

**Sen. Barack Obama Discusses Health Care Reform Plan  
Iowa City, Iowa  
May 29, 2007**

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**PAULINE TAYLOR, R.N.:** Health care is important to me for a number of reasons, first of all because of my profession. I'm a staff nurse in the main operating room here at University Hospital. I've been at UIHC since graduating from the college of nursing in 1974. For those of you with quick math skills in the room, yes, that is 33 years which is a long time.

[Applause]

I choose to stay at UIHC rather than go back to my home town of Des Moines because I believed it would provide a good learning experience for a new grad and it has not disappointed me.

As I glance over at the historic symbol for University Hospital, the Gothic Tower, I'm reminded not only of the hospital's purpose of teaching and research but of caring for the citizens of Iowa. One such person was my husband, Rick Taylor. He always delighted in telling the story in how, as a child, he was having seizures and his local doctor could not determine the cause. His mother decided to bring him to University Hospital where a young doctor quickly diagnosed him as diabetic. For many years, Rick would tell everyone that that young doctor had saved his life with that diagnosis. However, during his adult life he suffered the ravages of diabetes: retinopathy, neuropathy,

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cardiovascular disease and renal failure. This would bring us to know firsthand the high cost of clinic visits, lab work, multiple surgeries including transplants, dialysis and, of course, medications.

One of Rick's dreams was that researchers would one day find a cure for diabetes so that no one else would have to go through what he had been through. He was very politically active and he took every opportunity to talk to politicians, from governors to senators to vice presidents, about the need for research funding and the increasing cost for health care. As a union plumber, Rick knew that having a union assured good working conditions and the maintaining of standards.

A few years back, when financial concerns lead the hospital to begin restructuring and downsizing, he worried that the standards of quality care would be affected. So he was instrumental in the effort to organize the professional and scientific staff at UIHC into a union which was the Service Employees International Union, or SCIU. As a staff nurse at UIHC, I am a member of SCIU and as a member, I am also a health care voter with Iowa for Health Care.

For the past five years, activists with Iowa for Health Care had been working in our state to raise awareness of our country's health care crisis, asking for common sense solutions. Health care costs have continued to rise, making

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it increasingly unaffordable, so not only do we have uninsured in the State of Iowa, but underinsured. The system as we knew it is broken. Senator Obama has pledged that we will have universal health care for all by the end of his first term.

[Applause]

**ROSIE HUSSEY [misspelled?]:** Good morning. Thank you for having me here today. I am Rosie Hussey, CEO of a small nonprofit located in Mason City, Iowa. I've come here to share my story of health care costs and the potential choices facing employers such as myself.

Upon the annual review of our insurance coverage, our provider declared that the cost of our coverage would increase 27-percent. One year, 27-percent. What is a small business to do? As an employer of only 12 people, the choices are limited and tough. Do we increase a deductible yet again? It drives down the cost, but will it result in employees not seeking medical care? Do we decrease coverage, yet again denying our employees insurance coverage of potentially lifesaving medical procedures? Do we accept the increase and cut other employee benefits or service to our customers? None of these choices provide affordable, high-quality health care. So, I would like to express my appreciation to Senator Obama for taking the time to listen

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to my story and the many other stories just like it across America as he formulated his plan.

Senator Obama held a health care forum in Mason City a number of weeks ago. He asked us to share our issues with health care and our various situations. He listened. A man who listens can be a rare find. [Laughter, applause] Thank you. But what is most impressive is that he is a man who listens not just to the experts, not just to the elite, but to real people with real health care issues. To real people from real places like Tipton, Mount Vernon, Swicher, West Branch and Mason City. Real people who face real choices between paying their bills and receiving health care. Join me today as we welcome a man who listens, Senator Barack Obama.

[Applause]

**SENATOR BARACK OBAMA:** Well, thank you so much for that wonderful introduction and thank you all for taking the time to be here. I am very grateful to all of you. There are a lot of dignitaries in the room. I know I see the mayor here so I want to acknowledge him, but mainly I want to acknowledge all the wonderful people who helped put this together. I want to thank the University of Iowa Hospitals and Clinic, the medical campus and the facility for welcoming me here today. Please give a round of applause because they have a wonderful facility here.

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[Applause]

I want to thank all the other elected officials, SEIU nurses, ASME support personnel, Students for Obama - who helped put this together - and to all those who participated in our discussions about health care in Mason City. I want to thank all of you for taking the time to be here. Please give yourselves a round of applause.

[Applause]

I want to thank Pauline and Rosie for their introductions and for sharing their stories and clearly, Rosie consulted with my wife in writing her introduction. [Laughter] I caught that little dig. I was in the back but... about men so, I heard you. [Laughter] and thanks, all of you, for joining me today.

I want to give a special thanks to Amy and Lane Chicos [misspelled?] who are joining me today. Lane couldn't make it but Amy is here and I want to share with you a story that they shared with me. Amy, stand up, just so we can all see you. This is Amy. And a few hours north of here, in the small town of Decora, Amy and Lane run a small business that offers Internet service to their community. They were the very first company to provide broadband access in the remote corner of Northeastern Iowa and every day, hundreds of people count on their services to do their jobs and to live their lives. But today, they are on the brink of bankruptcy, a

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bankruptcy that has nothing to do with any poor business decision they made or slump in the economy that they weren't prepared for.

Lane was diagnosed with cancer when he was 21. He lost a lung, a leg bone and part of a hip. Seventeen years later he is cancer-free, which is a wonderful thing, but the cost of health insurance for him, his wife and his three kids is now over \$1,000 dollars per month. Their family's premiums keep rising hundreds of dollars every year and as hard as they look, they simply can't find another provider that will insure them.

Now, Amy and Lane are now paying 40-percent of their annual income in health care premiums. Let me repeat that: 40-percent of their annual income in health care premiums. They have no retirement plan as a consequence and they have nothing saved. They can no longer afford to buy new clothes or fill up their cars with gas. They've racked up more credit card debt than they know what to do with and Amy wrote to us and said that the day she heard the loan officer say the word "bankruptcy" was one of the worst in her life. And, I'm quoting Amy now.

I really, first of all, want to thank Amy for sharing her story because it is so typical of what's going on around the country. Quote, "My heart was in pain," Amy told us. "This is not who we are. We've done everything right. We've

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done everything we are supposed to do. It's not who we are." And Amy Chicos is right, this isn't who we are. We are not a country who rewards hard work and perseverance with bankruptcy and foreclosures. We are not a country who allows major challenges to go unsolved and unaddressed while our people suffer needlessly. In the richest nation on Earth, it is simply not right that the skyrocketing profits of the drug and the insurance industries are paid for by the skyrocketing premiums that come from the pockets of the American people. This is not who we are and this is not who we have to be.

In the past few months, I've heard stories like Amy's at town halls that we've held in New Hampshire and here in Iowa and all across the country. Stories from people who are hanging on by a thread because of the stack of medical bills they can't pay. People don't know where else to turn for help but who do know that when it comes to health care, we have talked and we have tinkered and let this crisis fester for decades. People who watch us every year, candidates offer up detailed health care plans with great fanfare and promise only to see them crushed under the weight of Washington politics and drug and insurance industry lobbying once the campaign is over.

Well, this cannot be one of those years. We have reached a point in this country where the rising cost of health care has put too many families and businesses on a

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collision course with financial ruin and left too many without coverage at all. Of course, the Democrats and Republicans, small business owners and CEOs have all come to agree it is not sustainable and not acceptable any longer. We often hear the statistic that there are 45 million uninsured Americans, but the biggest reason why they don't have insurance is the same reason why those who do have it are struggling to pay their medical bills. It's just too expensive. Health care premiums have risen nearly 90-percent in the past six years. That's four times faster than wages has gone up. Like the Chicos family, nearly half of all Iowans have said that they've had to cut back on food and heating expenses because of high health care costs. Eleven million insured Americans spent more than a quarter of their salary on health care last year and over half of all personal bankruptcies are now caused by medical bills.

Businesses aren't faring much better. Over half of all small businesses can no longer afford to insure their workers and so many others have responded to rising costs by laying off workers or shutting their doors for good. Some of the biggest corporations in America, giants of industry like GM and Ford, are watching foreign competitors based in countries with universal health care run circles around them, with GM cars containing seven times as much health care cost as a Japanese car.

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This cost crisis is trapping us in a vicious cycle. As premiums rise, more employers drop coverage and more Americans become uninsured. Every time those uninsured walk into an emergency room and receive care that is more expensive because they have nowhere else to turn, there is a hidden tax for the rest of us, as premiums go up by an extra \$922 dollars per family. And as premiums keep rising, more families and businesses drop their coverage and become uninsured.

Now, it would be one thing if all this money was spent on premiums and co-payments and deductibles went directly towards making us healthier and improving the quality of our care, but it doesn't. One out of every \$4 dollars we spend on health care is swallowed up by administrative costs on needless paperwork and antiquated record-keeping that belongs in the last century. The failure to update the way our doctors and hospitals store and share information also leads us to costly errors. Each year, 100,000 Americans die due to medical errors and we lose \$100 billion dollars because of prescription drug errors alone. We also spend far more on treating illnesses and conditions that could have been prevented or managed for far less. Our health care system is turning into a disease care system, where too many plans and providers don't offer or encourage

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check-ups and tests and screening that could have saved thousands of lives and billions of dollars down the road.

Of course, the biggest obstacle in the way of performing this skewed system of needless waste and spiraling cost are those who profit most from the status quo. The drug and insurance companies who pocket a growing chunk of the medical bills that people like Amy and Lane are going bankrupt trying to pay. Since President Bush took office, the single fastest growing component of health care spending has been administrative costs and profits for insurance companies.

Coming in a close second is the amount we spend on prescription drugs. In 2006, five of the biggest drug and insurance companies were among the 50 most profitable business in the nation. One insurance company CEO received a \$125 million-dollar salary that same year and has been given stock options worth over one billion dollars. As an added perk, he and his wife, of course, get free private health care for as long as they live. Now, making this kind of money costs money, which is why the drug and insurance industries have also spent more than \$1 billion dollars on lobbying and campaign contributions over the last 10 years to block the kind of reform that we need. They've been pretty good at it too, preventing the sale of cheaper prescription drugs, defeating attempts to make it harder for insurance

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companies to deny coverage on the basis of a pre-existing condition.

Now, look, it is perfectly understandable for a business to try and make a profit and every American has the right to make their case to the people who represent us in Washington, but I also believe that every American has the right to affordable health care. [Applause] I also believe that the millions of Americans who can't take their children to a doctor when they get sick have that right. I believe that people like Amy and Lane Chicos, who are on the brink of losing everything that they have worked so hard for, have a right to health care and I believe that no amount of industry profiteering and lobbying should stand in the way of that right any longer. As Amy said, that's not who we are.

We now face an opportunity and an obligation to turn the page on the failed politics of yesterday's health care debate. It's time to bring together businesses, the medical community and members of both parties around a comprehensive solution to this crisis. And it's time to let the drug and insurance industry know that while they get a seat at the table, they don't get to buy every chair.

[Applause]

We can do this. The climate is far different than it was the last time we tried this in the early '90s. Since then, rising costs have caused many more businesses to back

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reform in states from Massachusetts to California.

Democratic and Republican governors and legislators have been way ahead of Washington in passing increasingly bolder initiatives to cover the uninsured and cut costs.

We've had some success in Illinois, my home state, as well. As a state senator, I brought Republicans and Democrats together to pass legislation insuring 20,000 more children, and 65,000 more adults received health care. I offered and passed a bill cracking down on hospital price gouging of uninsured patients and helped expand coverage for routine mammograms for women on Medicaid. We created hospital report cards so that every consumer could see things like the ratio of nurses to patients, the number of annual medical errors and the quality of care they could expect at each hospital and I passed a law that put Illinois on a path to universal health care. It's a goal I believe we can achieve on a national level with the health care plan that I'm outlining today.

The very first promise I made on this campaign was that as president, I will sign a universal health care plan into law by the end of my first term in office.

[Applause]

Today I want to lay out the details of that plan, a plan that not only guarantees coverage for every American, but also brings down the cost of health care and reduces

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every family's premiums by as much as \$2,500. This second part is important because in the end, coverage without cost containment will only shift burdens, not relieve them. So we will take steps to remove the waste and inefficiency from the system so we can bring down costs and improve the quality of our care while we are at it.

My plan begins by covering every American. If you already have health insurance, the only thing that will change for you under this plan is the amount of money you will spend on premiums. That will be less than what you're spending now. If you are one of the 45 million Americans who don't have health insurance, after this plan becomes law, you will have health insurance that's available to you. No one will be turned away because of a pre-existing condition or illness. Everyone will be able to buy into a new health insurance plan that's similar to the one that every federal employee - from a postal worker in Iowa to a congressman in Washington - currently has for themselves. It will cover all essential medical services, including preventative, maternity, disease management and mental health care and will also include high standards for quality and efficiency. If you can't afford this insurance, you'll receive a subsidy to pay for it. If you have children, right on cue, [laughter] your insurance will go with you. If you change jobs, your insurance will go with you. If you need to see a doctor, you

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will not have to wait in long lines for one. If you want more choices, you will also have the option of purchasing a number of affordable private plans that have similar benefits and standards for quality and efficiency.

Now, to help pay for all this, we will ask all but the smallest businesses who don't make a meaningful contribution today to the health care coverage of their employees to do so by supporting this new plan. And we'll also allow the temporary Bush tax cuts for the wealthiest Americans to expire.

[Applause]

But we also have to demand greater efficiencies from the health care system. Today we pay almost twice as much for health care per person than other industrialized nations, and too much of it has nothing to do with patient care. That's why the second part of my health care plan includes five long-overdue steps we will take to bring down costs and bring our health care system into the 21<sup>st</sup> century - steps that will save each American family up to \$2,500 dollars on their premiums.

First, we will reduce costs for businesses and the workers by picking up the tab for some of the most expensive illnesses and conditions. Right now, two out of every 10 patients account for more than 80-percent of all health care costs. These are patients with serious illnesses like cancer

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or heart disease who require the most expensive surgeries and treatments. Insurance companies end up spending a lion's share of their expenses on these patients and they, not surprisingly, pass those expenses onto the rest of us in the form of higher premiums. Under my proposal, the federal government will pay for part of these catastrophic cases, which means that your premiums will go down.

Second, we will finally begin focusing our health care system on preventing costly debilitating conditions in the first place. We all know the saying that an ounce of prevention is worth a pound of cure, but today we are nowhere close to that ounce. We spend less than four cents of every health care dollar on prevention and public health, even though 80-percent of the risk factors involved in the leading causes of disease are behavior-related and thus preventable. The problem is there is currently no financial incentive for health care providers to offer services that will encourage patients to eat right or exercise or go to annual checkups and screenings that can help detect diseases early. The real profit today is made in treating diseases, not preventing them. That's wrong, which is why in our new national health care plan and other participating plans, we will require coverage of evidence-based preventative care services and make sure they are paid for. [Applause] Of course, in the end, prevention only works if we take responsibility for our

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own health and make the right decisions in our own lives. If we eat the right foods, stay active, if we listen to our wives when they tell us to stop smoking... [laughter] so that's something we will talk about during the course of this campaign as well.

Third, we will reduce the cost of our health care by improving the quality of our care. It's estimated that poor-quality care currently costs us up to \$100 billion dollars a year. One study found that in Pennsylvania, Medicare spent \$1 billion dollars a year just on treating infections that patients contracted while at the hospital. Infections that could have easily been prevented by hospitals. This study led to hospitals across the state of Pennsylvania to take action and today, some have completely eliminated infections that used to take hundreds of lives and cost hundreds of thousands of dollars every year.

Much like the hospital report cards we passed in Illinois, my health care proposal will ask hospitals and provides to collect, track and publicly report measures of health care quality. We'll provide the public with information about preventable medical errors, nurse-to-patient ratios and hospital-acquired infections. We'll also so measuring what's effective and what's not when it comes to different drugs and procedures so that patients can finally start making informed choices about the care that's best for

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them. And instead of rewarding providers and physicians only by the sheer quantity of services and procedures they provide, we'll start rewarding them for the quality of the outcomes for their patients.

Fourth, we will reduce waste and inefficiency from moving from a 20<sup>th</sup> century health care industry based on pen and paper to a 21<sup>st</sup> century industry based on the latest information technology. Almost every other industry in the world has saved billions on administrative costs by computerizing all their records and information. Every transaction you make at a bank now costs less than a dollar. Even at the Veterans Administration, where it used to cost \$9 dollars to pull up your medical records, new technology means you can call up the same records on the Internet for next to nothing. But because we haven't updated technology in the rest of the health care industry, a single transaction still costs up to \$25 dollars.

This is a reform that is long overdue. By moving to electronic medical records, we can give doctors and nurses easy access to all the necessary information about their patients. So if they type in a certain prescription, for example, a patient's allergies will pop up right on the screen. This will reduce deadly medical errors. It will also shorten the length of hospital stays, ensure that nurses can

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spend less time on paperwork and more time with patients, and save billions and billions of dollars in the process.

Finally, we will break the stranglehold that a few big drug and insurance companies have on the health care market. We all value the medical cures and innovations that the pharmaceutical industry has developed over the years, but it has become clear that some of these companies are dramatically overcharging Americans for what they offer. They sell the exact same drugs here in America for double the price of what they charge in Europe and Canada. They'll push expensive products on doctors by showering them with gifts, spend more to market and advertise their drugs than to research and develop them, and when a generic drug maker comes along and wants to sell the same product for cheaper, the brand-name manufacturers will actually pay off the generic ones so they can preserve their monopolies and keep charging the rest of us higher prices. We just don't have to stand for that anymore.

So under my plan, we will make generic drugs more available to consumers, we will tell the drug companies that their days of forcing affordable prescription drugs out of the market are over. And it's not just the big drug companies that manipulate the market. In the last 10 years, we have seen over 400 health insurance mergers. Right here in Iowa, just three companies control more than three-quarters of the

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health insurance market. Now, these changes were supposed to increase efficiency in the industry, but what's really increased is the amount of money we're paying for it, and this is wrong. When I'm president, we are going to make drug and insurance companies compete for their customers, just like every other business in America. We'll investigate and prosecute the monopolization of the insurance industry. And where we do find places where insurance companies aren't competitive, we will make them pay a reasonable share of their profits on the patients they should be caring for in the first place. Because that's what is the right thing to do.

[Applause]

Now, we're a country that looks at the thousands of stories just like Amy and Lane's, stories that we've heard and told for decades, and realize that our American story calls on us to write them a hopeful, happier ending. After all, that's what we've done before. Half a century ago, American found itself in the mist of another health care crisis for millions of elderly Americans. The single greatest cause of poverty and hardship was the crippling cost of their health care. A third of all elderly Americans lived in poverty and nearly half had no health insurance at all. As health care and hospital costs continue to rise, more and more private insurers simply refused to insure the elderly,

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believing they were too great a risk to care for. The resistance to action was fierce. Proponents to health care reform were opposed by well-financed, well-connected interest groups who spared no expense in telling the American people that these efforts were "dangerous or unAmerican or revolutionary or even deadly," and yet the reforms marched on. They testified before Congress and they took their case to the country and they introduced dozens of different proposals but always, always they stood firm on their goal to provide affordable health care for every American senior.

And finally, after years of advocacy and negotiation and plenty of setbacks, President Lyndon Johnson signed the Medicare bill into law on July 30, 1965. The signing ceremony was held in Missouri in a town called Independence, with the man who issued the call for universal health care during his own presidency, Harry Truman. And as he stood with Truman by his side and signed what would become one of the most successful government programs in history, a program that had seemed impossible for so long, President Johnson looked out at the crowd and said, "History shapes men, but it is necessary faith of leadership that men can help shape history."

Never forget that we have it within our power to shape history in this country. It's not in our character to sit idly by as victims of fate or circumstance, for we are

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people of action and innovation, forever pushing the boundaries of what's possible.

Now's the time to push those boundaries once more. We've come so far in the debate on health care in this country, but now we must finally answer the call issued by Truman, advanced by Johnson and pushed along by the simple power of the stories like the one told by Amy Chicos here today. The time has come for affordable universal health care in this country and I look forward to working with all of you to meet this challenge in the weeks and months to come. Thank you very much. [Applause] Thank you.

I want to make sure everybody gets a good look at Amy, because it's her story that allows us to be able to do this. Thank you so much.

[END RECORDING]

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