

FREEDOM OF SPEECH

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

Mr. CARTER. Mr. Speaker, I rise tonight to sort of do a continuation of a theme that I have been discussing, but this one has gotten to the point where I'm very concerned about the seriousness of the offense.

We talked about failure of certain Members of Congress to pay their taxes, failure of Members of Congress to not disclose the influence peddling that is going on. We've talked about a lot of things. Last week we talked about the rule of law and how many are trying to circumvent the rule of contract.

In fact, I read today in the Wall Street Journal that the compensation czar is going to renegotiate the contracts. I assume that means strong-arm the parties to renegotiate the contracts on certain compensation packages; and however offended we may be by compensation packages, there are certain rules of contract that should be honored. That is one of the backbones of our Nation's freedom is that we have the right to make a deal and then be bound by it. But that's a different subject.

Tonight I want to talk about a subject that I think that if this doesn't concern people back home, if this doesn't concern the Members of this body, then I don't really know what will.

□ 2000

It is because the issue we are talking about here is something that is the beginning of tyranny, and it is something we should all be very concerned about, and that is when a political group starts to step on the free speech rights of others in this Nation.

Now, you may feel like this is a position that I am taking that is untenable, but I am going to tell you that 652,000 people in the various districts, and most of the districts in my State have grown to a million now, send a person to Washington, D.C., to speak and to communicate with them back home about what is going on here in Washington, and they expect to hear the words and the ideas and the thoughts of their elected representative when that elected representative is communicating with them back in Washington, D.C.

But recently, in fact, you started seeing some of this pop up back during what they called the cap-and-trade and we call the cap-and-tax bill, but it has gone now to where it has become rampant on this issue of health care. An organization that is designed to set rules concerning how we spend government money in communicating with our people back home—it is called the Franking Commission. It is made up of, as I understand it, and I could have the

number wrong, three Republicans and three Democrats, and both are submitted a communication, say a weekly newsletter, that is sent back home or the lead-in to a telephone townhall or an e-mail back home, an instant e-mail telling people what is going on this day in Congress. And these things have to be submitted if they are being paid for by government money to the Franking Commission.

The Franking Commission, in a simple way to say it, they just basically don't think you should be using the government's money for politics. But they have never in the history of the Republic taken the position you don't have the right to express your opinion on the policies that are being proposed, or that you must reword the policies to suit the language of someone else. It is almost like, I hate to say it, political correctness run amok.

I want to start off by telling you what happened to me, and then I want to tell you what has happened to some of my colleagues, and I am going to be joined by some of those colleagues.

It is important that you understand that I write to my folks or I communicate with my folks back home every day. One of the tools I use is called a telephone townhall. On a telephone townhall you make a recorded message that leads into the townhall, and part of the recorded message is to tell the people what you are going to be talking with them about for the next hour, so they know what the subject matter is, because it narrows the scope and we get to narrow down the things we talk about.

So we made a telephone townhall recording submission to the Franking Commission in which I proposed to say the Democratic Party is offering their government-run health care program in the next 2 weeks, and this is what we are going to talk about tonight. The Franking Commission came back and told me I could not say "government-run health care" and I could not say "the Democratic Party." I had to say the majority party is submitting its public option health care program.

In other words, what they are telling me is I have to use the same language that the President of the United States uses in his speech, or that NANCY PELOSI uses when NANCY PELOSI talks about this, "public option," which they have done polls to discover that "public option" sounds better than "government-run health care."

But that is their opinion. I as an American citizen and a Member of this body am entitled to express my title for that to my constituents back home, and in fact to the entire American public, to say in my opinion they are submitting their government-run health care program. And I would submit there is no other real way you can describe that if you believe the government is running it, because it says the government is running it.

It is not like they are going to contract out, subcontract to insurance

companies to put together a policy. No. The United States Government is going to offer a health care plan for the American public and it is going to be run by the Federal Government, the United States Government. That is the plan. That is what they are submitting in their 1,018-page health care plan, which to this point has not been completed and finally marked up, and we haven't seen the final product. And if it goes the way it has gone since we have been in Congress since January, when Mr. Obama was sworn in, this Congress will present it to us sometime between midnight and 2 in the morning of the morning before we vote on it.

But getting back to the seriousness of this situation, I was taken back by what they did to me. But it is not just about me. If it was just about me, I would not be standing up here. But I felt like they were telling me what I had to say. I had to use someone else's words to describe something that I wanted to describe.

But that wasn't all. My colleague KEVIN BRADY from Texas, and he may be here later on, we were delayed because of weather for a long time tonight, and Mr. BRADY told me he would get here if he could, as fast as he could, within this hour.

My friend KEVIN BRADY prepared this chart. And what this chart is is Mr. BRADY's interpretation of all of the entities that exist or that are being created by this plan that is put together by the Democrats, and it is what stands between the consumers, that is this little body of folks right here, and the health care professionals over there, and all of this stands between them.

Mr. BRADY was told that he could not mail this to his constituents. He asked why, and they said it is not true. And he said, well, that is fine. Point to me one entity that is not in the bill, one, just one, and I will pull it down.

No one could point to any entity that is not contained in the bill. Everything that is seen on this chart is contained in the bill. But the point of this was they were trying to curtail Mr. BRADY's freedom to express himself, his freedom of speech in this body.

Now, if you want to really lean and say, Oh, sure that is fair, they ought to be able to do that, well, let's look at something here that is kind of interesting.

Back during the Hillary Clinton "HillaryCare" debate, another chart was introduced into this Congress. It is not as pretty as Mr. BRADY's, because it is not in color. This chart, during the HillaryCare debate, was submitted to the Franking Commission. I don't remember the date. Maybe it is on here. Anyway, it was during the HillaryCare debate, what was that, 1993, back in 1993, by Dick Armey of Texas. It went to the Franking Commission, and the Democrats and the Republicans approved it as appropriate to communicate to constituents with.

So what has changed between the nineties and the first debate about

health care, which was approved by both parties, and today, 2009, which was blocked and refused by the Democrat Members of the Franking Commission? What has changed is someone is trying to tell us we don't have the right to speak our minds in the United States Congress.

Now, when you get a huge majority like they have in the House, and the 60 vote majority in the Senate, maybe you feel like the mandate is so great that you have the right to circumvent the freedom of speech of the Members of Congress on the minority side. But you don't.

Congressman JOE BARTON used the words "Democratic majority" in his newsletter. The Franking Commission kicked it out and said he had to use "congressional majority." But in NANCY PELOSI's newsletter in 2006 when she was in the minority, you find this statement: "But too many here and across our Nation are paying the price for the Republican congressional majority's special interest agenda."

So why was it okay for the now-Speaker of the House just in 2006 to use "Republican congressional majority," but it is not okay for Mr. BARTON to use the term "Democrat majority?" He has sent this back along with Ms. PELOSI's statement and is awaiting a response from the Franking Commission.

Now, what is wrong with that? Well, what is wrong with that is that if you await a response from the Franking Commission, then you lose your time to communicate. You try to communicate on issues as they come up. This had to do with cap-and-trade before it passed the House. He was not allowed to use it.

A Florida colleague submitted a franking review for the week of July 13th that said, This bill imposes a new payroll tax on employers who do not provide their employees with insurance. The Democrats demanded it be changed to read, In my opinion, this bill imposes a new payroll tax on employers who do not provide the employees with insurance.

The problem is, it is not an opinion; it is a fact. It was pointed out to them on page 150 of their own bill. It says specifically the language that was quoted by a colleague from Florida.

Mr. KEN CALVERT from California pointed out that he quoted verbatim from President Obama in a speech that he made at his recent townhall meeting on health care in which he quoted this quote. When a lady asked about her elderly mother and special treatment for her elderly mother with heart troubles and receiving a pacemaker, the President, this is a direct quote from his speech, which was not allowed to be sent out and was deleted from Mr. CALVERT's newsletter, it was a direct quote: "Look, the first thing of all is to understand that we actually have some choices to make about how we want to deal with our end-of-life care. We as a culture, as a society, can start to make

better decisions within our own families and for ourselves. At least we can let doctors know and your mom know that you know what—maybe it isn't going to help. Maybe you are better off not having the surgery, but taking painkillers."

That was a direct quote from the President at his conference, news conference, townhall, which was not allowed to go in Mr. CALVERT's newsletter by the Franking Commission.

There are more stories, but the following people have had censorship of their language recently: Representative HERGER, Representative LAMAR SMITH, Representatives LAMBORN, BONNER, WESTMORELAND, OLSON, SHUSTER, ROSKAM, MCCOTTER, GINGREY, FLEMING, BOUSTANY, BRADY, CONAWAY, PRICE, CULBERSON, GARRETT, KLINE and LEE. All have been in some form or fashion censored in their freedom of speech.

Folks, if they will take the freedom of speech away from your Members of Congress, when will they take it away from the press? When will they take it away from the people? When will they take it away from you and your children and the next generation of Americans that we pass this great, beloved freedom on to, the right of an American to stand up and speak his mind?

□ 2015

Yet this party, in control of this House, is starting to interfere with the freedom of speech of American citizens who are elected by other American citizens to represent them on the floor of Congress. Well, I have talked for a long time, but I am upset about what's going on. I am joined by some of my colleagues.

I yield to my friend Judge POE from Texas for whatever time he needs.

Mr. POE of Texas. I thank the gentleman from Texas. I appreciate the time to address this issue. You've brought forth an excellent argument and concern. As you have mentioned, the bigger problem about what is occurring has to do with the Constitution where the First Amendment says, "Congress shall make no law abridging the freedom of speech." Of all places on Earth, this body, this group of people in this House should have the absolute freedom to speak freely about things that concern the people we represent, things that concern America, things that are good about America, and things that we need to help for America. This place, Congress. And yet this own body, through this censorship commission, prohibits us from talking to people in our own districts in a candid way. So much so that you and I and other Members throughout this House of Representatives can say anything we wish on this House floor—almost anything that doesn't violate the ethics rules that we've all agreed on. But yet we can say things on this House floor that we cannot say to our constituents back home in the form of a newsletter or a telephone call. The example you

gave: We can say government-run health care plan, but we can't say that to our people back home. The reason is because there is a censorship commission that garnishes and looks after our words and says, No, you cannot have that freedom of speech.

So this issue is bigger than health care. It's bigger than energy cap-and-trade. It's bigger than all of those issues. The issue is the freedom to speak freely as a Member of Congress. Now we are slowly entering the abyss where words that we want to say in our own way are going to be controlled by the speech police in Congress. Who would have ever thought this would occur? But yet, as you mentioned, this is occurring because of the things that we wish to communicate with the people back home in Texas or California or Michigan or Iowa. We cannot tell them in a candid way what we think about what's going on here and answer their concerns when they ask us questions through e-mails, letters and phone calls. We are now being told that there are some things you just cannot say as a Member of Congress, and it's very disturbing. The First Amendment is first for a reason because without the First Amendment, none of the others can be enforced. Freedom of speech and the freedom of press are first, along with the freedom of religion and freedom to assemble, because they are the most important amendments and rights that we have. Now it's disturbing, as you said, that we find ourselves in a place where we have to get permission to say things from a censorship board that prohibits us from communicating our thoughts and our ideas back home, things that we can say on the House floor that we can't say in writing. Who would have thought?

It ought not be.

Mr. CARTER. I thank my friend from Texas for a very eloquent presentation. And it is that serious. Those of us who spend our lives in the courtroom trying to protect people's rights, as Judge POE will tell you, we spend an inordinate amount of time making sure that all the rights of Americans who appear in the court system are protected. We in this body should spend an inordinate amount of time making sure that our rights and the rights of the American people are protected. There are others here.

My good friend and classmate Mr. MCCOTTER, who is from the great State of Michigan, has a few things to say.

Mr. MCCOTTER. I thank the gentleman from Texas, and I thank him for allowing me to borrow the disputed chart. One of the things that I think frustrates Americans is when they entrust elected officials with office—especially Congress—and the Members of Congress forget a simple thing: We do not represent Washington to our districts. We represent our districts to Washington. I think that that important principle is often missed in the debate we are currently having. By all objective standards, the American people want health care reform, and they

want it done right. Yet in the rush to misjudgment, they are very concerned that one of the truisms Americans understand will, once again, be proven: That no matter how bad a situation may be, Congress can still make it worse. The rush to judgment now to pass a bill before the August deadline, to me, is based upon one ineluctable fact—the more the American people learn about what's in this 1,200-page health care bill, the more they are opposed to it. Thus, if this Congress leaves without having passed a flawed health care bill that will increase costs, decrease quality, eliminate choices and kill jobs, the American people will have time to tell their duly elected Representatives what they think of this bill; and it will not be pleasant.

Thus, we come to the problem before us tonight, which is the inability of Members of Congress to put out a chart that shows how the process would work under this bill. The chart in question is here before us. It is on the floor of the U.S. House; it is being broadcast by C-SPAN across the country; and yet Members are not allowed to put it in materials to be distributed to their constituents. I can find no logical explanation why this chart can be shown to you here and yet cannot be shown to you in a piece of mail, in a flyer or anything distributed out of the office of a Member. I would eagerly await the logical rationale as to why this is the case because, quite simply, if the majority has its way and does not allow Members of Congress to put forward the chart of their own 1,200-page health care plan, you will not see this chart.

This is what they want you to see. This will lead no one to an informed decision about what is in the bill. This will lead no one to an informed decision about how one of the most intimate relationships they will have, between themselves, their doctor and their health care insurance, will be affected by this bill. All we ask is that rather than allowing the people less information about this bill, that the majority do what is right and give the American people time to make their own determination based upon what is in the bill, and allow them to see this chart, contact their Members, tell them what they think of it; and let us come back, let us get rid of a flawed bill, and let us come together from the center and work out for true health care reform that is right for Americans, that will decrease costs, increase quality, empower patients as consumers, and continue to make the best health care system in the world even better for all of our citizens.

Mr. CARTER. I am now going to yield such time as he may choose to consume to my good friend from the State of Iowa, Congressman KING. He always has great things to say. He is a man of compassion and passion.

Mr. KING of Iowa. I thank the judge, the gentleman from Texas, for organizing this Special Order, bringing this

point up, and for getting the media out so that the American people understand what is going on.

I'm looking at the two charts that the judge has put down there. One of them is the HillaryCare chart that was black and white that you will remember from a few moments ago, Mr. Speaker. Back in 1993, the black-and-white HillaryCare chart was enough to sink the National Health Care Act. HillaryCare went down because the American people saw a chart. They saw all of those government commissions that were created; and every time you create a government commission, they knew intuitively that some of their freedom was going to be gone, some of their choices were going to be gone, taxes were going to go up, services were going to go down, lines were going to get longer, and the quality of health care was going to be diminished, all in the name of leveling this thing down to the lowest common denominator, would be how I would describe it. That was when that flow chart in '93, 16 years ago, was in black and white.

This flow chart is in full technicolor. Mr. Speaker, when you look at this chart—and I hope you have studied this chart thoroughly and understand all of the 31 agencies that are created here in this full technicolor chart and the maze of government bureaucracy that is created by it, the loss of quality that would result from it, the increasing cost that will come from it, and the dependency that will be brought about because this safety net turns into a hammock; and in the end, no individual will really have an incentive to take care of their own health insurance because they will be crowded out by the public option. This is a national health care plan. This is socialized medicine. Mr. Speaker, I'll say socialized medicine real clearly to you here in this House of Representatives. If I had the notion to put it on frank mail, then we would see how that works too. Public option is the President's words and the national health care plan. Government-run insurance is what it really is.

Now we know a little bit about government-run insurance. A lot of western civilizations have government-run insurance. They have government-run a lot of things that have crippled them to the point where they couldn't compete with us. When you get down to the extreme in this, there's a reason why we won the Cold War—because we didn't have government-run, we had private sector-run, private sector-motivated, a whole mass of worker bees that went out and contributed; they were entrepreneurs; they were creative; and they sparked this economy. The vitality of the American free enterprise system not only created the best health care system in the world, the highest-quality medicine in the world, it created the most dynamic, the most competitive economy that tied together with strong political, military and cultural country. And in the end,

the Soviet Union imploded because they couldn't keep up with us economically.

Here we are looking at the rest of the world having failed in their central planning models, whichever side of that great Iron Curtain they originated from. We can look at western Europe; we can look at the plan in France, in the United Kingdom; we can look to our neighbors in the north in Canada and see what they have created when they started down the path of trying to produce a substitute for the private sector health insurance models. We have over 1,300 health insurance companies in America. That's not policies. That's companies, and companies with multiple policies, Mr. Speaker. The President has this idea that we need one more competitor, one more injector of good ideas supposedly into this health care debate. I would submit that of all the people that have spent their lives creating good ways to provide a more competitive model of health insurance, the President's not going to think of a better idea than they came up with.

I think he proved himself here just a couple of days ago on the Cambridge issue. The President doesn't always come up with good ideas. Sometimes his ideas are not so good. But to look in on an industry and decide you want to create a government-competing industry so that you have more competition when you have more than 1,300 health insurance companies, there are only two things that can happen with this. That is, this circle on the chart and down at the bottom in the purple circle on the side that would be the left hand of those who are watching on television is the white square that shows all the traditional health insurance policies that are there. They have to flow into qualified policies. Qualified policies will be policies that will be qualified when the newly appointed health insurance czar decides what kind of rules to write for these private insurance companies, these 1,300 that will have to change their policies to conform with the new rules that will be written by a person yet to be named by the President of the United States. There will not be 1,300 that qualify. They all won't qualify. Some will decide, they can see the writing on the wall, they'll know what's happened, and they will just pull the plug—pull the pin, as we say, and drive away from the wagon they have and decide to get out of the business because they know the government's coming. The government's coming with your tax dollars, and the government is determined to build—this administration at least and the Democrat majority in this Congress—is determined to build a health insurance policy to compete with 1,300 private insurance policies, which means they're going to do two things in some combination. I could say one of two things. I think they'll do both things. The new health insurance czar, who is the guy in the blue box with the

yellow letters above the two purple circles dead center up about a third of the way. The new health insurance czar will write new rules. There will be compliance rules; and those rules will be things such as: They will mandate. They will mandate mental health coverage, which it is good to cover mental health. Some of the States have mandated it, and some have not. They will mandate mental health coverage. They will probably mandate contraceptive coverage. They will probably mandate anything that you can imagine; and additionally, they're going to mandate—they will not step away from this so we know they're going to mandate that this policy fund abortion in America. And they will trample over the top of more than 50 percent of Americans' deeply held convictions that life begins at the instant of conception, and that it is sacred in all of its forms. They're going to ram this policy at us all, and some of these companies will decide out of moral reasons that they are no longer going to be in business in a country that is going to compel abortion, for example, or compel mandates, for example. All of those mandates that are on there will drive the premiums up.

Now if the newly appointed Obama health insurance czar, which is the guy in that rectangular box in that schematic there, the blue box with the yellow letters on it, if he will write those regulations tough enough, a lot of companies will drop out, and the others will have to raise their premiums.

□ 2030

When they do all that, then the Federal Government can compete with their public plan that they want to have, just one entity out there to compete with the private sector. And they will be able to compete more easily and still be able to have premiums that are competitive for a time, and then when we find out that the competition is not working that way, they will subsidize the premiums in the public plan, and that will drive the private sector insurance companies.

And we know the model in Canada. They started out with a similar proposal. I actually think that's where President Obama got this idea. The Canadians don't have any competitive health insurance plan today. There are no two purple circles, one of them the public options, the collection of them, and the other is the private. They have one circle, one size fits all, and everybody has to submit to one health care system in Canada. And they have to stand in line, and the result is rationing.

And so, for example, if you're waiting for a knee replacement in Canada, the average wait is 340 days. When you're waiting for a hip replacement, the average wait in Canada is 196 days. If you're waiting for heart surgery, I'd like to think it's not as long a wait. But we know this: If people have to wait for health care, if they have to get

in line for health care, they will die in line. Some will die in line. We've seen numbers that are pretty stark, and I'm going to hesitate on quoting them.

But I will tell you that a week ago Thursday night, we had a speaker in the Policy Committee that Mr. McCOTTER, who just spoke, from Michigan, chairs, and it was a doctor from Michigan who has practiced medicine on both sides of the border, in Michigan and in Canada. He told a story of going up there to work in the ER in the hospital in Canada, and they brought a patient in that had a knee that was all torn up, a torn meniscus and a torn ACL, anterior cruciate ligament. And so this knee was a mess. And the doctor examined the knee, did what tests he could within the ER, and he said, You need surgery. You need surgery right away. I'll schedule you for tomorrow morning.

Well, it must have been the doctor's first real foray up into Canadian medicine working within the system because he found out that he couldn't schedule the surgery the next morning. He had to schedule another exam and another approval from a doctor who was a specialist. And by the way, this doctor is a specialist.

And so he couldn't get him scheduled, not for that night or the following morning or the day after, which would be a real stretch in America. Can you imagine laying around in a hospital for a specialist to come along, your knee swollen up the size of a cantaloupe, and waiting for a doctor to show up 2 days? And I'd say, Mr. Speaker, no. We wouldn't wait 2 days for a doctor to show up to look at our leg. If he couldn't be there that night, he would be there the next day, probably in the morning.

And he would do the examination and they'd find a way to schedule the surgery, and they would do that surgery as quickly as they could because they care about recovery and quality of life and service and they want to make sure that you're not in an ambulance going to a hospital somewhere else telling them that you couldn't get in at so and so memorial hospital because there was a long line. They don't want that to happen.

But in Canada, in this patient, this real case that was related to us before the Policy Committee a week ago last Thursday night by a doctor from Michigan, it took 6 months for that young man with that torn-up knee to see the specialist to be diagnosed in order to be approved for surgery that this doctor would have liked to have seen done the next day.

And then 6 months later, they actually did the surgery. A knee torn up, a man who's in the productive time of his life, on crutches for 12 months waiting for surgery. And then we know that the leg atrophies and the recovery and the rehab gets to be longer.

So he was out, I think pretty close, I believe the doctor said 15 months he was off work, when they could have

had him back to work in a couple or maybe even less if they could have just had the surgery right away. That's an example of Canadian health care.

And I recall reading through a stack of Collier's magazines from 1948 and 1949. These magazines were—they featured the United Kingdom's socialized medicine plan that they passed in 1948 in Britain. And there they showed pictures of long lines outside the clinics and doctors that were just frazzled that they had to see so many patients in order to hold their economics together. They didn't have time to be a doctor with a patient relationship. They just ran through them as fast as they could do so, and it just was wearing everybody down.

All the predictions, the things that we see today were even predicted then. They saw them. They were real in the first year of the socialized medicine plan in the United Kingdom. And here we are where we can't even call this government-run health care, government-run system. Well, who will be running this system if it's not the government? Who is poised to pass this legislation if it isn't the Democrat majority in the House of Representatives and the Democrat President in the White House? And it will take a Democrat majority in the United States Senate to pass this schematic that is in full technicolor today that takes away the American people's freedom to purchase their own health insurance policy and access to their own health care, all in the name of trying to provide for the people that are not insured and blurring, intentionally, the language between health insurance and health care.

If we had a billion dollars for every time somebody on this floor had blurred the language between health insurance and health care intentionally, I believe, Mr. Speaker, we would have enough money to fund this monstrosity. People are being confused, I believe, intentionally. I've seen this language unfold for at least 2 years now. People don't have health care. It gets said over and over again. Every American has access to health care. And we can have the argument about whether going to the emergency room is the right way to do it or not, and we know it's not the cheapest. But if they have access to health care, we should not tell the American people they do not. We need to tell them every American has access to health care. Not every American can afford their own health insurance policy.

But when you break the numbers down, we're around 306 million people, and if you start subtracting from that those that are in America that are here illegally, if—let's just say this great gift of automatic government health insurance had to be delivered to these illegals in this country by the Department of Homeland Security, they would be obligated to deport those people rather than reward them with a

government-owned and run health insurance plan. Subtract them from the 306 million.

Subtract those that are here legally that are immigrants. They're supposed to take care of themselves. We don't hand people entitlements when they come to the United States. That's by law. Subtract them. Subtract the people that make over \$75,000 a year. They can find a way to take care of themselves. And if you subtract the people that are eligible for Medicaid but are not signed up—and by the way, Mr. Speaker, almost half of those eligible for Medicaid just aren't signed up. And I don't know why we would think that if we would just give everybody free access to health insurance that they will sign up. But you subtract the Medicaid people that are not signed up. Then you subtract the people that are eligible for an employee-run option but they don't sign up for one reason or another, and you get down to a study that is this.

One was by a pair of Penn State professors that does the math down to 10.1 million Americans are the chronically uninsured. And there's another study that one of our government agencies, I think it actually was CBO, but I'm not certain, 12 million uninsured. So, in any case, between 10.1 and 12 million Americans are chronically uninsured. That's the universe that we're supposedly trying to get to, about 10 to 12 million Americans. That maps out to be about 4 percent of this population, 4 percent of the population chronically uninsured.

And we know that the people that are, let's say, chronically not covered by Medicaid just simply don't show up. So why would we think that the chronically uninsured are any different type of personality or any different kind of person utilizing the health policies that we have.

So I will submit that even if we handed them a free policy, probably not more than half of the 4 percent that are chronically uninsured are going to sign up. The rest you'd have to chase them down and impose it on them. Staple the policy to their shirt collar on the chance they'd show up at the emergency room, in which case we're going to take care of them anyway. The administration cost of providing health insurance for the 4 percent of the chronically uninsured when you can't get probably half of them to actually sign up, so we get 2 percent of a population of 306 million people at the price of \$1.5 trillion and a raising of taxes of \$800 to \$900 billion and a deficit of \$239.1 billion, at the low side, and maybe a deficit of \$500 to \$600 billion on the up side.

I wonder if anybody wants to censor those numbers? I mean, I'm always open to that debate. But I found out that when I put numbers out here, some will say, You're wrong, Congressman. And I say, What's your number? And they don't have a number. If they don't have a number, they don't have

any right to challenge my numbers. I'll put the numbers out here.

But this is about access to health care. This is about our freedoms. This is about whether 1,300 private health insurance companies in America can do a better job of providing the options that are suitable to the American people and the creativity and the research and development and the innovativeness and the modern health care system that sets the standards for the world. And the rest of the world, by the way, poaches on the innovativeness of the American health care system. We create more pharmaceuticals and more techniques and surgical techniques than anybody else by far. And they're available to the rest of the world for a really cheap price, if anything at all is charged. We set the standard. The Americans pay the price, and still they can't keep up with the results we have here in America.

I could go on, Mr. Speaker, but I think I have made my point, and I thank the gentleman from Texas for bringing this up. And I'll just say this. Can I say this like a Texan, Judge? This is our chart. KEVIN BRADY of Texas put that chart up. It is accurate. It shows 31 government agencies, new ones. It is accurate and it shall stand. It shall not come down. And like that first flag down in Texas with that cannon on it, if they think that this should not be something for the public to see, they can come and take it.

Thank you, Judge. I yield back.

Mr. CARTER. I thank my friend for reminding us of Texas history. In reading over the list of people that have had the Franking Commission censor their language, I failed to mention Congressman SPENCER BACHUS, who's the ranking member of the Financial Services Committee and has had just horrendous hard times this year with all the issues of bailouts and all the things that are going on in the financial service industry. He submitted the term "government-run health care." This is his exact sentence. "Government-run health care system proposed by President Obama and his liberal allies in Congress." They would not allow him to say that.

He was also told during the cap-and-trade—we say cap-and-tax bill, which is our description of the bill, they would not let him use the term "cap-and-tax" and wanted it to be climate bill. He also had his language censored. One of my colleagues made the point, said, When people start censoring your language and telling you what to say, I think that most people in America start saying, Why are you doing that? We've got free speech in this country. Those are my elected representatives. They have the right to express their opinion. Why are you not letting them have that right to express their opinion? Why can't they call something a government-run health care that you want to call a public option plan? That ought to be part of the debate. I think the American people would ask that question.

I would also think they would ask the question about this chart. Why are you wanting to hide this? What's there to hide? If it creates those agencies, then it creates them. And we have asked and asked and asked to point out what agency that it says, and it's the colored agencies that are being created that aren't in the bill, and no one has yet pointed out one that's not in the bill.

So why can't we show it to people? Why would a branch of this House tell Members of this House what they can and can't say to the people that elected them to come up here and speak on their behalf?

□ 2045

I think we should be concerned about this. I think Americans should be worried. If they start telling us what we can say, when are they going to start telling you what you can say? You know, if we let it go, we are just as guilty as those who have let tyranny go in the past.

We, as Americans, fought a revolution to be able to set down in black and white, on paper, our God-given rights, and that's what our Constitution says. Man is endowed with these rights by his creator, certain unalienable rights, and we define those rights by setting them down in black and white in amendments to the Constitution.

In the first sentence of the First Amendment, it says that this House—this body, this government—shall not infringe on the right of free speech. I mean, it is a direct directive to this government. That means the House of Representatives of the Congress cannot interfere with the freedom of speech in this country. The Senate cannot interfere, and the executive branch, the President, and any of the agencies cannot impose upon the right of free speech in America. Yet a body created to decide how stamps are going to be spent is now telling us what we can and cannot say to the people who sent us up here.

I don't think I'm blowing this out of proportion. I don't think I was when Mr. BRADY was told he could not publish this initially, in any form or fashion, until it was discovered that the Internet—you know, the Internet is a great protector of American freedom because the average American can make a copy of this, and he can send it to the world on the Internet. The Franking Commission can talk all they want to. It's already out there. If you had something to hide, the fact that you had something to hide will also be out there all over the world.

We feel like we have a duty and a responsibility to talk to and to communicate with the people who sent us up here to represent them. The majority party has every right, the Democrats have every right, to express their opinions on bills, to say what they think they say. We can say what we think they say, and we can describe them as we want to describe them. That's what

this House is all about. We like to say this is the greatest experiment of democracy in history, the greatest experiment of self-government in history. Well, it can't be if somebody is curtailing the voice of even one of the Members of this body, if somebody is telling one Member that he can't do it.

Now, if this chart were written and if every third word said, "Elect Candidate BRADY to Congress," the Franking Commission would have every right to do this because that would be using government money for one's own purposes toward being elected to Congress. If it said, "Elect only Republicans to Congress," I agree that the Franking Commission would have every right to say that because, quite frankly, that's why they're there, to keep us from using government money for political purposes.

Yet, when you're expressing your opinion and when you go to the trouble of using four researchers to dig through and to find out every agency that has been created in the new health care plan that is being proposed by this Congress and at the instruction of this President, Mr. Obama, and if these things are created, why can't you tell people about them?

If I want to describe the Federal Government's public health care plan as a government-run health care plan and if I choose to describe it that way because the government is going to run it, I mean, this isn't rocket science. The government is going to run it. In fact, a whole lot of these agencies are established to help them run it.

If I want to describe it that way, I've got a constitutional right to do that, and no colleague in this House and no organization set up by this House has the right to curtail the freedom of Americans, especially the Representatives of Americans, to speak their minds.

It may be a little thing, but do you know what? It just takes one drop of water, and eventually the bucket is full and then the barrel is full, and then the lake is full.

I didn't count these names, but I can count them. There's this list right here. Let's see, twenty-four Members of this House have had their language censored and their communications stopped because of something that they said, like "government-run health care" or like using the term "Democrat majority" in the newsletter. If this is going to happen—if you're going to tell people you can't state that the bill imposes taxes when it does impose taxes, if you're being told you can't send the letter out and that you can't communicate—I don't think you can define it any other way than as curtailing the freedom of speech in the United States. That's what's going on.

I've talked in the past about the fact that, a while back, in the middle of these Special Orders when we've been talking about the rule of law and about other things, Congress has just adjourned. We have a 3-day reading rule

proposed by Thomas Jefferson that has been set as the standard for this House of Representatives since the beloved Thomas Jefferson, the patron saint of the Democratic Party. Yet the 3-day rule promised by the Speaker, promised by the President and established by Thomas Jefferson hasn't applied to a single one of these bills we've had thus far, not to one, not to one of these major bills starting clear back in the fall. Not one of them has given us 3 days to read them.

Yet if you'll remember, JOHN BOEHNER dropped one that was about that tall—3,000 pages. He dropped it on the floor to show that we'd had 8 hours to look at it.

Now, I guess it's one of these things where, if you don't step up and speak now on the little things, like making you change your language or like telling you you can't mail your letter, then at some point in time, somebody is going to tell you, I'm sorry, Congressman, your opinion is not wanted here on this floor of the House. Sit down. You can't talk at all, or I'm sorry, that party's opinion is not wanted, and you can't talk at all, or whatever, or maybe, Your opinion is not wanted, and you can't express it at all.

That's not America. That's not the America that we created. That's not the America we are proud of. That's not the America we honor when we salute the flag and when we sing patriotic songs. That's not the America that we want.

We were talking about the national health care plan. I really haven't gone into the merits of it. I think my colleague did a very good job of going into the merits of it. I am so concerned about the fact that they're censoring. All I said was "government-run," and it's like I committed a crime. What in the world would have happened if I'd started really saying what I thought about it?

I did see something on television yesterday on PBS. It was on Winston Churchill. He was kicked out of office in 1946, '47 or '48, something like that, by the Labor Party in England. He was reelected, I believe, in 1950, but don't hold me to those dates. They showed him making a speech. I won't quote it exactly, but it was close.

He said, 2 years ago, we thought socialism was the solution to all of our problems. Today, we know that it's not, and, in fact, it has failed miserably.

However, they passed socialized medicine in 1948, and even though Mr. Churchill came in in 1950 and said that socialism had failed, that was almost 60 years ago, they've still got socialized medicine. It failed then and it's failing now. Ronald Reagan said the hardest, closest thing to eternal life on the face of the Earth is a government program. Once it's created, you never get rid of it.

So, as to the government-run health care plan, once it becomes law—that's why they're in such a hurry to do it

this week. We don't have any time. The sky is falling. We can't wait 30 more days to discuss this problem that's going to change America as we know it, that's going to completely change the way we do health care as we know it. We can't have just 30 more days to talk about it back home with our constituents. We can't kick this ball down the road.

We've got to do it when it really came to the center portion of this House 2 weeks ago. Most of the committees that reported it out reported it out last week. We've been told if we don't do it by Friday, we'll keep you Saturday and Sunday. If you don't do it Saturday and Sunday, we'll keep you next week or the week after, but you're going to do it before you go home for the August recess.

That's fine. I stood up here most of last August, talking in a dark Chamber because they turned off the lights and wouldn't let us talk, so we just talked in the dark. So I don't mind. I'll stay up here the whole August recess if that's what's supposed to happen. They're trying to hurry because the closest thing to eternal life seen on this Earth is a government program, and once these government programs are in place, you'll never get rid of them. That is the consequence of being in a hurry.

I'll just point out that we got in a hurry on TARP, that we got in a hurry on Fannie Mae and Freddie Mac, and that we got in a hurry on the stimulus bill. We got in a hurry on cap-and-trade. We've been in a hurry on everything we've done this year, and I think everybody is seeing the results of not thinking things out and of not doing what we're supposed to be doing.

I love it when somebody says we're the greatest deliberative body on Earth. Then let's deliberate. You know, I've had juries deliberate longer on an issue than we're dealing with on health care for America. I mean, I had a jury deliberate for 2 weeks. We're in the second week this week, and not one committee has marked up and reported out a bill yet. The biggest committee and arguably the most important committee, Energy and Commerce, has not sent us a completed bill. Yet we are expected to finish it this week.

I had a jury deliberate, I believe it was 2 and maybe 3 weeks, close to 21 days, on a water tank and on a water system in Taylor, Texas. So this has got to be a little more critical to the American people than that.

It's about freedom. It's about liberty. It's about your liberty and my liberty to rely upon. The Bill of Rights and the First Amendment of the Bill of Rights says that this Congress shall not impose upon freedom of speech in America.

I thank the Speaker for his time. I yield back the balance of my time.

CONGRESSIONAL BLACK CAUCUS:
HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Ohio (Ms. FUDGE) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Ms. FUDGE. Mr. Speaker, I ask unanimous consent that all Members be given 5 days to revise and extend their remarks on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Ohio?

There was no objection.

Ms. FUDGE. Mr. Speaker, I would like to just set the record straight. I've listened to my colleagues from across the aisle, and I do want to make clear to the American people that, if you have health insurance now and you want to keep it, you can. You don't need to change.

I also want to say to the American people that this plan is, one, about choice. It's not about government-run anything. It's about choice. It's about making sure that we spend more time worrying about the people than we do about the insurance companies. So I just want to make sure that people understand.

I'm very curious to understand and to know what my colleague meant when he kept saying "they," "they," "they." I don't know if he was talking about retirees or about the working poor or if he was talking about minorities or if he was talking about people who have been laid off or about people who have lost their jobs because their companies have closed. I don't know who "they" is, but certainly, at some point, I'd like to know who that is.

Now to my remarks, Mr. Speaker.

The Congressional Black Caucus, the CBC, is proud to present this hour on health care. The CBC is chaired by the honorable BARBARA LEE from the Ninth Congressional District of California. I am Representative MARCIA L. FUDGE from the 11th Congressional District of Ohio. I am the anchor of this CBC hour.

The vision of the Founding Fathers of the Congressional Black Caucus to promote the public welfare through legislation, designed to meet the needs of millions of neglected citizens continues to be a focal point for the legislative work and for the political activities of the Congressional Black Caucus today.

□ 2100

Tonight, the CBC will focus its attention on health care reform. I am proud to serve on one of the three House committees that authored H.R. 3200, the America's Affordable Health Choices Act of 2009.

The public health insurance option—also known as the Public Plan—is an essential part of H.R. 3200. The Public Plan is an innovative tool that will move America's health insurance sys-

tem beyond the status quo and into a system that provides choices and forces private insurance companies to compete. Competition guarantees that all Americans will be able to access quality coverage while preserving what works in today's system and expanding choices and containing costs.

Some argue there is no need for a public plan, as did our colleagues on the other side of the aisle. Others say that a public plan will put private insurance companies out of business. I say this: Today's health insurance companies are operating in a manner that is making health coverage increasingly out of reach for the average American. Premiums are soaring higher and higher, and health insurance choices are becoming fewer and fewer.

For example, in my home State of Ohio, since 2000, the average family premiums have increased by 92 percent, that's 9-2, 92 percent. When faced with such an increase, you would think that Ohioans would have a number of choices and could decide to move to another insurer that offers a more competitive premium.

Well, it's not that easy, Mr. Speaker, because the choice of insurance companies is severely limited in the State of Ohio and across America.

In Ohio, the top two insurance providers controlled 61 percent of the health care market in 2008. In fact, 94 percent of the metropolitan areas in the United States are highly concentrated, meaning that one insurance company or a small group of insurance companies dominate the majority of the market.

And the problem is even worse for small businesses. In Ohio, the top 5 insurers control 85 percent of the market that provides health insurance to small businesses. This is what we call a consolidated health insurance market. There is no real competition. So the companies that are monopolizing the market are setting the prices and the standards that have led to more than 1 million uninsured Ohioans and 46 million uninsured Americans.

A public plan will be one of several options within H.R. 3200, the new health exchange that it will provide that is needed to reform our health insurance market.

As I mentioned earlier, H.R. 3200's public plan offers competition. Currently, our health insurance system is inefficient and expensive. Without competition, private insurers have no incentive to improve. By forcing market reforms in the area of administrative costs and through better delivery of services, the public plan will serve as a real competition and set the standard by which other insurers are measured.

The public plan will operate as a guaranteed backup that will ensure everyone that everyone has access to affordable health care no matter what happens. A public plan will give millions of hardworking families peace of mind. Both the public plan and competing private plans will offer a stand-

ard benefit package that covers essential health services such as inpatient and outpatient hospital care and maternity and mental health services. The package will also offer preventative services like Well Baby and Well Child Care and screenings for diseases like diabetes and hypertension.

Preventative care is a benefit that is important to cutting the cost of health care. Providing preventative care will allow us finally to spend less by keeping healthy people healthy, instead of waiting until someone is very ill and then providing more costly treatment.

Under the standard benefit package, patients will no longer pay for preventative services, and the annual dollar amount spent on health care by consumers will be limited to \$5,000 for an individual and to \$10,000 for a family. Therefore, no one should ever again face bankruptcy from health care costs.

The private insurance market must be reformed. We cannot afford to do nothing. \$100 billion of America's \$2.5 trillion in health care spending goes to the cost of administering private insurance. Projections have shown that it is possible to save more than \$3 billion in 2009 alone and \$40 billion over 10 years simply by reducing administrative spending in health care.

The status quo is unacceptable, Mr. Speaker. Things will only get worse if we continue to let private insurance companies set the standards. Every American risks losing their health insurance and/or seeing their costs skyrocket without action. Families will continue to spend a disproportionately large amount of money on health care expenses.

The cost of an employer-sponsored family health insurance plan will reach \$24,000 in the year 2016, an increase of 84 percent if we do nothing to fix our broken system. American businesses will continue to fall behind. Employers' spending on health care premiums will more than double to \$885 billion in the year 2019. And one in five employers will stop offering health benefits altogether because of rising costs in the next 3 to 5 years.

Further, our government will not be able to keep up with the rising cost of health insurance. As Americans lose their private insurance, many will be added to the already strained government programs. Combined with the rising cost of care, spending on Medicare and Medicaid will double from \$720 billion in 2009 to \$1.4 trillion in 2019.

It is time to level the playing field with the public plan.

The public plan will be required to meet the same benefit requirements and comply with the same insurance reforms as private plans. Individuals and families will qualify for financial assistance in purchasing health insurance and will have the option to choose among the private carriers and the public plan.

Today's health insurance companies can either be more efficient and provide the coverage that Americans need