law says specifically in 10 U.S. Code, section 231 that the Secretary has to submit a shipbuilding plan and then certify that this budget will meet it. The law also says he has to submit an aviation plan and certify that this budget will meet it. This year he simply refused to do it.

And, Mr. Speaker, when we then said what are our options, we thought, first of all, let's just be polite. So we wrote a letter, I wrote it, as ranking member of the Readiness Subcommittee of the Armed Services Committee, asking him to submit those plans. Do you know what we got? This is what we got: absolutely nothing.

So then we decided let's work in a bipartisan manner to see if we could correct that. So the Armed Services Committee issued a congressional inquiry demanding that the Secretary of Defense comply with the law and simply give us the plan for shipbuilding and aviation and certify that this budget would meet it. And, Mr. Speaker, this is exactly what we got: nothing.

Every member of the Armed Services Committee unanimously agreed that that information should be submitted by September 15 and issued that in the congressional inquiry. And, to date, the Secretary of Defense has refused to turn over those dollars, those figures, that certification, and those plans.

Mr. Speaker, I just ask you this: How can the Secretary of Defense look at our men and women in uniform and say we expect you to follow the law, to follow the statutes that Congress has passed and the President has signed, but they apply to you and not me?

I don't know what options we have; but I know this, Mr. Speaker, that I'm going to continue to come on this floor day after day after day until the Secretary complies with the law and gives the Armed Services Committee what he's supposed to give us, a shipbuilding plan and an aviation plan and the certifications that our budget will meet those so that we are defending the United States of America.

□ 1330

OUR FRIENDS IN EUROPE: YOU WILL NOT BE FORGOTTEN

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

Mr. SHIMKUS. Mr. Speaker, a national missile defense: I am aghast at its being dropped by this administration.

First of all, we have a missile defense program, and that protects the west coast against a launch by a rogue nation, namely, North Korea. The national missile defense site proposed plan for Europe was designed primarily to defend our eastern coast against a rogue attack by Iran, so that's why I reject the arguments of this administration. This administration is citing concerns into Europe.

The benefit of the national missile defense site was that we got a twofer from this. Not only did we get a system, again, that's already in application on the western coast—we have a system in place to protect our eastern seaboard from a launch of an intercontinental ballistic missile, armed by a nuclear warhead by Iran against our eastern coast—but it also gives coverage to our allies and friends in the vast majority of Europe.

Our allies, the Poles and the Czechs, worked hard to educate their public to bring together consensus and to support the two sites—one being a radar site in the Czech Republic and another being an interceptor site in Poland.

What did they do based upon the negotiations with us? What is our response to them? Our response to them is to now reject and to turn away from this site.

Now, the launch sites in Poland are a few interceptors, not the hundreds of offensive missiles that are placed in Russia. The interceptors were never a threat to Russia. However, this administration now bows to the totalitarian regime in Russia at the rejection of our friends and allies in the democratic countries in Eastern Europe—our friends the Poles and the Czechs—who have worked hard, who have solid democratic institutions, who support the war on terror, and who are our allies in the battle of freedom. So we side with the Russians in opposition to our Eastern European friends and neighbors.

You know, Russia may have been successful in causing this administration to back away from its commitment, but I want them to understand there are still many, many Members in this Chamber who will not kowtow to you or bow to the threats imposed by a reemergent Russia. Russia has meddled in the affairs of the Eastern European countries for long enough, most recently in the invasion of Georgia, meddling in the Ukraine and trying to destabilize their neighbors on the borders.

We will continue to fight for those freedom-loving, democratic institutions in Eastern Europe, especially for the countries I mentioned before—the Ukraine and Georgia—and for the people who want democracy in Belarus. We will not allow a reemergent Russia to try to build a new sphere of influence that will deprive these people of freedom.

This battle on national missile defense is the first victory for Russia in, again, attacking the credibility of the leadership of our country and in causing us to back down to commitments we made, not only to our citizens on the eastern coast but also to our allies and friends in Europe as a whole, and particularly to the Eastern European countries.

For years, the Eastern European countries have been called the ''captive nations'' because these were the countries which were under the totalitarian regime, under the old Soviet Socialist Republic system. They were deprived of their freedoms for decades. Of course, that is the desire of this new emergent Russia—to bring them back into that sphere. It is disappointing that this administration didn't stand strong in support of freedom and democracy and keep the movement on the national missile defense reaching forward.

We look forward to continuing this debate. I just want to send a message to our friends in Europe that you will not be forgotten.

THE PROGRESSIVE CAUCUS MESSAGE HOUR

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

Mr. ELLISON. Mr. Speaker, I am KEITH ELLISON, here to claim the time.

The Progressive Caucus message hour, which comes to the House floor every week, week after week, with a Progressive message will be short tonight. We want to let our Republican colleagues know that. Tonight, though short, it will be a very potent and effective message because it is a Progressive message.

Obviously, everything these days is health care. Health care is a crucial issue, but it's important to understand that, from a Progressive standpoint, health care reform is part of an overall package of reform for middle and working class people in America.

How are you doing with your family budget when you see, over the last 10 years, that health care premiums have increased, that deductibles are increasing and that copays are increasing? How is it going when you see your neighbors are foreclosed upon and when the houses in your neighborhood are seeing a reduction in value? That's real wealth you're losing with this foreclosure crisis.

In a Progressive vision of this world, we see middle class people and working class people—people who are making only a little bit, who are making only minimum wage—who are actually seeing their wages rise, who are seeing their health care costs level off and go down, who are seeing their home values go up, and who are seeing the doors to the universities remain open so that young people can have real opportunities in this America.

We have a vision where everybody counts, where everybody matters, where we're not constantly looking for the next person to throw under the bus. With the Progressive vision, we know that it doesn't really matter what your economic station is in life. You still have an opportunity to do well in America. You still should have that opportunity. You should still have an opportunity to have your civil and your human rights respected. As we move forward in this health care debate, we must remember from a Progressive message standpoint that it is a part of a network of things that American middle class and working class people need—people of all colors, people of all cultures and people of all faiths.

The Progressive message: We don't believe that it makes sense to rail against and to demonize people who come from other countries. We welcome new Americans. We think it's a good idea. Immigration has been good for the United States.

We have a Progressive message which says that we believe that everybody's health care in the United States ought to be covered and that your health should not be a commodity which is bought and sold on Wall Street, which is bought and sold on commodity markets, where people basically look at you and your health as an economic entity to make themselves richer and wealthier.

So it is with that opening remark that I talk about our short presentation tonight: the Progressive message about health care. It is in this context that we talk about health care, not so much about the technicalities of health care at this point, but really focusing on health care reform—patients before profits. We believe in this.

Thirty-six other nations in this world provide some form of national health care. Our country does not. We are the richest country in the world. We have a GDP bigger than any other country in the world by double, and still we say we don't have enough to go around to cover the 49 million who are left uninsured or to make sure that we hold prices down and have quality care for the 250 million who do have employer-based health care and government health care but who are seeing their premiums rise.

Tonight, though our friends on the other side of the aisle constantly bang on government and talk about government-sponsored health care, we are here to say that the government is a good thing. There is nothing wrong with government. From a Progressive standpoint, we say that, yes, government must be efficient, that, yes, government must be effective and that, yes, government must not be too intrusive. Yet, just to make blanket statements about how government is bad, this is not part of the Progressive mission, because we know the GI Bill is part of government; we know that Medicare is part of government; we know that Medicaid, which covers the poor, is part of government; we know Social Security is part of government. We don't look at the government as the enemy in a country that is by, for and of the people. The government is us. So what are people talking about when they rail on government-run health care as if it's some horrible thing?

The fact is that we're here to stand up and to stand out for real health care reform as a part of an overall package to make middle and working class people better off, with a higher quality of life and with more opportunities for themselves and for their families.

So, as we discuss this issue and as we keep it in context, it's important to also bear in mind that a key element of reform—an essential element of reform—is the public option. The public option is an essential element of reform, and I want to talk to you about it tonight for just a few minutes because we're not going to be here long. We're going to be here for a while. Most doctors support the public option.

We have this chart here—and I hope I can get a nice, wide camera angle—of both the public and private options.

Sixty-three percent of all doctors—they call it ''doctors/providers'' nowadays, but they're really doctors. Sixty-three percent of doctors support both a public and a private option. Sixty-three percent. That's a lot. Now, you have another 10 percent of doctors who say, You know what? Get profit-based health care out of our American system. We want public-only options.

If you put all of the doctors who believe in both public and private options and doctors who believe in public-only options, that's 73 percent of doctors.

Doctors say they know the public option is better. You might have some folks who are accountable to industry interests in the insurance industry who don't want a public option, but you don't have doctors saying it. Doctors are for the public option—63 percent-plus more.

I am very pleased to be joined right now by my dear friend from the great State of New York, ANTHONY WEINER.

Anthony, how are you doing tonight?

Mr. WEINER. I thank you very much.

I am an honorary member of the Progressive Caucus. I am not a member of the caucus, but I am very interested in the work that you've done on this issue. I just want to pick up on a point that you just made.

Part of the reason doctors understand the need for the public option is that they deal every day with insurance companies. You and I, when we get sick—and God willing, that's not often—and when our constituents get sick, they have to deal with their insurance companies. They deal with them every day. They've got six or seven different in-boxes on their desks. About 20 percent of their overhead is dealing with insurance companies, and I don't mean dealing with them as in, ''Hey, how are you doing? Let's have a doughnut and coffee together.'' I mean sitting on hold, getting approval, trying to find out when they're going to get reimbursed, spending months and months and months waiting for insurance companies to give them money for services they've already provided.

So when doctors look at this debate, they say, You know what? Having some level of competition is helpful to them as well. Just so we understand the context of this, we swing wildly between people who say the public option in this health care debate is going to transform the world and people who say it's not really going to do anything. Somewhere in between is probably right.

When this health care plan goes into effect under the President's proposal we have here in the House, for most Americans, they're not even going to have the ability to go sign up for the public option because they get health insurance at their work. If they decide to leave their employers, they're going to leave whatever the employers are putting into the kitty, so they're probably not going to do that. They effectively are not going to go into the public option. If you're on Medicare, Medicaid, the VA, or the Department of Defense, you're not going to be even eligible to go into the public option.

So the people who are going to benefit are a small group of people, an important group of people who are underinsured, meaning their employers don't provide even the basic health insurance we believe they should, or those who have no coverage at all. They're going to be able to shop. Even for those people, it is going to take a while for this public option to get up and running.

The reason it's so important—and you've made this point continually during the debate—is that we should have at least some experiment with how it might work. We should have some way to look through the lens and say, You know what? Here's a private insurance company that's paying for advertisements and that's paying bonuses. The CEO of the public option will probably make—I don't know—$190,000 a year, whatever it is, versus an institution, a public option, which might say, You know what? Maybe we can do it for less because we don't have to look out for shareholders. That sliver of competition has the insurance companies mortified.

The question is why. Why are they so afraid?

Because, I say to my colleague from Minnesota, at the end of the day, it could just be that these insurance companies say, You know what? If I'm going to compete, maybe I'll have to turn a little bit less over to profits, a little bit less over to advertising and over to bonuses. Now, for them, that might not be so good, but for the rest of us and for the country as a whole, that is actually, probably, a pretty good thing.

Mr. ELLISON. If the gentleman would yield briefly—and I'll hand it right back to the gentleman from New York—I just want to throw this out there:

I propose that the people who support the public option and the people who oppose the public option do so for the same reasons.

□ 1345

One is that the public option will be competitive. Because we don't have to funnel monies into these things that don't really go to care, we will be able to provide cost-competitive products for people to be able to purchase.

Mr. WEINER. Well, let me make one other point. First, that's funny, you made that observation, great minds think alike or average minds think alike.

I had written an op-ed a month ago, made the same exact point that actually the two sides agree on this. But what's interesting about some of my Republicans friends who have fought so vehemently against it is, at the end of the day, we are introducing another market player. That is, you always want more market players because that's where competition comes from.

We are introducing another one. Now we have tied its hands behind its back a bit more than I would have liked, but we are introducing another market player. It's fascinating because the argument seems to be, wait a minute, if you give my constituents choice, they might take it. Now, it's fine that—we apparently believe that our constituents are smart enough to choose us to be their representatives, but, oh, no, we can't trust them to be smart enough to choose the health insurance plan.

By the way, I already see the TV commercials. Don't go with them, you don't want government-funded health care. Yes, the private insurance companies are going to do everything possible to compete in that way. But at the end of the day, we are trying to introduce market forces where they don't exist today.

Let me just make this one final point. We hear all the time from the other side. Let the marketplace work. There is no marketplace for health care as a commodity the way we know it.

If I have an appendix burst right now standing here, I am not going to say, You know what, I am not going to get an appendix, I am going to shop for a liver instead. Or I am not going to say, You know, I am going to wait. I understand appendix goes on sale in December, I am going to wait. Or I don't have the ability to say, I am going to go buy some books and learn how to sew up my own appendix. That doesn't happen.

If I am like 80 percent of all people that get their insurance from an employer, I have one option. My employer walks in and says, Congratulations, everyone here at the supermarket. We have Blue Cross or we have Oxford, and here is the coverage.

I don't get to say, Hey, boss, uh-uh, give me my money, I am going to go shop around a little bit more. That doesn't happen.

So the idea that we have some kind of a free market guaranteed choice doesn't exist. Now we are introducing a little bit here, but at the end of the day, this is not a commodity, like a suit of clothes that you can say I am going to buy or I am going to not. It's also true when people say, Why should I have to get insurance, I am not sick.

Well, you might not be sick today, but if, God forbid, you get hit by a car and you have $170,000 worth of insurance, of health care costs, and $100 in your pocket, you know who is paying? You and I are.

But what happened to the idea of letting us all make free choices? The right of your choice stops where it starts impacting me. As my father would frequently say to me when he was explaining to me the law, the right of my fist stops at your nose. You can't have this kind of conversation that—but if you really believe in the marketplace, introduce more players.

That's what Mr. ELLISON has talked about, and that's what the Progressive Caucus talked about. That's what, frankly, overwhelming numbers of Americans and overwhelming numbers of doctors are talking about.

If you are interested in making sure that we have a marketplace that is not just dominated by the idea if you can afford to pay, you do, and let me make this final—I know I keep saying final point. There is one other thing. You know, I have made the point that insurance companies for health care at the end of the day are not like insurance companies in any other walk of life.

Your car insurance company, since we all have automobile insurance coverage, they are apportioning risk. They are trying to figure out how you spread risk around. Health insurance companies don't do that. They are not covering anyone over 65. They are not covering anyone that has a preexisting condition. People like my father who tried to get health insurance before he was 65 were charged so much he effectively couldn't get it. So they are not doing that either.

So the question becomes what are the insurance companies doing? They are taking our money and giving it to doctors, giving it to hospitals, giving it to clinics. But they are putting 20 percent in their pocket.

So why don't we, if we are trying to figure out savings, not that I have anything—I mean insurance companies aren't venal people; they are doing what we frankly have allowed them to do and they have risen up for natural reasons. Let's start with that 20 percent. Let's start with that 350 or so billion dollars out of a $2.5 trillion pot. You know what, let's put that back into health care, let's put that back into tax cuts. Let's put that back into other service.

Frankly, that's the argument behind the public option, and it's 4 percent overhead, compared to the health insurance plan that I have, which has about a 25 percent overhead.

Mr. ELLISON. If the gentleman would just hang with me for a minute—well, tonight, we are short here tonight, we are going to be handing it over in a little while.

But I just want to explore this issue of competition with the gentleman from New York one more time. Now you pointed out how we have real problems with competition. We have real issues with flexibility within the market because, when you need the operation, you need it. There is not much opportunity for shopping around.

But what about the number of health care insurance companies that are in markets as they exist today? As you look around the cities of our country, are we seeing health insurance companies proliferating throughout these cities where you have multiple companies to choose from or are you looking at large markets being dominated by one to five actors?

I believe 75 percent of all the major markets are dominated by no more than five actors. Even if you could go shop around for that policy, do you have a lot to choose from?

Mr. WEINER. It's an interesting point. One of the most common things we hear from people who oppose this comprehensive health plan is they pick a reed of information and say, Why don't we do this? Why don't we let all insurance companies around the country compete in every market?

Well, I am open to the idea, but I have got to tell you they don't seem to want to. We have 50 States that have 50 State insurance commissions, and you can knock on the door of any one of them and say, I am an insurance company, I want to apply to provide insurance here in Minnesota or New York.

Now you know we have a grand total of zero applications from insurance companies in New York who want to operate in Maine. I tell you why, for an obvious reason. If you are a health insurance company in New York, you don't know any of the doctors in Maine. What your patients and your customers are going to want is my doctor in your network.

So they have to go organize all these doctors, create a whole new network. It's hard to do. I honor health insurance companies for trying to do it. They make a lot of money. Maybe it's because they were able to do that. But you want to know, there is one insurance entity that has been able to do it for the entire country. It's called Medicare. Not only have they have been able to do it, but they have been able to do it at 3.5 percent overhead compared to a 30 percent overhead.

Mr. ELLISON. Wait a minute, isn't this a government-administered program?

Mr. WEINER. Well, not long ago on this floor, my colleagues on the Republican side of the aisle, who thump their chest and beat the rostrum about being against government-funded single payer health care plans, all voted for it. I mean, maybe not all of them; most of them voted for it.

They are the defenders of Medicare? Well, that's a single-payer, government-funded, government-controlled health care. Now it is not one thing, though—that really needs to be clarified. It's not socialism, and I will tell you why. Socialism means that government controls the means of production.

Government doesn't run the doctors or the hospitals any more than Oxford, Blue Cross or Aetna does. Now it's a common thing to say—and never or hardly ever do my colleagues on the other side of the aisle actually try to figure out the literal sense of what they are saying. It's not that.

It is, in a way, trying to figure out a way that we as a society figure out how to deal with the society problem, but the problem that we have here is the private insurance companies pick and choose markets the same way they pick and choose customers. I have got to tell you something. We can pass a law tomorrow saying that everyone can compete, all over the 50 States. You won't have people applying to go into Idaho and set up a—or probably going into Minnesota.

We have in New York a pretty rich—because we have a lot of customers, a lot of senior citizens. But we also have some of the toughest regulatory regimes because of many of the abuses that we have seen.

Look, I want to tell you something. It is my view we should have something like Medicare for all Americans. We should treat health care like we treat the fire department. Hopefully we don't need it very often. We all pay taxes so that when there is a fire they will come and put out the fire. It's good for our economy that our neighborhood shoe store should worry about selling shoes, not health care.

Under a vote that I am going to be offering, and I think it will have your support——

Mr. ELLISON. Absolutely.

Mr. WEINER. We are going to take the shoe store guy and say, You focus on that. We, the government, have an infrastructure that we know that works for health care. It has a financing problem like all health care does. Actually the curve for health care is not as severe as it is for private insurance. That's the way we should do it.

We should make it less expensive, not more expensive for citizens, because we shouldn't say, Your State taxes are going to go up, your local taxes are going to go up, your hospitals are going to close. We are going to run it the way we run Medicare, which is efficiently, and we will provide it as a service.

But putting that aside for a moment, at the very least, if we're going to have insurance companies be the primary place we get it, how about a tiny reed, a tiny sliver of competition. If you don't do it because you think you should have choice, do it because you think we should save money.

The Congressional Budget Office says that if we take a public option and we link it to Medicare plus 5 percent, we will save another $100 billion. If you are a fiscal hawk, you want the public option. If you want choice, you want the public option.

If you are a doctor, you want a public option. If you are uninsured, you want a public option. If you have insurance, you may not know it, but you want a public option too.

I thank the gentleman for just about every day talking about these important issues.

Mr. ELLISON. I want to thank the gentleman for being as eloquent as he has been. We turn on the TV screen and the gentleman has been on national news talking about these critical issues from the standpoint of the numbers, the logic, but also from the standpoint of the person who really, really needs the change.

Congressman, you have done a great service. I have told you on the floor one-on-one how proud I am of the work that you have done. I think that you are going to keep doing it. You can count on me to support the Weiner amendment, which is a single-payer payment.

Mr. WEINER. Let me say very briefly what the single payer—consider it Medicare fraud. Ask your neighbor, if you are not old enough to have Medicare, ask them how their service is.

Every year they do a survey of all Medicare beneficiaries; 96 percent say they are satisfied with it, which any program or any business would be glad to have that. They also ask the providers, the hospitals, the doctors: Rate it on a score of 1 to 6. Last year the average score was 4.5. That is pretty good. That is essentially an A minus.

What it does is say, Look, we are not going have high overhead. We will not pay you the bust-out top of the market. For every single person you are going to get prompt payment. Everyone is going to be covered. You are going to have customers all around the neighborhood, and we will try to do some smart things to contain cost.

Now make no mistake about it. The canard that's raised—wait a minute. Medicare is a successful program. We don't like it, but there are costs to it. It's true. We have more older people. To some degree Medicare's success is why it's having trouble financially.

We are living 10 years longer today than we were when Medicare was passed. By the way, it's not 10 years in our teenage years, we get 10 years at the end of life when we have more health care costs.

But if we want to solve a problem in Medicare, you call your Congressman. You get on the phone. The taxpayers employ those people. If you want to fix your private insurance, if they shut you down, they kick you out, you get on an 800 number or you buy shares in their company. Those are the two ways you influence it.

What we are saying is, let's have a more efficient model, let's have a model that's lower cost, let's have a model that you know works. If you don't think it works, ask our Republican friends how come they keep voting for it over and over and over.

I offered an amendment in the Energy and Commerce Committee. I see my colleague from the Judiciary Committee, but the Energy and Commerce Committee—I said, You don't like single-payer health plan, put your money where your mouth is. I offered an amendment on the day of the 44th anniversary of Medicare to eliminate the program. They say they don't like government-run health care. Eliminate the program.

Not a single one of those people—and I am prohibited on the floor from calling them phonies—not a single one of those people voted ''no''—or voted ''yes'' to eliminate Medicare. Oh, no, no, no, we love Medicare. You like Medicare if you are 65 but not if you are 64?

□ 1400

Not if you're 60, not if you're 45. Why? What's the intellectually honest explanation of that? If you believe the program that you're going to fight and defend—you should have it when you're 65—what's magical about that?

When my dad retired at 60, he wasn't eligible to get Medicare, and he went to the private insurance market. They said, Fine. For $15,000 a year, a retired guy, why not give that guy Medicare? And then maybe in a couple of years we give younger guys Medicare. And we get down to the twenties, where you are, we give you Medicare.

The point is, we know what works. You want simple? We got simple. Medicare for all Americans. You want inexpensive, you want low overhead? We got that. Medicare for all Americans. You want something that every doctor accepts? Medicare for all Americans. You want complete, 100 percent choice of what doctor you go to? Medicare for all Americans.

Now, one thing it doesn't do. It doesn't skim off 20 percent for profits. You won't see TV commercials with people sitting in rocking chairs saying, Boy, I'm glad I got Medicare. No, they're going to put that money into health care.

Does it need some fixing? Yeah. We do some dumb things. We'll put $900 for someone to be in a hospital bed. We won't pay $50 to put up a handrail when one-third of all seniors get into a hospital emergency room because of slips and falls. We do some dumb things, and we need to fix it.

But I've got to tell you something. As a Member of Congress representing 650,00, 660,000 people in Brooklyn and Queens in New York City, in God's country, I would much rather fight with CMS, fight with the Federal bureaucracy which, by the way, I get far fewer complaints about them than I do about private insurance companies, than having to hope that I get a good response from my insurance company.

So that's basically the philosophy behind the single-payer thing. I have to

take exception to one thing the President said in his speech. He said, Some people in this Chamber want a single-payer system like they have in Canada. No. I want a single-payer system like we have in the United States of America. I want a single-payer plan that my father has. I want a single-payer plan that my mother has.

I want a single-payer plan that took my grandparents, whose generation had a 30 percent poverty rate before Medicare, and is now at 8 percent. That's the American single-payer.

So don't let people distract you by, Oh, it's Europe; it's socialism; it's Canada. It's the United States of America. We know how to do health care in the United States, and it's called Medicare. The Democrats created it. The Republicans now embrace it. It's got bipartisan support. Let's expand it.

I appreciate it. Let me just yield on this point. First of all, I appreciate it. I'm not a member of the Progressive Caucus. The final stage of the application, as you know, is the talent competition, and I was never able to make it through that last threshold.

But the fact that you, in hour-long blocks, have real thoughtful conversation—this present company excluded—but real thoughtful conversations about this issue that explore the actual facts and the underpinning is exactly why this has been, I believe, a proud moment in our American civic life.

You put aside the people yelling, call people names, put that aside for a moment. This is something all Americans see through the lens of their own experience. They feel very compassionate about it.

So I ask all of the people watching today and all of the people here observing this debate, ask someone about their experience with Medicare and you'll see it's a pretty good ambassador for a government program that works pretty well that we should try to expand to more Americans.

I thank you for your kindness.

Mr. ELLISON. I do thank the gentleman. This will be the conclusion of our Progressive message tonight. The Progressive Caucus, appearing with ANTHONY WEINER, who did such a fine job, we will be back next week, everybody.

This has been KEITH ELLISON with the Progressive message, and we yield back.

CONFERENCE REPORT ON H.R. 2918, LEGISLATIVE BRANCH APPROPRIATIONS ACT, 2010

Ms. WASSERMAN SCHULTZ (during the Special Order of Mr. ELLISON) submitted the following conference report and statement on the bill (H.R. 2918) making appropriations for the Legislative Branch for the fiscal year ending September 30, 2010, and for other purposes:

CONFERENCE REPORT (H. REPT. 111–265)

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H. R. 2918), making appropriations for the Legislative Branch for the fiscal year ending September 30, 2010, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment, insert the following:

REFERENCES

SEC. 1. Except as expressly provided otherwise, any reference to ''this Act'' or ''this joint resolution'' contained in any division of this Act shall be treated as referring only to the provisions of that division.

DIVISION A—LEGISLATIVE BRANCH APPROPRIATIONS ACT, 2010

That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the Legislative Branch for the fiscal year ending September 30, 2010, and for other purposes, namely:

TITLE I

LEGISLATIVE BRANCH

SENATE

PAYMENT TO WIDOWS AND HEIRS OF DECEASED MEMBERS OF CONGRESS

For a payment to Victoria Reggie Kennedy, widow of Edward M. Kennedy, late a Senator from Massachussetts, $174,000.

EXPENSE ALLOWANCES

For expense allowances of the Vice President, $20,000; the President Pro Tempore of the Senate, $40,000; Majority Leader of the Senate, $40,000; Minority Leader of the Senate, $40,000; Majority Whip of the Senate, $10,000; Minority Whip of the Senate, $10,000; Chairmen of the Majority and Minority Conference Committees, $5,000 for each Chairman; and Chairmen of the Majority and Minority Policy Committees, $5,000 for each Chairman; in all, $180,000.

REPRESENTATION ALLOWANCES FOR THE MAJORITY AND MINORITY LEADERS

For representation allowances of the Majority and Minority Leaders of the Senate, $15,000 for each such Leader; in all, $30,000.

SALARIES, OFFICERS AND EMPLOYEES

For compensation of officers, employees, and others as authorized by law, including agency contributions, $178,982,000, which shall be paid from this appropriation without regard to the following limitations:

OFFICE OF THE VICE PRESIDENT

For the Office of the Vice President, $2,517,000.

OFFICE OF THE PRESIDENT PRO TEMPORE

For the Office of the President Pro Tempore, $752,000.

OFFICES OF THE MAJORITY AND MINORITY LEADERS

For Offices of the Majority and Minority Leaders, $5,212,000.

OFFICES OF THE MAJORITY AND MINORITY WHIPS

For Offices of the Majority and Minority Whips, $3,288,000.

COMMITTEE ON APPROPRIATIONS

For salaries of the Committee on Appropriations, $15,844,000.

CONFERENCE COMMITTEES

For the Conference of the Majority and the Conference of the Minority, at rates of compensation to be fixed by the Chairman of each such committee, $1,726,000 for each such committee; in all, $3,452,000.

OFFICES OF THE SECRETARIES OF THE CONFERENCE OF THE MAJORITY AND THE CONFERENCE OF THE MINORITY

For Offices of the Secretaries of the Conference of the Majority and the Conference of the Minority, $850,000.

POLICY COMMITTEES

For salaries of the Majority Policy Committee and the Minority Policy Committee, $1,763,000 for each such committee; in all, $3,526,000.

OFFICE OF THE CHAPLAIN

For Office of the Chaplain, $415,000.

OFFICE OF THE SECRETARY

For Office of the Secretary, $25,790,000.

OFFICE OF THE SERGEANT AT ARMS AND DOORKEEPER

For Office of the Sergeant at Arms and Doorkeeper, $70,000,000.

OFFICES OF THE SECRETARIES FOR THE MAJORITY AND MINORITY

For Offices of the Secretary for the Majority and the Secretary for the Minority, $1,836,000.

AGENCY CONTRIBUTIONS AND RELATED EXPENSES

For agency contributions for employee benefits, as authorized by law, and related expenses, $45,500,000.

OFFICE OF THE LEGISLATIVE COUNSEL OF THE SENATE

For salaries and expenses of the Office of the Legislative Counsel of the Senate, $7,154,000.

OFFICE OF SENATE LEGAL COUNSEL

For salaries and expenses of the Office of Senate Legal Counsel, $1,544,000.

EXPENSE ALLOWANCES OF THE SECRETARY OF THE SENATE, SERGEANT AT ARMS AND DOORKEEPER OF THE SENATE, AND SECRETARIES FOR THE MAJORITY AND MINORITY OF THE SENATE

For expense allowances of the Secretary of the Senate, $7,500; Sergeant at Arms and Doorkeeper of the Senate, $7,500; Secretary for the Majority of the Senate, $7,500; Secretary for the Minority of the Senate, $7,500; in all, $30,000.

CONTINGENT EXPENSES OF THE SENATE

INQUIRIES AND INVESTIGATIONS

For expenses of inquiries and investigations ordered by the Senate, or conducted under paragraph 1 of rule XXVI of the Standing Rules of the Senate, section 112 of the Supplemental Appropriations and Rescission Act, 1980 (Public Law 96–304), and Senate Resolution 281, 96th Congress, agreed to March 11, 1980, $140,500,000.

EXPENSES OF THE UNITED STATES SENATE CAUCUS ON INTERNATIONAL NARCOTICS CONTROL

For expenses of the United States Senate Caucus on International Narcotics Control, $520,000.

SECRETARY OF THE SENATE

For expenses of the Office of the Secretary of the Senate, $2,000,000.

SERGEANT AT ARMS AND DOORKEEPER OF THE SENATE

For expenses of the Office of the Sergeant at Arms and Doorkeeper of the Senate, $153,601,000, which shall remain available until September 30, 2014.

MISCELLANEOUS ITEMS

For miscellaneous items, $19,145,000, of which up to $500,000 shall be made available for a pilot program for mailings of postal patron postcards by Senators for the purpose of providing notice of a town meeting by a Senator in a county (or equivalent unit of local government) at which the Senator will personally attend: Provided, That any amount allocated to a Senator for such mailing shall not exceed 50 percent of the cost of the mailing and the remaining cost shall be paid by the Senator from other funds available to the Senator.

SENATORS' OFFICIAL PERSONNEL AND OFFICE EXPENSE ACCOUNT

For Senators' Official Personnel and Office Expense Account, $422,000,000.