Mr. Speaker, the public option is a necessary and pivotal part of health care reform. With it in place, Congress introduces competition into the health care system. With fair price competition, we introduce efficiency and quality, not bureaucracy. Your government is not going to stand in between you and your doctor. Your government is providing an opportunity for you to choose your insurance.

I want to make this crystal clear: We have close to 390 million people in the United States. We are focusing now on the 48 million without health insurance. The rest of Americans who have their insurance and like it are not affected. They can keep whatever they have. We are focusing on those who don't have it, so that we will see to the health care of all Americans.

With the basic benefits guaranteed in the exchange, I hope that insurance companies and the government will be left outside of the examining room. It is a fallacy to believe that we are going to get in between a doctor and a patient.

With the public plan, we offer Americans personal patient choice. Let me repeat that: We offer personal patient choice, and the freedom to stay healthy. I want to say that once more. This reform is about the freedom of choice. Our plan offers Americans the choice to keep their health insurance, if they choose to keep it.

In the public plan, we are only offering the public in the exchange the option to choose the plan that is created by the government—created by the government. The public plan may not be perfect, but it establishes a strong framework that we can build upon.

Bringing health care to the floor means that Congress is ready to ensure that Americans have health insurance. We are making small businesses more attractive by providing them with a means with which to offer their employees health insurance. We are reducing the crushing cost on our large employers, and we are providing the people with more choices.

I truly hope that with the understanding of what is being presented and with the multitude of hours put in by many committees, many Members and staff, this will be the historic first step on the road to making health care for all Americans possible.

Mr. Speaker, I look forward to voting with my colleagues on this issue, and I would like to see it done at the end of the week so there is not a meltdown and the naysayers take the day. So let's do the right thing for the American people, and let's ensure that this country remains a strong, healthy country in perpetuity.

Ms. FUDGE. Mr. Speaker, I do indeed want to thank my colleague and friend Representative WATSON from California. Certainly she presented to us information that I think is important to the American people, well thought out and well said. I thank you so much for being a part of this hour.

Mr. Speaker, I yield to Representative JACKSON-Lee from Texas.

Ms. JACKSON-LEE of Texas. I enjoyed having the opportunity to be here with Congresswoman WATSON from California. I know that she has been steady on these issues, and I think it is extremely important that we do work together.

One of the points I think we will have an opportunity to engage in discussions on as we continue to make our way through the putting together of this bill is to ensure that we each have an opportunity to reflect on some of the concerns that can help make the bill better. Here are some of the issues that I think will help make the bill better.

I am interested in grants to high schools and middle schools that would increase health care professionals, particularly those in underserved communities. I mentioned a week or so ago that I was visiting in New York and met a nurse who started the program through his hospital where he would go to middle schools and high schools and allow the children to dress up in scrubs and participate in mock operating sessions or operating rooms. What a difference it makes. It is almost like our children would dress up as firefighters or police officers. That would incentivize the children to think of the medical profession as something they are interested in. I am looking at hopefully submitting a proposal for that.

Next, an amendment that will address the question of providing incentives for the development of community health care centers that are housed in healthy green buildings, because we will be seeing a large amount of money going out to increase the number of community health centers, qualified Federal community health centers. I think they are excellent sources of health care. Why not incentivize them to make sure they are put in green buildings that are free of various toxins that would probably undermine the good health that people are coming there for.

Tax credits for employers who not only provide good health care benefits, but encourage their employees to utilize these benefits. So education, outreach, making sure that employees have information about accessing their health care.

A pilot program to study and demonstrate the benefits of proven alternative medical techniques and medicines. These are simply to look at holistic ways of being healthy as well as making sure people have access to the information.

A program to study this ongoing problem of people who seek to overutilize prescription drugs. That is, to work with doctors, nurses, clinics, hospitals and other health professionals to educate us about the issue of using prescription drugs.

So I am hoping as we make our way through and as we continue to work with the Congressional Black Caucus on these very important issues of a public option, of ending health disparities, of ensuring that we have universal health care, as Americans seemingly have come together to rally around, I believe we will have a better product by listening to the Members who have some constructive thoughts and proposals that don't undermine the basic structure of the bill; not undermining the public health option. Not taking away large sums of resources so that we cannot in the right way give quality plans, but various small proposals that would enhance the bill is the way I think we should go, and keep the basic structure of what we are all committed to, the public option and complete health care reform that will help the American people.

Ms. FUDGE. I thank the gentlewoman.

Mr. Speaker, in closing, I would like to say just two things.

One, of course, is we all know health care needs to be reformed. We all know that the time is now to do it. We know that the cost to not do it is going to be significantly higher the longer we wait.

I just want to say that, people who think that those who are uninsured shouldn't be given an opportunity—nine million of the uninsured today are children. We need to do something about that. Many uninsured are seniors, and we need to certainly do something about that.

So I would hope that all Members of this House would look at the needs of the people we represent and move to do the right thing.

FAULTS IN THE DEMOCRATS' HEALTH PLAN

The SPEAKER pro tempore (Mr. MAFFEI). Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Mr. Speaker, I appreciate the privilege of being recognized to address you here on the floor of the House.

Having been able to listen to some of the dialogue in the previous hour, I think it is quite curious that there would be a chart that went up with question marks on it that would be described as the Republicans' health care plan. There are all kinds of question marks in this Democrat health care plan that we have.

This is the censored flowchart, Mr. Speaker. This is the chart that the Franking Commission, I think after having been leveraged by House leadership, decided that it couldn't be mailed to the constituents of the Members of the House of Representatives because they didn't want this to say ''government-run health care,'' because that is pejorative, or ''the Democrat health care plan,'' because that is pejorative. So, instead, the Democrats put up question marks on the floor of the House and they say Republicans don't have a plan. They don't know.

Well, there are all kinds of questions about the Democrat plan. First of all, why is it so sensitive that you have to censor the truth? Secondly, let's see, we can go through a whole list of questions about the Democrat plan, great big question marks.

How much does it cost? Oh, we don't know, someplace between $1 trillion and maybe $2 trillion, or a little more than $2 trillion dollars. We don't know. We are not even within a trillion dollars on how much we think that is going to cost. That is the Democrat response.

How much deficit will it create? Well, maybe a minimum of $239.1 billion, but it could be well over that. It could run into $600 billion or $700 billion. Some answers there.

Who will get to keep their health care? Who can you actually guarantee and point to them and say you can keep your, more correctly, health insurance program? And no one can be actually promised that, even though the President has said so. He can't guarantee that promise.

So, as the questions go on and on and on, what insurance companies would survive after we have this plan? And looking at this scary flowchart, this schematic, Mr. Speaker, there are 31 different new government agencies that are created in this plan.

First I am going to take us back to 1993. I think it is instructive. This is the 1993 HillaryCare plan, and this is the chart that hung in my office in my construction company during those years, hung in my office all the way through the nineties. I didn't take it down. I think this chart, that showed this great growth in government, all of these configurations here, government agencies, programs, this whole list, a lot of these acronyms I don't recognize anymore, all of these little flows in the drug pricing, they actually call this a scheme, ''drug pricing scheme.'' I just called it a schematic, but they actually called it a scheme, drug pricing scheme.

How about the global budget? That is in here. As you read this through, the configuration between the President, the National Health Board, the State governments, the Regional Health Alliance, the Corporate Health Alliance, the ombudsman, who is there to smooth out all the things and make sure when you have trouble dealing with government, Mr. Speaker, that there is an ombudsman there who will take care of that for you, because we know how difficult it is to find your way through the maze of paperwork that is created when government is involved.

This chart, Mr. Speaker, was enough to scare the Americans off of the Clinton health care plan, commonly known as HillaryCare. This chart came in black and white, it didn't come in Technicolor, but it showed you all of these agencies and this creation. And people understood that they were being offered in place of their own health insurance program, they were being offered a government maze that swallowed up all of the things that were private and completely took it over for government.

The American people loved their freedom in 1993, and they rejected giving up their freedom to purchase a health insurance plan of their choice, to control their health care decisions themselves. They rejected it. This is an HMO provider plan. That is another piece that is not so popular today.

But the American people were scared away from the Clinton plan by simply looking at this chart and listening to Harry and Louise. Some of them, that is all the further they went. But they knew they didn't want a government option when it was going to be the only option. They didn't want to have their options taken away and put in the control of a government bureaucrat, a government-run plan, a Democrat health care plan. That is what it was then, that is what it is now.

The difference is, this is in full color, Mr. Speaker, as opposed to the black-and-white chart from 1993. This chart is flat-out accurate, and it does describe 31 new agencies created by the bill. Anything you see in white are existing agencies, and the things you see in color, in green and yellow and orange and red and blue, those are all new agencies. If you count these dots that are colored, there are 31 of them, Mr. Speaker.

One can get animated about having to wade through that massive government red tape, but when you wade through it down to the bottom is where I get the most concern, and that is, I go down to this little square right here, Mr. Speaker, traditional health insurance plans. That is those plans that insure the majority of the American people today, any private health insurance plan. There are over 1,300 companies that provide health insurance plans, and generally they have multiple plans out there, so we don't know how many plans there are to choose from.

□ 2200

But a reasonable estimate might well be 100,000 separate plans by the time you figure the options on the deductibles and the different things that are there so that people can get a health insurance plan that serves them at a price that they can best settle to. All of those, 100,000 plans, roughly, 1,300 companies, all dumped into this little box right here. And that's how our health insurance is provided for and paid for and administered and funded is all right here in the traditional plans.

But under—I don't know exactly how to describe this—the Democrat government proposal, all of these health insurance plans, if they were going to stay in business after that, would have to qualify. They'd have to become qualified health benefits plans. That's this little purple circle here closest to me. There are two identical circles in size, but the qualified health benefits plan would be where all the private health insurance companies go if the bill is passed and the President signs it, which he'll sign anything that says ''national health care'' on it.

And I suspect that's the case. He wants a bill, and they want to start this down the path because they believe that this will morph into a single-payer plan. That's what he really wants. That's what the Speaker wants. That's what the liberals in the Congress want. They want to take away the American people's 100,000 policies and roll them eventually into one government, one-size-fits-all plan over here.

So these 1,300 companies, 100,000 policies in this square box, if they were going to do business after the bill was signed, they have to get qualified. They would be qualified if they met the new government standards. The government would tell them, You have to cover maternity. You have to cover mental health. You have to cover abortion, Mr. Speaker. That's the standard that is coming out of the White House these days.

If the White House doesn't tell you that they're opposed to forcing Americans to pay premiums to fund abortions, then you know that if it comes the way they plan it, there will be abortions funded by the American people through the dollars they would pay to these premiums. There isn't any history in this country of this government not funding abortions unless there was an explicit exemption written into the language of the bill. There is no explicit exemption written into the language of any of the bills that are working here before this Congress now, which should tell anybody that's studied this and watched this issue since Roe v. Wade in 1973, that they plan to take the tax money and the premium money from the American people and use it to kill babies. That's going to be in this plan.

And all of these health insurance policies here will have to pay for it the same way the government intends to pay for it over here in the public health plan, and many Americans are going to object to that. But what they do is, when they require that these health insurance policies have to cover everything they think it should cover and they write so many mandates into it that the health insurance premiums will go up, and so will the copayments and so will the deductibles go up, and as they go up, then it will be easier for the public health plan, the Obama health insurance plan, to compete with the private sector.

And they will do two things with these two purple circles here. One of them is they will regulate the traditional private providers to where they become mirrors of the government plan and then have to compete with the premiums that the government plan will charge. And the other thing that they will do is they will subsidize the government plan so that they can keep

those premiums down long enough to compete with the private plan, and that will squeeze out the private plans.

And you can expect, Mr. Speaker, that there will not be private health insurance in America in a relatively short period of time, whether that be—probably not 5 years. By 10 years, we'll see the picture. By 15 to 20 years, it should be settled in if this happens. We can look around the world and see where they have made these mistakes.

In Great Britain, they have a completely socialized medicine program that was implemented into law in 1948. In Germany, they have the world's oldest socialized medicine plan that went in under Otto von Bismarck in the late 1800s. That plan provides for private health insurance, and today, about 90 percent of Germans are under the public plan and about 10 percent are under the private plan, and those that are on the private plan are generally self-employed people that have some means to try to provide a plan that they think gives them a little better access and maybe even a little better quality health care than the 90 percent of Germans that are under the public plan.

But one thing that they have in common in the United Kingdom and in Germany is they wait in line. Their care is rationed, and the quality isn't what it is in this country. The survival rates for cancer in the United States versus that of United Kingdom or the European Union are some four times greater here in the United States than they are in those countries that have socialized medicine. And now, Mr. Speaker, we can also look to the north to Canada, and understand what went on up in Canada.

When Canada passed their socialized medicine program, it was set up to compete with the existing privates, and eventually they were all squeezed out. And today there exists a law in Canada that prohibits anyone from jumping ahead of the line or going to create a new line. One size fits all. Everyone, all Canadians have to comply with the same health care programs. Government-run socialized medicine in Canada.

And now, thinking about what that means, the Canadians lost their freedom when they decided to go for a little security and still try to keep some freedom. They lost their freedoms on their health insurance, and maybe they are a little bit more secure, but the quality of their health care doesn't match up to the quality here in the United States.

And so what we know is that, let's just say the cancer survivors in Canada, their numbers look better than the people in the United Kingdom or the European Union that have been diagnosed with cancer. More Canadians survive with cancer than do the other countries that have a socialized medicine program. And I don't know the numbers, and I probably won't get time in this debate over the next week or maybe a little more to drill back into this and be able to compare the statistics.

Mr. Speaker, I'm going to suggest that a factor involved is the Canadian proximity to American health care has helped Canadians live longer. It's helped their survival rate. It's helped in such that when people get diagnosed with cancer and can't get treatment in places like the United Kingdom, Germany, across Europe, they die sooner than they do in Canada, and they die sooner in Canada than they do in the United States.

People live longer here after they've been diagnosed with a cancer than any of those countries that I have mentioned, and I've seen no data for any others. And I'm going to suggest that the Canadians' access to American health care helps their life expectancy because at least they can sneak across the border and get in line down here, even if they have to pay for it out of their pocket. Those would be the factual circumstances involved.

And so we have Democrats asking the question, what's the Republican health care plan? I'll ask the question, what do we know about the Democrat plan? We know it'll cost a lot. We can guess within 1 trillion, maybe 1 trillion or $2 trillion. We know it's going to create a deficit; 239.1 billion on up to 600, 700, $800 billion in deficit. We know it's going to create lines. Lines are rationing. People do die in line.

We know it's going to discourage doctors and specialists for taking the years necessary to be trained so that they can be proficient enough to provide the quality of health care that we have. So we'll have fewer doctors. We'll have fewer nurses. Fewer people will want to go into the industry because the government will be telling them how they are going to treat patients. There isn't going to be any way that the Democrats in this Congress will agree to pull the government out of the relationship between the doctor and the patient.

There was an amendment that was offered in the Energy and Commerce markup that specifically said that the government would not interfere with the doctor-patient relationship, and that's a short summary, and it was voted down except for one, all on a party line, all but one Democrat voted no. Every Republican voted yes. We want the doctor-patient relationship to be maintained. Democrats do not.

We also have the rules that will be squeezing out these private carriers, these 1,300 companies. There will not be 1,300 that will qualify. There will be substantially less, and they'll be squeezed out by the public option here, this public health plan, this government-run health insurance plan, but the regulations will be written by the Health Choices Administration.

□ 2210

It has got a nice little acronym—HCA, Health Choices Administration. You know that the people who wrote this are for choice, right?

So they have named that there will be a commissioner of the Health Choices Administration. That commissioner is the modern, fancy name for ''czar.'' We have 32 czars. The American people are fed up with czars, so now we're going to start calling them ''commissioners.'' Some said, well, ''commissars,'' but the commissioner—not commissar—will be calling the shots on what these health insurance plans are, and he will decide what they will cover and what they will not. He will also be the one who probably makes a lot of the decisions on how much health care is rationed in America. The results, again, will be long lines. How do we know this? They exist in every country that has socialized medicine.

I ran into an individual at a home improvement place in my district, oh, about a year ago. He was a legal immigrant from Germany who'd had a hip replacement over there. In order to get his hip replacement, he had to travel to Italy because the lines were too long in Germany. They were a little shorter in Italy, so he got himself in the line in Italy. He traveled down there and got a hip replacement. He didn't think a lot of the system that they have in Europe. That was just a little anecdotal discussion that took place in a home improvement center.

I will tell you, Mr. Speaker, a week ago Thursday night, we had a doctor who practiced medicine in Michigan and in Canada. He has written a book, at least one that I know of. He was our guest speaker at the Policy Committee a week ago Thursday night. He told a story. He was working in the emergency room in Canada. It must have been the first he'd been up there to work, is my guess, and he probably hadn't anticipated what kind of a bureaucracy they have. They brought a patient in who had a knee joint that was all torn up, I believe from a sports injury, but I don't know. He had a torn meniscus and a torn ACL, an anterior cruciate ligament. That knee was all swollen up. It was wrecked. He examined it; x rayed it.

He told the young man, You need surgery and you need it right away. I'll schedule you for surgery in the morning.

Well, he didn't realize how difficult it was. This is an American doctor working in Canada. He began to schedule the surgery the next morning, and he found out that there had to be a specialist who evaluated the knee and then that they had to file the forms. Then they had to get him in line. Then they had to get him approved so he could go ahead and have the surgery. Well, the examination, the secondary examination that had to take place by the doctor who does the approving for the surgery, in order to hold down costs, mind you, wasn't able to see this patient right away, so they put a brace on this patient's knee that was blown up like a cantaloupe, and they put him on crutches. After a while, he left the

hospital, waiting for his examination by the doctor who works for the bureaucracy and who decides who goes into the line.

Well, that examination didn't take place the next day, Mr. Speaker, or the next week or the next month. The examination that if he passed would approve him for surgery took place 6 months later. In America, he would have had surgery the next day, and he would have been in rehab. In a couple of months or even less than that, he'd have been back to work. He spent 6 months on crutches, 6 months with a leg brace, 6 months with a torn meniscus and a torn ACL. Then he went in for the examination, Mr. Speaker.

After the examination, one might think that the examining doctor came to the same conclusion that the ER doctor from Michigan did, which is that he should have surgery the next day. Well, maybe that doctor did come to that conclusion, but they didn't have room for him, not for a day or two or a week or a month, Mr. Speaker, but for 6 months.

No, I didn't say 6 months from the injury to the surgery. I said 6 months from the injury to the examination and another 6 months from the examination to the surgery. We know, if you have a patient who is hobbling around on crutches for a year, his unused leg atrophies, and the rehab takes longer. It takes a long, long time to get a patient back to speed after surgery, when and if the surgery is successful, which I guess I don't know.

This is the circumstance right here across the border into Canada. Many Americans live along the border, and they see the Canadians come down to the United States for their health care. It happens in Maine; it happens in Michigan; it happens in Minnesota. The Mayo Clinic at Rochester takes a lot of patients from Canada. Some companies in Canada will write into their employment contracts with their employees that they have extra good health insurance programs for them. If they are hurt or if they need emergency surgery, heart surgery, for example, in the employment contracts, they will have policies set up that will actually fly a Canadian employee to Houston for heart surgery.

Now, if you have a health insurance and health care program that is in such a condition that employers write it into their employment contracts that they will export their employees out of State to come to America, to come to the United States to access high-quality health care, that should tell us something about what we should not design. I would think it would be very clear.

So the White House and the liberals in Congress—maybe they don't want to say, House Democrats' health plan. Maybe I should say, liberal House Democrats' health plan. This plan is very similar to the plan that was unrolled in Canada where they had private health insurance for a while before it was squeezed out by the public health plan, which swallowed up everything.

In Canada, they passed a law that prohibited anyone from starting a new line or from jumping in front. Some provinces in Canada enforce it more than others, but the Federal law in Canada is that you are stuck with the same health care as everybody else. There's no jumping ahead in line. There's no creating a new line. You can't open up a clinic if you're a doctor and serve patients unless you're approved by the government. The government will require you to strap on their harness and pull in exactly the patient load in exactly the way they describe it; whereas, in America, if you license yourself as a physician, you can open up a clinic and can start taking care of patients wherever the demand is.

Now think about the difference between that where you have individual entrepreneurs who are seeking to serve a marketplace. Maybe they're working for hospitals, and they look around and decide that there need to be other services in that they're not able to take care of the patients who are there. Maybe they see a population demographic or an age demographic that needs to be better served, so they'll open up clinics or hospitals or surgery centers or they might go out and pick up some medical technical equipment and deploy that to locations where it's needed or they'll go out to the rural hospitals and go ride the circuit, so to speak, and stop in and maybe once a week do the scheduled orthopaedic surgery that's there.

It happens with OB as well. They'll schedule some of that as best they can, at least the examinations. The births come along on their own unless they're by Caesarean.

Remember, HillaryCare actually called this schematic, or at least one component of it, a scheme. This color-coded schematic should scare the daylights out of the American people, and they should be worried about all of the question marks in the Democrat plan, that plan that will give us socialized medicine in America. We can understand that, Mr. Speaker.

That's where it's going, and it will bust the budget, and it will take away our freedoms, and it will prohibit a doctor from opening up a clinic where he sees the demand. It will prohibit a doctor from charging more or less—I suppose there may be some opportunity to charge less, but that wouldn't last very long—because they're going to squeeze these resources down.

Today, Medicare is only reimbursing at 80 percent of the cost that it takes to deliver it. In my State, in Iowa, we are the lowest out of the 50 States. We have the lowest Medicare reimbursement rate of all of the States in the Union.

□ 2220

And yet, the proposal here in this flow chart is to squeeze maybe as much as half a trillion dollars out of Medicare. And now all for what? What is the purpose of all of this, Mr. Speaker? Why would America, why would this Congress consider upsetting, destroying, wrapping up packaging and throwing away the best health care system in the world? Why? What would be the purpose?

And I will submit, Mr. Speaker, that the argument is that there are the uninsured. Now, they continue to blur the words between ''health care'' and ''health insurance.'' They don't seem to know there is a difference between the two.

Everybody in America has health care. Everyone in America can walk into the emergency room and be treated for an injury or an illness. Everyone has that opportunity. We don't have people in America that are denied health care. Everybody in America doesn't have health insurance. And before I go down that path a little, I want to point out that we do spend a lot of money on health care in America between health insurance and providing that health care. And it's about 14½ percent of GDP. And in some of the European Union countries, socialized medicine countries, it's around 9½ percent of GDP. So maybe 5 percent more, half again more.

So our health care here costs us 3 bucks. It costs them 2. Is our health care that's provided in this country worth half again more? Maybe. We're willing to pay it today. But perhaps not in the long run, Mr. Speaker, and we can do a lot of things to reduce the cost of health insurance and health care in America. And there is a difference

A number of those things would be: Address the medical malpractice, the irresponsible litigation that's taking place, the suing of doctors and clinics and hospitals and providers all for an opportunity to try to cash something in rather than correct something that's wrong. And perhaps the word ''all'' is not the right one, because there are cases where someone has had the misfortune of being a victim of medical malpractice.

We pushed legislation and passed it through the Judiciary Committee a few years ago and off the floor of the House of Representatives that limited the medical malpractice settlement and capped the noneconomic damages at $250,000 and still took care of the patients who had unfortunately been subject to medical malpractice. Paid the patient's doctor bills, paid them loss of income. Paid them pain and suffering. Just didn't pay punitive damages, that $7 million for the cup of coffee that the lady spilled in her lap. That's the punitive damages that we call it out in the layman's world. It's called noneconomic damages in that bill. Those are capped at $250,000. That's the model that California has that has been relatively successful. That's one of the things we can do to hold down the cost.

Another one would be provide for 100 percent deductibility for everybody's

health insurance premium, for a corporation to purchase health insurance and pay the premiums and fully deduct those premiums, but if someone goes and buys that same policy, they can't deduct it from their taxes. A self-employed person can't deduct their health insurance premiums fully like say an employer can for their employees. So if you are a sole proprietorship and you have high health insurance premiums and you haven't formed a corporation, you might be paying $11,000, $15,000 a year in high health insurance premiums. Let's say it's $15,000 a year. You can get around that lack of deductibility by forming a corporation and paying yourself a salary, and part of the salary package would be the health insurance premiums. Then you can deduct them.

Those are a lot of hoops to jump through to try to meet a government regulation when there should be no particular advantage for one company over another, one individual over another. If we have someone who is self-employed or someone who is independently wealthy and they are responsible enough to go out and buy their health insurance and pay the premium, every dollar that's deductible by a corporation should be deductible by an individual. All of those health insurance premiums should be deductible.

We should raise the maximum amount for health savings accounts so we can be sure that people that are young today, when they arrive at Social Security age, will have enough money in their health insurance, in their health savings account, to be able to purchase a paid-up Medicare replacement policy and take the difference, the hundreds of thousands or perhaps more than a million dollars, take the cash in the difference on their HSA tax-free if they're willing to take themselves off of the entitlement rolls of Medicare by buying replacement policy. That's something else we can do in the long term.

So expand our HSAs, provide for full deductibility on our health insurance, limit the liability for these doctors so we can hold down the costs of medical malpractice premiums and the cost of the extra tests that are there in order to protect themselves from the litigation that's bound to come when you ambulance-chasing lawyers are chasing doctors around. What percentage of this 17 percent of our economy is going to the trial lawyers in America? I say, Mr. Speaker, it is significant.

So there really aren't questions about what Republicans are for. There are a lot of questions about what comes out with this chart, but the idea that the Franking Commission, which appears to be controlled by the Democrat majority in this Congress, would censure this document and tell Members of Congress they can't send this off to their constituents, they can't package it up and put it in an envelope and mail it to their constituents because the Democrats didn't like the idea that it says ''House Democrat Health Plan.'' And they don't like the idea that it says ''government run.''

Well, it is government run, and it is the House Democrats' health plan. There are bipartisan programs here when it comes to health care in this Congress. The bipartisanship is in opposition to this kind of a government-run plan, and that's what Democrats and Republicans that oppose this today—I cannot find a single Republican that supports this plan, and I don't think that individual exists in the United States Congress.

So that would be my component of the speech here that has to do with this schematic that should scare the living daylights out of the American people, and they should rise up. And, Mr. Speaker, the American people should rise up. And in August when their Members of Congress come home and they start doing parades and townhall meetings and corn boils and whatever else is going on, crab fries or whatever they do in the East Coast, this chart should be out in front and the American people should go see them and say, Vote ''no,'' be a ''no,'' oppose this plan, oppose this plan. Give people their freedom, and we can do so in the fashion that I've described.

Now, there is another huge entity that's taking away our freedom. Right here, Mr. Speaker, this is a picture that I took of the headquarters of ACORN, and this is down in New Orleans, Louisiana, at 2609 Canal Street, New Orleans. This is a fortified building. I mean, these bars are heavier the lower you go. This is up on the second or third floor of the building.

And I just zoomed in on this window because something caught my eye. ACORN's national—maybe even international—headquarters, where they have 174 or more corporations running out of this single building, four or five stories, glass, with bars, the most fortified building in the whole neighborhood.

But inside that window you can see at least two posters there. This one says ''Obama '08.'' ACORN is to be, and is registered as, a 501(c)(3) corporation, a not-for-profit corporation, a nonpolitical, nonpartisan organization organized as a corporation. If this is their headquarters and they have ''Obama'' posters inside—it's clearly displayed in the window so people can go by on the street and look and see that. And in the State where I come from, we call that electioneering. If you are a not-for-profit, nonpartisan corporation, 501(c)(3), you don't do any electioneering. You certainly don't post an ''Obama'' sign in the front window of the national headquarters of the Association For Community Organization Reform Now, ACORN.

□ 2230

And if anybody wonders about where this picture came from—and I've got the pictures of the address and everything, but over here is the flag that hangs outside. It is kind of a faded red flag. It is clearly, and you can read it, that is the ACORN logo.

So the ACORN logo on this flag hanging outside the window at the national headquarters of ACORN, and the Obama sign in the middle of the window displayed so people can see it, is it intentional? Either that, or stupid. Is it okay to say that something happened that was stupid in America, Mr. Speaker? I'm a little concerned about that. It seemed to be not a very good tactic for the President, but I see his name inside this window at ACORN at their headquarters and I see the ACORN logo, and here is where it is, 2609 Canal Street.

Now, this is an interesting turn of events. I took this picture just before the 4th of July. And last week, on Thursday, about the close of business, there was released a report, and this is a nonpartisan report from the U.S. House of Representatives Committee on Oversight and Government Reform. The ranking member is Congressman DARRELL ISSA, California's 49th District. The subject of this report—and Mr. Speaker, I hold this up. It is what the cover of it looks like. The United States House of Representatives.

The subject of this report is this question: ''Is ACORN Intentionally Structured As a Criminal Enterprise?'' This report is dated July 23, 2009. And if anyone should like to look this report up and read it, I believe if they googled, ''Is ACORN Intentionally Structured As a Criminal Enterprise,'' they will be able to find it, or if they go to the Government Reform Web site—I know that it is on Mr. ISSA's Web site and it soon will be on mine.

I have here the executive summary. It is 88 pages long. I have read carefully through the first two-thirds of it. It has in it a list of 361 affiliated corporations. I have listed 174 in the amendments I have offered that were designed to eliminate Federal funding to ACORN. ACORN has received at least $53 million in taxpayer funds to operate their criminal enterprise. And I have the executive summary here.

And just to go into it a little ways, Mr. Speaker, this executive summary of this report out of the Government Reform House of Representatives that asks the question, ''Is ACORN intentionally structured as a criminal enterprise?'' July 23, 2009, the executive summary reads, in part, like this:

''The Association of Community Organizations for Reform Now, ACORN, has repeatedly and deliberately engaged in systemic fraud. Both structurally and operationally, ACORN hides behind a wall of paper, of nonprofit corporation protections to conceal a criminal conspiracy on the part of its directors to launder Federal money in order to pursue a partisan political agenda and to manipulate the American electorate.''

Corporate protections to conceal a criminal conspiracy on the part of its directors and launder money. That is the first paragraph.

Then it reads, ''Emerging accounts of widespread deceit and corruption raise the need for a criminal investigation of ACORN. By intentionally blurring the legal distinctions between 361 tax exempt and nonexempt entities, ACORN diverts taxpayer and tax-exempt monies into partisan political activities.

''Since 1994, more than $53 million in Federal funds have been pumped into ACORN, and under the Obama administration, ACORN stands to receive a whopping $8.5 billion in available stimulus funds.

''Operationally, ACORN is a shell game played in 120 cities, 43 States, and the District of Columbia through a complex structure designed to conceal illegal activities to use taxpayer and tax-exempt dollars for partisan political purposes and to distract investigators. Structurally, ACORN is a chess game in which senior management is shielded from accountability by multiple layers of volunteers and compensated employees who serve as pawns to take the fall for every bad act. The report that follows presents evidence obtained from former ACORN insiders that completes the picture of a criminal enterprise.''

So they describe them as a criminal enterprise, and they describe them as to conceal a criminal conspiracy. A criminal enterprise, a criminal conspiracy. And these are some of the headings under the executive summary.

''First, ACORN has evaded taxes. ACORN has obstructed justice, engaged in self-dealing, and aided and abetted a coverup of the embezzlement by Dale Rathke, the brother of ACORN founder Wade Rathke.''

And that embezzlement was $948,607.50, Dale Rathke embezzlement covered up by his brother, the founder, Wade Rathke, whom it appears provided misinformation to the counsel for ACORN and redirected—and it appears to be willful—to string it out and delay any kind of punitive action that would come to visit his brother, his brother Dale, who did embezzle the $948,607.50. And it seems to be beyond question that that happened, that some of the money was misappropriated to fill the hole in their accounting system. That is the first point.

The second point is, ''ACORN has committed investment fraud, deprived the public of its right to honor services, and engaged in a racketeering enterprise affecting interstate commerce.'' Committed investment fraud. That is the second point.

Third point, ACORN has committed a conspiracy to defraud the United States by using taxpayer funds for partisan political activities by having the equivalent of a slush fund, where dollars were moved around from corporation to corporation, affiliate to affiliate, resulting in get-out-the-vote efforts that may have had—and likely did have—501(c)(3) not-for-profit taxpayer dollars invested in them, but used for political and partisan purposes, Mr. Speaker.

It says, ACORN forged both formal and informal connections with former Illinois Governor Rod Blagojevich, also formal and informal connections with Ohio Senator SHERROD BROWN, and formal and informal connections with President Barack Obama, among others. ''Each of these campaigns received financial and personnel resource contributions from ACORN and its affiliates as part of a scheme to use taxpayer monies to support a partisan political agenda.'' A scheme to use taxpayer monies to support a partisan political agenda, Mr. Speaker. ''These actions are a clear violation of numerous tax and election laws.''

Another point, the fourth point, ''ACORN has submitted false filings to the Internal Revenue Service and the Department of Labor, in addition to violating the Fair Labor Standards Act, FLSA. Committee investigators have tracked ACORN's numerous failures to comply with Federal laws that required the payment of excise taxes on excess benefits to Dale Rathke. SEIU Local 100—the Service Employees International Union—under the direction of ACORN founder Wade Rathke—filed bogus reports with the Labor Department in order to conceal embezzlement.''

Now, all of this off of this report, this nonpartisan House of Representatives report that asked the question, ''Is ACORN intentionally structured as a criminal enterprise?'' dated July 23, Mr. Speaker.

And fifth, ''ACORN falsified and concealed facts concerning an illegal transaction between related parties in violation of the Employee Retirement Income Security Act of 1974 (ERISA).'' ACORN falsified and concealed facts concerning an illegal transaction between related parties in violation of ERISA.

Findings go on. They should pierce the corporate veil and do an investigation. Justice needs to do an investigation. And something that they point out is that, when ACORN crosses the line—which I don't think anyone questions they do—the individuals harmed are the low to moderate income workers whom ACORN was founded to protect. They hurt the very people that they were founded to protect. Dale Rathke's, the brother of the brother, embezzlement and the cover up are violations of ACORN's corporate duties, and they are fraud. The identities and roles of those involved must be disclosed.

This goes on, Mr. Speaker. I have poked through this report. I have spent hours and hours over the last 4 to 5 years tracking ACORN. This report lists the 361 affiliates, and in there will be information on campaign contributions, who received what money. It will be easier to take that information and cross-reference it back to the FEC documents and follow the money. It will tell us a lot about what is going on.

□ 2240

I think there's an indicator here that is pretty interesting. I have in my hand the ACORN celebration of 39 years. ACORN was founded in 1970. They held a celebration on June 17 of this year. And the celebration takes place at the National Education Association Atrium, probably birds of a feather. That is at 1201 16th Street Northwest, Washington, D.C. This is a celebration of 39 years of ACORN. And it is interesting that some of the people that are less than enthusiastic about doing the investigation of ACORN are invited to be headliners there at the ACORN celebration of 39 years. Now, I remember 39 years might be Jack Benny's year to celebrate, but 39 years is not a year ending in a zero or a five; so this must be the annual celebration of ACORN's founding.

Who is there in the headline? Who is honored? Well, let's see, Senator CHARLES SCHUMER, New York, the number one headliner for the ACORN celebration, their annual celebration. I don't know that CHARLES SCHUMER has demonstrated a lot of enthusiasm to investigate ACORN. I can't imagine that would happen.

The next one on the headline is Representative LUIS GUTIERREZ, Chicago. Chicago politics. Chicago ACORN. Let me see, President Obama made his first political reputation in Chicago as an employee of Project Vote. He also represented ACORN in court a couple of times, some said pro bono. But in any case Project Vote, according to this report, this U.S. House of Representatives nonpartisan Government Reform Committee Congressman DARRELL ISSA report, dated July 23, 2009—according to this report, it's indistinguishable between Project Vote and ACORN. They commingled their funds. They had dozens of accounts, and one affiliate that managed all the funds of all the affiliates, according to the report. But President Obama, according to all reports, Democrats and Republicans, made his political reputation working for Project Vote in Chicago. Project Vote, inseparable from ACORN, thought of as ACORN, and the head of Project Vote was also a top officer of ACORN in Chicago.

Chicago politics. Remember Rod Blagojevich? He's listed in this report. Well, Chicago politics are listed in this annual celebration that ACORN held in this city in Washington, D.C., June 17, this summer, headlined by Senator CHARLES SCHUMER; Representative LUIS GUTIERREZ; Representative MAXINE WATERS, who stood before an ACORN celebration and told them all that they were all going to get together and vote the Republicans, some certain part of their anatomy, out of office. So she has, in a partisan way, spoken before that supposedly nonpartisan organization. Now, of course, we know they are a partisan organization.

ACORN is a get-out-the-vote machine. It's a fund-raising machine. It

writes campaign checks by its affiliates to candidates, and the three people who headlined this, on the top of the list, CHARLES SCHUMER, Senator; Representative LUIS GUTIERREZ; and Representative MAXINE WATERS, all tightly affiliated with ACORN, none of whom are very interested in investigating ACORN.

And if we go down through the list, Kathleen Kennedy Townsend. Interesting. A number of interesting names. John Podesta, Henry Cisneros of the Clinton administration, recognized and patted on the back for their affiliation with ACORN.

It is a sad day, indeed, when we see the corruption of our election politics, Mr. Speaker, and we see it done by an organization that is set up now with 361 affiliates. And, strangely, the Congress doesn't have enough curiosity in order to do an investigation, and the Justice Department doesn't have enough curiosity to do an investigation, and ACORN themselves admit that they produced over 400,000 fraudulent voter registrations in the last election cycle.

Their goal was to register, they said, I believe, 1.3 million, and they admitted to producing and turning in over 400,000 fraudulent voter registrations. ACORN is under investigation in 12 to 14 States. Across those States, there have been at least 70 ACORN employees that have been convicted of some type of fraudulent activity. Most of it is voter registration fraud. ACORN itself in Nevada is under investigation/indictment for election fraud.

This isn't something that is an anomaly; this is a pattern. This is the MO, the mode of operations, of a criminal enterprise that is corrupting our election process. And we know it's for political gain. We know it's for the money machine that gets churned. They are linked together with the SEIU. I read that part.

There is more to that as well. Those dollars pour into the coffers of Democrat candidates, not Republican candidates. ACORN then hires people and gets volunteers to go to the streets to turn out the vote, turn out the vote for Democrats, not for Republicans. I don't know of a case where we have ACORN out supporting a Republican unless it would be—let me just say for tonight I don't know of a case, although I've got something in mind.

This is the headquarters, ACORN's headquarters, 2609 Canal Street, an Obama sign in the window, an ACORN sign on the outside.

President Obama got his start in politics, in Chicago-style politics, with Project Vote, an arm of ACORN, that was registering people and turning out the vote. And he has since hired ACORN to turn out the vote. It was an ACORN affiliate to the tune of $800,000. And that fungible money, some of it was commingled into the same accounts and distributed out as if it's their own personal slush fund, Rathke's own personal slush fund, to build power in a power-based width.

We have also the White House having reached out and signed an agreement with ACORN to help with the consensus.

Now, any organization that can produce 400,000 fraudulent voter registrations can't be trusted to count the American people, not when there is political gain involved. This can be done without ACORN.

There has since been a statement issued by the Census Bureau that they were not going to use ACORN. I have to see that to believe it. Are they not going to use any one of the 361 affiliates that are listed in this Government Reform report? I think it's going to be hard to see, no, they aren't. Are they not going to use any of the employees that work for them, Mr. Speaker?

So let's not forget President Obama has been tied to ACORN since the first days of his political life in Chicago. He has worked for them; they have worked for him. He has hired them with campaign money, and they have contributed campaign money to him. President Obama is part and parcel ACORN.

When the chairman of the Judiciary Committee, JOHN CONYERS, took interest in investigating ACORN and made such remarks in a Judiciary Committee meeting a couple of months ago, I was given heart that perhaps we would start to investigate ACORN. But 3 weeks later, the chairman came back in a public statement and he said the powers that be decided that there isn't enough evidence there to investigate ACORN.

Now, who would the powers that be be that are more powerful than the chairman of the House Judiciary Committee? Would it be Speaker PELOSI or President Obama?

Mr. Speaker, I am not convinced that it's necessarily Speaker PELOSI. But I point this image out. This is the cover of National Review magazine from March 23, 2009, this year. They put this image out here, Mr. Speaker, and I have just removed the letters so that it doesn't blur the image. It just says National Review on top, the date on the bottom, and whatever their headline story was. I take note to the logo on the shirt pocket of the polo shirt. That says it all, I think, Mr. Speaker.

This is what we have going: we have a criminal enterprise that is being hired by the White House to help run the census that helped put the President in the White House, a massive organization that reaches into 43 States and the District of Columbia, that has engaged in a number that approaches a million dollars in embezzlement and covered it up for 8 years, 400,000 fraudulent voter registration forms, Federal tax violations, and violations of not-for-profit conditions on 501(c)(3) corporations that are being used for partisan purposes.

And, Mr. Speaker, we have the image, we have the logo, and we have the national headquarters here at 2609 Canal Street, New Orleans, Louisiana, with the Obama sign in the window and the ACORN flag out on that side.

□ 2250

Mr. Speaker, we have to investigate this organization. We have to bring the Judiciary Committee to bear and the Government Reform Committee to bear. We need the Justice Department to drill into this. No one single entity can unravel this spider web of 361 corporations. It must happen, or it will corrode and destroy this great constitutional Republic, the United States of America.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Ms. LEE of California, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. MCCOTTER, for 5 minutes, today.

Mr. MACK, for 5 minutes, July 28.

Ms. ROS-LEHTINEN, for 5 minutes, July 29 and 30.

Mr. MORAN of Kansas, for 5 minutes, July 30 and 31.

Mr. BOOZMAN, for 5 minutes, today.

Mrs. BACHMANN, for 5 minutes, today, July 28, 29, 30 and 31.

Mr. BROUN of Georgia, for 5 minutes, today.

(The following Member (at his request) to revise and extend his remarks and include extraneous material:)

Mr. LUJÁN, for 5 minutes, today.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CUELLAR (at the request of Mr. HOYER) for today on account of travel delays due to weather.

Mr. DAVIS of Illinois (at the request of Mr. HOYER) for today.

Mr. LYNCH (at the request of Mr. HOYER) for today.

Mr. ORTIZ (at the request of Mr. HOYER) for today on account of travel delays due to weather.

Mr. RODRIGUEZ (at the request of Mr. HOYER) for today on account of travel delays due to weather.

Mr. CRENSHAW (at the request of Mr. BOEHNER) for today on account of a family medical issue.

ENROLLED BILLS SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled bills and a joint resolution of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 2245. An act to authorize the President, in conjunction with the 40th anniversary of the historic and first lunar landing