

## **Interview: Kaiser Conversations on Health with Former HHS Secretary Tommy Thompson March 24, 2005**

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[START RECORDING]

**DREW ALTMAN:** I'm Drew Altman. I think I know almost everyone in this room. Let me welcome you to the Barbara Jordan Conference Center and this conversation is on health with Jackie Judd, Secretary Tommy Thompson. I would also like to welcome our kaisernetwork.org viewers all around the country. And I have a couple of jobs here. One is to remind our viewers that you can email your questions to Secretary Thompson at conversations@kff.org. We really want you to email. So that's conversations@kff.org. And if you email right away, you'll get a set of ginsu knives and a complete set of Kaiser fact sheets absolutely free. I'll do even better than that. We'll give you, if you email right now - we actually have a lot of emails already. I think Jackie has got them in her pocket. We'll give you a beautiful matched pair of Medicare policy briefs autographed by Trisha Newman, a priceless value.

In addition to welcoming all of you and also welcoming our viewers today, I also want to recognize a very special audience that is here today, our current board of the Kaiser Family Foundation and the merited trustees of the Kaiser Family Foundation as well. A disproportionate share of all the bosses I've ever had in my life are in the room. But I'm happy to say that a disproportionate share of all the good friends I've ever had in my life. And just so you get this, our past trustees

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come back and check on us once every year. It's an absolutely unique, warm and fuzzy Serbians Oxley moment, the only one I guess. As many of you know, I think most of you have actually been in these facilities before but not all of you.

We built these facilities now. We opened almost exactly two years ago and we use them as a home for our Barbra Jordan Conference Center and for events like this. We use them as a home for our broadcast studio. We use them as a home for our wonderful Washington D.C. based staff as well. And we make them available, free of charge, to non-profit groups who can make good use of them as hundreds, literally hundreds have since we opened, which is something that we have felt very, very good about. The building is a couple of years old but conversations on health is a relatively new theory that we initiated shortly after Jackie joined the staff. And we developed it to facilitate more in depth discussion of health care issues and also to spotlight people who had played really important leadership roles in our healthcare system.

In healthcare terms I kind of think of it as respite care or just a break from the daily sound bytes and the daily food fights which so dominate our lives, which is not to say that we, or Jackie, are in any way opposed to conversations on health making news if the Secretary wants to do that. And so if you want to tell us what's been going on in that super secret project on the 45<sup>th</sup> floor of the Humphrey Building for

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the last four years. I'm sure, in particular, the journalists in the room would be very happy to know. We have now gone from our very first conversations on health, which was with Bono to this, our fourth conversations on health, with Tommy Thompson. So I can say with some confidence that the probability that we will have to bleep out language has been greatly reduced overtime. And our next conversations on health is with Governor Warner and that is on April 14<sup>th</sup>. So please be with us on that occasion as well.

Finally, as you may have noticed, this is as unsubstantive as any of you have ever heard me be in this room because today I am here as your host and doorman. And I have one, just one, very important assignment and it is to introduce the Secretary, but not Tommy Thompson, our distinguished and wonderful trustee, the President of the University of Miami, and the most powerful woman in American sports, Secretary Donna Shalala.

**DONNA E. SHALALA:** Thank you very much, Drew. It's been a pleasure and very exciting to serve on the board of the Henry J. Kaiser Family Foundation. This is a unique organization as we all well know. I'm delighted to introduce my former boss, see I once worked for Secretary Thompson. Not, of course, at HHS but in Wisconsin where he was the most creative of governors. And as I've indicated to him I have long believed that republican governors have a particular

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sensitivity to higher education, but he was better than that. It was not only his commitment to higher education and to building a great research university in Madison, but more importantly his sophisticated understanding of biotechnology, of issues like stem cell, which he carried on in his roll as Secretary.

Four years ago I had the pleasure of introducing him, then Governor Thompson, to a couple of other influential groups in this town, the senate finance committee and the senate health and education labor and pensions committee who, of course, holding his conformation hearings. At that time I told the senators about his creativity as governor but also his compassionate and practical leadership that he would bring to the nation. He spent the next four years doing exactly that. Everybody knows his most public accomplishments such as helping to get legislature enacted to add a prescription drug benefit to the Medicare program, the largest expansion of Medicare, really of any government program since social security and Medicare and Medicaid were put in place.

He also pushed very hard to expand the use of technology, to improve the quality of healthcare and creating the nation's first healthcare IT [inaudible] lead our efforts to tap technology to improve patient's safety and to lower medical costs. And Secretary Thompson reenergized the idea of medical diplomacy and, as many people know in this room, his

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leadership of the Global Fund to fight AIDS, tuberculosis and Malaria and the fact that he traveled to more than 30 countries with the idea that we can strengthen our alliances by helping to fight AIDS, Malaria and other devastating disease.

He took on a lot less glamorous task, including the issue of obesity. He saw the statistics and he took action. And his leadership on these issues created a national effort. He, himself, ate healthier foods so he got the kind of street credibility that all secretaries like to have. But while he tackled the big picture stuff, he was also congoing the fast food industry to put healthier options on their menus. Tommy Thompson has a wonderful personal touch. You'll find him outside the department on September 12<sup>th</sup>, the aftermath of 9/11 reaching out to people and officials on the ground all around the country, but also helping the people in the department to understand that they had done everything they could to help.

In years since then the department has stepped up its emergency preparedness and HSS and much better prepared with its new command center, not only to track health crisis but to coordinate a response within the federal government. The nation is better because Tommy Thompson served as Secretary. I'm delighted to call him my friend. I enjoyed working with him. And I'm very pleased to be here today. And now we go to the video. Our good friends in Milwaukee at WTMJ prepared a video about him and I'd like to introduce it now.

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[VIDEO PLAYING: The Secretary of Health and Human Services for the Bush Administration will leave next week. And today I had a chance to talk with Tommy Thompson about how the last four years have changed him. You know me I'm Irish and I'm very emotional. Whether it's a final thank you from the nation's tribal leaders or a final interview with the Milwaukee TV station, Tommy Thompson is feeling a million emotions these days. Thompson says after a tough first year he grew to love his job. And says the opportunity to travel and see the best and worse the world has to offer has changed him. I've become a much more rounded person. I'm much more compassionate and understanding than I ever was before. And I think it's changed me for the better. And after the interview he is eager to show me his [inaudible] room again, something he created and we first reported on shortly after 9/11. So tell me about the changes you've made in here? You've got to see one. We're doing - did you see this over here? It's this room that monitors the world's health crisis that may perhaps best symbolize Thompson's four years. New technology and a new world view for his department. Now the question is, what about his new job? While not offering specifics Thompson says he'll run a business at an office in Milwaukee and also wants to speak and right. And the kid from Elroy also says he might have one more job to add to his resume. Harvard is putting on a big push for me to teach at Harvard and I never thought I'd

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ever be on the Harvard Campus as a Professor. Now that was some of the humor that made Tommy Thompson one of Wisconsin's most popular officials. He admits he's not sure how he'll like the private sector and he says if he doesn't like it, who knows. Maybe he'll run for office again or look for an appointed job.]

**JACKIE JUDD:** Let me add my welcome. Since that report was aired you've joined Akin Gump as a partner. You've joined Deloy and Toosh. You've joined a local company in Wisconsin. Is Harvard still in the mix?

**TOMMY THOMPSON:** I was up to see David Elwood about three weeks ago and he wants me to come up and teach a course on medical diplomacy, one of my passions this fall. If I can work it out, I'd love to do it because I'd love to really start articulating more arguments for changing our foreign diplomacy towards substituting medical diplomacy. And if I can do that at Harvard, I would consider it an honor.

**JACKIE JUDD:** For those in the audience who don't know what you're talking about when you use that phrase which you coin medical diplomacy, what is it? I know you've heard - I've heard you describe it as one of the most exciting things a government can do.

**TOMMY THOMPSON:** Well we have such a wealth of talent and such a great medical system in this great country of the United States. And there are so many people hurting around the

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world. And you go to Afghanistan and see the women and children who are being deprived. The fact that 16 percent of the babies die in childbirth, one out of four children die before age five and it is the worse country in the world for maternal death. You go to Iraq and see what devastation Saddam Hussein did to that country as it relates to medical and health policy and healthcare. And then you go to Africa, the whole continent is just suffering miserably from AIDS, tuberculosis and Malaria. But every place that I've visited, and there were 38 countries in the last four years, every person, every family that I interacted with, always was concerned about their own public health as well as their own personal health as well as the families. And I thought to myself if you really want to transform and we really build America's prominence and imminence around the world, what better way than to export our medical assistance, our expertise to those countries.

And that's why I substituted medical diplomacy. I think if we really want to win this War on Terror, it's going to be much better through humanitarian means and through medical diplomacy than any other means. And that's why when I went to Africa, I went to visit women and children right in their - right in their homes, in their mud huts that were suffering from AIDS. And I spent - I'll always remember the day when I went to see this woman called Rosemary whose husband died in '94 from AIDS, leaving her with four children. In '95

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her brother died leaving her with three more children to raise plus an elderly mother, all from AIDS. And she was HIV positive. In 2001, she was already ready to die, and devastation. And then the department started giving her retroviral drugs.

And I went to her mud hut, which was just very small, which she and seven children lived in. And she was HIV positive, expecting to see a really deprived, depressed woman, a sickly one. Instead I found this very vibrant, articulate African-American woman. And all she wanted to do is thank America for giving her the help, giving her the opportunity to live and being able to raise her seven children so they don't become part of the orphans, the legion of orphans in Africa. And I thought to myself, that really struck home to me. And I walked out of there and I went back to the group that I was leading and I said, you know, this is what we have to do in America. We have to make sure that these individuals get the medicines and the help. And that's when I - that's when I coined the word medical diplomacy and I strongly believe in it.

**JACKIE JUDD:** And I'm presuming that it's some of those trips that you just described that made you, and the words that you used in that TV report, more compassionate than you ever had been. And I'm wondering if looking back on your career in public service, would you have done anything different given what you're describing as this new found compassion? Any

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policies that you would have pursued -

**TOMMY THOMPSON:** I think you learn from your experience. I think, you know, you have the opportunity to grow with new experiences and new opportunities. I was privileged. I was privileged to have followed a wonderful previous Secretary of Health Donna Shalala. I thank her so very much for what she did. And I was privileged to lead, which I consider the greatest department of federal government. You know, President Bush campaigned on being a compassionate conservative, but it's the Department of Health and Human Service who defines what compassion conservatism is or compassion. Not only in this country but worldwide. Everybody - you know, you talk to people. People are concerned about their health and the Department of Health and Human Service interacts with every man, woman and child every single day in America.

**JACKIE JUDD:** And is there any piece that you would have done slightly differently today in 2005?

**TOMMY THOMPSON:** If what?

**JACKIE JUDD:** Well you talked about how you're more compassionate now and I'm just wondering if you have a different world view that would have led you to different positions?

**TOMMY THOMPSON:** Oh, sure. There's no question about it.

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**JACKIE JUDD:** How so?

**TOMMY THOMPSON:** I'm much more worldly, and I'm much more interested in making sure that we in America see the world as a whole instead of being this great powerful country and looking for the opportunities to, you know, to export what is so darn in this country and that's our medical system even though it has got a lot of stress and strain. And I think it is the humanitarianism and the compassion that I have witnessed in that department and the opportunities that we have as country really, you know, to build upon the prior achievements like the Marshall Plan and now go one step further.

And I think, you know, the Tsunami was a prime example, you know. Indonesia didn't want anything to do with America and our department plus the outpouring of support from corporate America and from individual groups like the Kaiser Foundation and all over America sent so much hope and health and assistance to the people in Indonesia that their whole attitude about America and about what we stand for has changed. And that cannot only change in Indonesia, it can change in China, it can change in Iraq, it can change in the Middle East. And that's what we should be doing. That's what I believe we should be promoting as a country.

**JACKIE JUDD:** And one of the organizations that is involved in helping third world countries, in particular the World Bank, I have to ask you, what do you think of Paul

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Wolfowitz as the nominee?

**TOMMY THOMPSON:** Well, you know, a know Paul. He is a very capable -

**JACKIE JUDD:** Is he the right person for this job?

**TOMMY THOMPSON:** Well, that's not for me to say.

**JACKIE JUDD:** Sure it is.

**TOMMY THOMPSON:** No, it is not. I mean you'll ask me some questions that I will answer directly, but I don't want to get into personal characteristics or anything like that. I think Paul Wolfowitz is a very talented individual and you grow on the job. And I am confident that Paul Wolfowitz, if he becomes the head of the World Bank, will do a fine, credible job and I think he will be a very compassionate individual. I think the job and the situation changes individuals like it has changed me. And I think it will change Paul Wolfowitz for the better and make the World Bank - and Paul's got the ability to attract a lot of resources and a lot of help. So I think he will do a good job.

**JACKIE JUDD:** One of the reasons why reporters in Washington have always enjoyed covering you is because of your candor, your unusual candor for politicians. And you did not disappoint at your farewell news conference at HHS.

**TOMMY THOMPSON:** Right.

**JACKIE JUDD:** The headline was the vulnerability of the food supply. But also at that news conference when you were

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being asked about the Medicare Modernization Act you said, I would have like to have the opportunity to negotiate, meaning prices for drugs. Tell us more.

**TOMMY THOMPSON:** You really do want to get me in trouble, which is fine. I enjoy it. First off on the food, on the food, it's things I've been saying for a long time. I think that the food supply in America needs to have a continuation of a very vigilant eye. What I was trying to do with my statement was to alert Congress that their job is not over just because we have improved the food security. It's not over. You've got to continue to look at it and find ways to add resources for inspections and for ways in which to attract and track any kind of diliteration of the food. And it's going to be a big responsibility. And I'm satisfied with what we were able to accomplish, but I'm really not entirely sure that we've done enough as far as making sure that our food is safe and secure for our consumption here in America and I think we need to do so.

In regards - in regards to negotiating, I really think, you know, the department, the Veteran's Department do a wonderful job of negotiating with pharmaceutical industry - with the pharmaceutical industry in regards to reducing prices for the Veterans. And they've purchased a lot of drugs, not only for Veterans for other things. And I got involved when we were talking about small pox way back when I started out as

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Secretary. And I got a chance to negotiate with a company from Germany in regards. And, you know, we were able to reduce the price very much of that particular drug. And I looked at it and I said this is something. You talk about the drug prices in America and the Secretary, I believe, should have that authority.

**JACKIE JUDD:** Did you tell that to the President?

**TOMMY THOMPSON:** It was not the President I was trying to convince. I was trying to convince Congress. When we were doing Medicare I was involved in the - too many sessions, but I was involved in a lot of sessions during the negotiations of the Medicare Modernization Act and I suggested at that time to the conferees that this is something that we should be able to do or I should be able to do or all future secretaries should have that responsibility.

**JACKIE JUDD:** And that it is not a part of the current legislation, what do you think that will do to the cost of this program?

**TOMMY THOMPSON:** Oh, I don't think it's going to do anything to the cost of the program. I think the cost of the program will continue to go up. I think our Secretary of Health with the awesome purchasing power would have the opportunity to reduce the prices and I think that's what a Secretary should have. But it is a minority view within my party, I believe, and I believe within Congress.

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**JACKIE JUDD:** Would you want Congress to go back and revisit this issue?

**TOMMY THOMPSON:** I, you know, I happen to believe that Medicare and healthcare needs to be reviewed by Congress. I really sincerely believe that our healthcare system is the best that we have in the world but I really believe that it is strained and stressed. And I would like to see Congress go back and take a look at Medicare, but I would much whether have Congress take a look at ways in which we could come up with a new legislation as far as the uninsured and as far as technology and as far as preventative health. I think, you know, the healthcare system, if you're going to really look at it and make dramatic changes, which I believe we have to do in order to protect and preserve the Medicare health - or the healthcare system in America, you first have to look at the cost drivers. It's \$1.7 trillion for the healthcare system right now. That's 15.4 percent. In the next eight years, by 2013, it's going to go from \$1.7 trillion to \$3.4 trillion and it's going to go up to 18.5 percent of the GDP and I think that's a conservative figure.

And when you look at the European countries, German and Switzerland, the next highest at 11 percent, and then you also look at what it's cost General Motors. It's \$1,400 for every automobile. Before they bolt one bolt into any part of the car they have to pay \$1,400 to subsidize their healthcare system,

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which makes them very much on a on competitive kind of situation with the individuals from German and Japan manufacturers because they don't have that cost, and it is going to continue to drive it. So then you have to look at how you reduce that and you have to look at where the drivers - where the cost drivers are. And out of the \$1.7 trillion, 75 percent goes to chronic illnesses. In America we're not that healthy. 125 million Americans have one or more chronic illnesses and seven out of ten deaths in America are caused by chronic illnesses. A lot of which can be changed by changing lifestyles.

And you take a look at those lifestyles and then you break down the figures even more. \$155 billion a year on tobacco related illnesses and 442,000 Americans die. I mean that's ridiculous. Tobacco should be regulated by FDA and it should have an increased tax on it and those taxes should go right into a formula for - not for the government to spend but for individual smokers to be able to get the kind of medicines necessary to stop smoking. Seventy percent of the smokers want to stop. So why don't we - why don't we give them the opportunity and the resources to do so. You're going to save money for the government and you tax the smokers in order to have them get the necessary resources to stop smoking. To me it's a wonderful deal.

**JACKIE JUDD:** But short of lifestyle changes that would

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**TOMMY THOMPSON:** So if you want to be controversial, now this is going to - there's the - you got -

**JACKIE JUDD:** Whoever is running the mike doesn't like what you're saying.

**TOMMY THOMPSON:** I see my advisor back - I see my advisor back there shaking his head knowing he's at it again.

**JACKIE JUDD:** But short of bringing cost down through healthier lifestyles would you also advocate reducing some benefits in Medicare or Medicaid to reduce costs?

**TOMMY THOMPSON:** I'm not one that goes into looking at cutting benefits. I'm looking at ways in which we can make America healthy. That's just tobacco, that's \$155 billion. Then you take a look at diabetes, \$1 out of \$8 goes for diabetes. 18 million Americans are Type II diabetic, but the thing that scares me is that there's 41 million more that are pre diabetic. And NIH has done an exhaustive study that says if you walk 30 minutes a day - and everyone of us can walk. I mean get a pedometer. I hand them out like left and right, and then you lose five to ten percent of your body weight. That's \$135 billion.

But in the next five years with 41 million more that are pre diabetic, you're not going to be able to sustain that financially. And then you got the biggest problem is obesity. We're just too darn fat. And I come from the state of Wisconsin

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where every meal can be better with butter and cheese and beer and brats.

**JACKIE JUDD:** The cheese lobby is going to come after you know.

**TOMMY THOMPSON:** No, I still love cheese, but I mean you can do it in moderation and then you don't have to it two brats, you can eat one brat. And then when you're watching television, do some pushups. I started out doing ten and I do 60 now everyday. And that's what people have to do. Start taking care of - that's how you change it. Instead of cutting benefits let's get America healthy and preventative health. And you know, it is really strange, our healthcare system is based on curative health and we teach it in college. First we've got to start changing our medical schools to start talking about preventative health.

And, you know, there's no question that's where your big savings are going to be in the healthcare system. The next big savings is not in cutting benefits but it's in technology. 100,000 Americans die each year from medical mistakes. But, you know, a study done by the Institute of Medicine - there's ran studies that say that 55 percent of the individual decisions made in healthcare could be erroneous. 45 percent or 55 percent are correct. I mean that's not very good. And in this great country all doctors, all individuals going into medical school, got to get straight As in any medical school

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you want except for one grade. Do you know what that one grade is? Handwriting. And doctor's still can't write legibly and they need to use technology. E-prescribing will -

**JACKIE JUDD:** Well, there was a new study that came out this week that showed even when doctors were using computers to put in prescriptions, they were still making mistakes.

**TOMMY THOMPSON:** But they are fewer, much fewer. And the - and when they start e-prescribing, you know, the technology can tell you if there's going to be any contra indicators. You know, whether the medicine is being prescribed is going to accomplish what you want or whether or not it's going to have a reaction. You know, this is the kind of - we've got the technology. You know, you can -

**JACKIE JUDD:** But I still want to take you where you don't want to go, okay.

**TOMMY THOMPSON:** No. I know. You're doing your job. You want to get me in trouble, but go ahead. I'm in the private sector now.

**JACKIE JUDD:** I want to move onto Medicaid for a moment. And as you know the President is proposing a \$60 billion reduction in ten years, about a two percent reduction in spending. The National Governor's Association is not wild about the idea. If you were still a governor, where would be on the issue?

**TOMMY THOMPSON:** I would be - if I was a governor right

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now, I would be leading an effort to completely transform Medicaid. Medicaid is - and I'm sad I didn't get that done when I was Secretary of Health and Human Services because I was tried and I was unable to convince the governors that this is what they should do. You can't continue on with Medicaid the way it is. It's got to have a complete transformation. What you need to do in Medicaid - and that's why I think if I was a governor, I would be on the stand of working with the department to come up with a complete radical change of Medicaid.

What I'd like to do is I'd like to split the Medicaid population into two. I'd like to have acute care for those individuals that - families and children, that acute care, take care of that. Put those in and put a higher burden of responsibility on administering acute care to the individual states. Then I'd put long-term care, which is the biggest driver, the fact with our demographics, you know, the fact that we're getting older in our society is going to be a bigger responsibility, a bigger cost item for the states in the future.

I would put a bigger burden on the federal government for providing for long-term care. But I'd also put in incentives for keeping people in their homes longer instead of going through the institutions. Institutional care is very expensive. What you should have to do is you should have to

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provide for care and have caregivers be paid something so that they can take care of mother and dad or grandmother and grandfather. And you would save money and give them a higher quality of life and you would be able to completely transform Medicaid using that example.

And I would - so I would be on the - I would be one of those governors saying, Ladies and gentlemen, we have a problem. Instead of blaming Washington, instead of asking for more money which is not coming, let's transform the system. And that's where I'd be.

**JACKIE JUDD:** Okay. I want to switch gears here and then I'm going to open it up to questions from audience.

**TOMMY THOMPSON:** Sure.

**JACKIE JUDD:** You did an interview last year with Health Affairs I which you gave an extremely cynical view of the bureaucracy in Washington. You said, In Washington its manana big time. You describe the OMB as a super God.

**TOMMY THOMPSON:** Super God, right.

**JACKIE JUDD:** Who turned you down just to show you who is boss. Then it goes to the White House Intelligencia who believe that nothing good can come out of federal departments. Is it as bad as that, number one? And number two, what idea did you try to shove through that system that you most regret didn't happen because of the way the bureaucracy is constructed?

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**TOMMY THOMPSON:** Well, first off, I really sincerely believe - I think the question was asked as to how do you compare state government versus federal government? And I give this example, state government you can, which I do, I have this propensity for waking up a three o'clock in the morning and coming up with an idea. And - that's my cell phone.

**JACKIE JUDD:** It's either Akin Gump, Duloid Toosh or the Wisconsin Company or Harvard.

**TOMMY THOMPSON:** Or saying that I should not be -

**JACKIE JUDD:** So as you were saying.

**TOMMY THOMPSON:** But I have these ideas You know, I write them down and sometimes it's seven o'clock when I wake up and holy cow, that is really stupid or that's good. But as governor I can go in and get somebody working on them. By one o'clock we can have some action done on it. I come to Washington as Secretary - or I came to Washington as Secretary and still have the ideas but now I have the responsibility of vetting it thorough 67,000 individuals in the department, all of which were wonderful people. I think the greatest people in the world work for the Department of Health and Human Services. But they all have their own individual biases and opinions so it is difficult to get an idea through that bureaucracy.

Then it goes over to the super God, and I didn't know we had a super God in our society, and that's ONB. And they turn you down nine times out of ten just to show you, you know,

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that they are the boss. And then it goes on to the super intellegincia in the White House who do not believe that anything smart or original can come from the Secretary or the department. And then goes on to the President, and if the President does think it's a good idea, it goes on to Congress. And if Congress does ever does approve it, it's time to retire. That's why nothing gets done in Washington.

**JACKIE JUDD:** Is that why you didn't stay for eight years? Was it just - was it just too hard?

**TOMMY THOMPSON:** No, it wasn't. Thirty-eight years in the federal government or in government, public service. And if I was ever going to get into the private sector, I had to do it now. So I decided a little over a year ago that I was going to go out and see if I could, you know, do some good in the private sector. And I'm enjoying it.

**JACKIE JUDD:** Good.

**TOMMY THOMPSON:** And I'm still as opinionated as ever as you can tell. The one thing that I really feel that we didn't get done was Medicaid. I really wanted to get that done because I think it needs to be transformed and I tried the bureaucracy, the bureaucracy of politics. And in Washington it's sad but there's more of a gotcha mentality than a mentality of getting things done. Wonderful people in both political parties. I have great memories and great appreciation for the people who serve but there's just too much

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gotcha, gotcha mentality in Washington. I think for the public good.

**JACKIE JUDD:** Questions from the audience. Yes, why don't we go right here in the middle here. If you could stand, identify yourself and your affiliation, it would make it easier for the cameras.

**DEBRA BARRY:** Debra Barry with Newsday. Just a follow up on your concerns about bio terrorism. Could you give us a sense of how Congress the Administration and even HHS has followed in short on addressing that concern or that threat? And what else could and should the Administration do to make sure we're safe?

**TOMMY THOMPSON:** I disagree with your basic premises that they haven't done. The government has moved light years ahead of where they were when 9/11 started. Nobody ever anticipated or could have ever expected that America could be attacked and we were attacked and we were hurt. And so the government has responded very effectively, spent billions of dollars, it's much better. And the truth of the matter is that our country is getting stronger and better every single day. It doesn't mean that we're, you know, that we'll ever be able to prevent an attack. But the thing is is you're going to be able to respond much quicker than we were ever able to respond before, and that's getting better every single day. So I really believe the effort has been great. The Homeland

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Security, the Administration, Congress. And this is one area on a bipartisan area - you know, I criticized the gotcha mentality but on Homeland Security there's been wonderful bipartisanship and it's been nice to say. And I think the Department of Health and Human Services just has done a wonderful job of getting prepared.

But you know you never - the truth of the matter is they only have to be right once. Homeland Security, Department of Defense, the Administration, and Health and Human Services got to be right a million times. The terrorists only have to be right once in order to injure us. We have to be able to respond, be able to stop and then if something does happen, respond. And I feel good with what we have been able to accomplish but there's still so much more to do because, you know, you still got to be looking at ways in which you can improve the food security in America. You've got to be looking at ways in which you can still find better security for transporting freight in America. You've got to be looking at passenger travel on airline and on trains that carry luggage. You still have, you know, you still have ways to go there.

It's all - you don't change over night. But I think that you have to give our country a great deal of As and kudos as far as getting prepared.

**JACKIE JUDD:** Way over here on the left.

**JOHN K. IGLEHART:** John Iglehart.

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**TOMMY THOMPSON:** Hi, John.

**JOHN K. IGLEHART:** Hi, Tommy. In your vision of dividing Medicaid into two, were you suggesting that you would lodge long-term care and responsibility for that in terms of its financing at the federal level?

**TOMMY THOMPSON:** I would - I would say a higher percentage for that because I think the federal government is the only one that could afford that. This is something, you know, Ronald Regan tried back in 1982, and he came - his Administration came to the governors - or was that in '85. I don't remember. But it was during one of the Regan years. He said if the states would take the responsibility of acute care; the federal government would take the responsibility for the long-term care. And the governors turned it down. I mean they were - it would have been a deal that the governors should have embraced with out even thinking saying that this is the way to go, but they didn't.

**JOHN K. IGLEHART:** Would you envision this has a federal entitlement?

**TOMMY THOMPSON:** Well I would say that the responsibility. I don't know if you want to use the word entitlement because that brings on connotation and baggage that you really don't want to do. I'm looking at ways to get things done and so if you put the word entitlement, it has baggage that makes it more difficult to get through. I would say it's

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a responsibility and it's a way to restructure Medicaid for the better for the country, especially for our senior citizens.

**JACKIE JUDD:** We have an email question from San Francisco. Many in the gay community are concerned about the Administrations turn away from safer sex education as an HIV prevention technique toward a more abstinence based educational policy. Can you shed any light on the evolution of this change and give any thoughts on the potential effectiveness of abstinence only education versus safer sex messaging?

**TOMMY THOMPSON:** Well first off, you're talking to somebody that is adamantly driven to find ways in which we can reduce any kind of transmittal of AIDS virus. So I think you're going to have to do both and I think that - I think the department tried to balance that. I don't think the department went one way or the other. I think you - the Congress and the appropriations that we put through tried to balance it out and I think that's what you have to do in our society.

**JACKIE JUDD:** Have you heard in your travels overseas that same criticism applied in this though that there is too much emphasis on abstinence?

**TOMMY THOMPSON:** I hear it but not as much as the emphasis is in the United States, but you know, it was - a lot of people argued in Congress that they have to have both and that there should be equal split as far as the appropriations. The department tried to comply by having an equal amount of

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money in both sectors and I think we accomplished that. So you can make arguments against the both. In our current political situation I think that it's - I think it's the best thing to do is to balance it out and put equal amount of resources in both areas and I think that's what the Administration is trying to do.

**JACKIE JUDD:** Alan.

**ALAN ROSENTHAL:** Alan Rosenthal, Columbia University.

**TOMMY THOMPSON:** Hi, Alan. How are you?

**ALAN ROSENTHAL:** Good, thanks. How are you, sir? Two quick questions, you stressed the problems of Medicare and Medicaid, which are - the care approach was good but you said very little about the tragedy of the uninsured, some 40 plus million people.

**TOMMY THOMPSON:** Well, nobody's asked me.

**ALAN ROSENTHAL:** Well, I'm asking you now. That's question one. Question two, to go to the AIDS pandemic, what's your sense of the movement through the FDA of the review of the drugs from [inaudible] two Indian companies so that we would indeed have generic, in particular, fixed dosed combinations. I think they are so important for ease of Administration overseas even in addition to the cost. Do you think that's moving and we have a good opportunity -

**TOMMY THOMPSON:** Absolutely, absolutely. Let me - you raised two valid questions. Let me talk about the uninsured.

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First off I think it's something that - that it needs to be addressed. And I mentioned that as some of the things that I would like to see Congress do. Rather than just look at Medicare I would like to see them address the uninsured. My way of addressing the uninsured would be is to require every state governor and state legislature to put all the uninsured in a particular state into an insurable pool. And one third of those individuals in the uninsured [inaudible] make over 50,000 and a good share of those individuals are between the ages of 18 and 35, which are healthy.

So you'd have a pool in every state of uninsured that would be good insurance risk. I mean companies would come in and take a look. You're going to have a lot of individuals that are very sick, they can't get insurance, but overall the group with the individuals that are younger and have the resources and are employed would make this a risk that insurance companies would be able to handle and do it quite competitively. And then I would require the governors and the state legislatures to set up a - either an insurance commission or a commissioner that would negotiate with the companies. Put it out for bids for the whole group, uninsurable risk. And then allow the insurance commission or commissioner to negotiate for a contract for them. And then use the tax credit system to be able to buy down the cost of that group policy. \$1,500 for a single, 2,000 for a single, 3,500 for a 1,000 for

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a group to buy down insurance, and have a basic policy, sort of higher deductibles but basic policy. So it would be relatively reasonable.

And then I would require a stop gap loss of say 75,000 in which the federal government would come in and on a reinsurance program and pay two-thirds or three-quarters and have the state pay a quarter to one-third. And then you'd be able to take the uninsured and be able to really give them an insurance package that could be affordable and you would be able to get a lot of individuals insured.

In regards to the FDA, as you know, we changed the regulations in FDA about a year and a half ago and we allowed the countries from India and Africa to be able to put three components into one and we expedited the review process. My only regret is that not enough companies, the one that you mentioned and the one from India have not applied. There's one that's been applied, in believe, in December or January that's going to go through that I think is going to get prompt approval. We have to do this. And we have to get - we have to get drug therapies as to many people as possible.

I don't think the people in this country fully understand the seriousness of the problem, that 8,500 people are dying each day from HIV/AIDS or complications from HIV virus, but the truth of the matter is and what really scares me is that 14,000 plus are coming down with it each and every day.

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So we are - we are really seriously losing the balance. And if you look at it and really put it into common terms - if we witness in this country 42 super jet planes, carriers, crashing every day and totally annihilating the passengers on it, that's what's happening in the AIDS death across the world. And I don't think the world would stand still for 40 to 42 super jets crashing every day. They'd make some sort of adjustments. And that's what we have to do. And any kind of adjustment we make, making therapy simpler and easier and have them approved by FDA will improve the situation considerably. And we've changed the policies, made it easier, and the ambassador for PEPFAR is doing, I think, a very good job of getting PEPFAR up and running. And he has accepted and will accept the three for one once they've been approved by the FDA. And I think there's only one application right now. So if you've got any influence with the companies from India and Africa to apply for the three for one, they should do it immediately.

**JACKIE JUDD:** A quick question to piggyback on to that.

**TOMMY THOMPSON:** I mean, I think we did this over 18 months ago and only one - now you got three. That's good.

**JACKIE JUDD:** During the presidential debates, I think that if anybody remembers one moment it was during the vice presidential debate when [inaudible] asked the candidates about the impact of HIV/AIDS in the African American community in the United States and both candidates seemed caught unaware, which

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made some reporters, critics, columnists question how serious is this problem being treated?

**TOMMY THOMPSON:** Well I think it's being treated - I think, you know, first off, President Bush is, no matter what your politics are, you've got to give him credit for the fact that he stood up and made a commitment of \$15 billion over five years. That's a wonderful commitment. The second thing is that the Global Fund three years ago was just an idea. And in three years, the Global Fund, we've grown from nothing. The first one was a commitment by President Bush to give \$200 million to them. This year we got \$5.8 billion pledged. We're in 135 countries and have over 200 programs going. That's in three years. I don't know of any other corporation ever in the existence of the world that has grown that rapidly in that short of time and has done that much than the global fund. And it's still - we're just scratching the surface and we're going to have to do more.

I think it's - I think it's a war that all of us have got to be involved in and I think it's something that -

**JACKIE JUDD:** But has the global effort perhaps overtaken the domestic effort?

**TOMMY THOMPSON:** I - know it wouldn't because one-third, 35 percent of the money going into the Global Fund comes from the United States. That's a disproportionate commitment from the United States. So I think you're going to have to get

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- European communities got to get - we've got to get the Middle East involved, we've got to get the Arab countries involved. We have to get more money out of Japan. We have to get more money out of donors. We put in - we send out about \$2 billion a year, less than \$2 billion a year and we should be ramping up so that we could get somewhere in the five, six, seven billion dollars to even start controlling.

And what scares me on the HIV/AIDS virus is the fact that its devastating the whole continent of Africa but it really starting to gain hold in India, in China, in Russia. And those countries, I think China more so than India and Russia, are starting to recognize the seriousness of their problem. We've got to make sure that India and China and Russia and the Eastern European countries start standing up because this is something that you're not going to put the genie back in the bottle unless we start right now.

**JACKIE JUDD:** Question back here.

**STEVE MORRISON:** Steve Morrison from CSIS.

**TOMMY THOMPSON:** Hi, Steve.

**STEVE MORRISON:** Two quick questions, on the Global Fund there's been a lot of strain in this last period in integrating our multilateral interest in seeing the fund succeed against the domestic pressures that Jackie is alluding to but also the bilateral program, the PEPFAR Program.

**TOMMY THOMPSON:** Right.

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**STEVE MORRISON:** And your diplomacy was very intricate at keeping the fund moving forward.

**TOMMY THOMPSON:** Thank you.

**STEVE MORRISON:** Can you tell us a bit more about what you see looking out into the future, which is an uncertain future for the fund, as far as what the requirements are going to be in terms of diplomatic leadership. The second question has to do with Governor Whitman's book in which she - and it bears some resemblances to some of what you talked about in terms of in that book talking for the need of a pragmatic, centrist, inclusionary style of leadership within the Republican party and calling for renewed efforts in that regard. Did you have a chance to look at that book and do you have any comments on her argument? She cites you quite positively in terms of the type of leadership that she's looking for.

**TOMMY THOMPSON:** Let me talk to you about the Global Fund because I'm concerned about the Global Fund. It's - if you look at the AIDS battle, it grows by fits and starts. For a period of time people get very focused on HIV/AIDS and they do a lot of positive things, but it doesn't seem to carry through. And in the United States we were very concerned about it and then the number of infections slowed down so people's interest slowed down. And then it's really catching kind of an emergency all over Africa. People started focusing again on it

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and then the Global Fund started focusing in on it, bringing people's focus back to the AIDS question. And now I'm sensing, you know, with the Global Fund, PEPFAR, there was a lot of interest, but I'm sensing a sort of - and I think that's what you're alluding to, sort of a retrenchment. And I noticing some of the countries that have contributed more money in the past to the Global Fund are starting to pull back a little bit and saying that they can't make the same commitment that they made the previous year. And that bothers me. And April 21<sup>st</sup> is my last meeting as Chairman of the Global Fund and I'm hoping that the board selects a very strong leader to continue because you've got to keep pressing the issue.

And I want to keep speaking out on the AIDS question wherever I go because I think it is so important. And I think you just look at the magnitude of the numbers and how important it is for all Americans and for all the countries, donor countries, to realize that this is a war that we cannot shy away. We can't back away. It's going to get worse. And we've got to keep our commitments up there or else it's going to be a loosing battle, and I think we're already loosing it. I just don't want to lose the war. I want to make sure that we get out there and continue to fight.

In regard to [inaudible] I think he's got great ideas. I think the world of Governor Whitman and, you know, I don't know if all of our conclusions are correct, but I think it's

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certainly something that if you're a partisan, especially if you're a republican partisan, you should read. I have not read it yet I have to say, but I intend to do so.

**JACKIE JUDD:** Question in the corner. Just one question, okay, trustees get two questions.

**HENRY CLAPLE:** Henry Claple, Social Security Administration. Mr. Secretary, as Governor of Wisconsin you were quite a pioneer in terms of really using Medicaid as an incentive to help people with disabilities go or return to work. In light of your comments about reforming the Medicaid program, I'm just wondering how you see those individuals with significant disabilities that rely on both healthcare and the long-term services and supports getting their needs met if they'd like to return to work?

**TOMMY THOMPSON:** Well, I think that the individuals you talked about, the biggest hardship for the individuals who are disabled are the fact that they lose their health insurance when they go to work. And the Pathways to Independence Law that we championed in Wisconsin in which was passed in to the Clinton Administration was a step forward, but there's still - you look at the Medicaid laws and rules and regulations there still are disincentives for individuals that are really disabled from getting back into the work place. That, to me, needs to be changed. I think you should do everything you possibly can to change the rules and the regulations and the

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federal laws, as well as state laws, to allow people with disabilities to be able to earn an independent living and not give up the insurance on Medicaid. You know, I would much rather allow those individuals to get the benefits of Medicaid, but don't deprive them from the opportunity of earning a livelihood and giving them a chance to improve their quality of life by having a job. And I think that's the biggest problem and that's what I would like to change in the complete revelation and complete changing - change over of Medicaid.

**CHARLES [INAUDIBLE]:** Secretary Thompson, Charles [inaudible], Harvard Law School and a Kaiser trustee. Two part question, I think Jackie's last question may have been missed. It was not a question about whether or not the Global Fund and the United States is doing enough to fight AIDS globally. But the question is as we focus on [inaudible], Russia, we focus on Beijing, China, we focus on Africa, we are not paying as much attention as Dr. David Satcher just published in Health Affairs, to the young African America right here in the District of Columbia and women of color throughout the country, whether we have not enough focus. The other side of the question I'd like to ask you as a warrior is your sense about the role of our federal government and our courts this past week, the Terri Schiavo case. That the Congress got involved, passed these new laws, supreme court is involved, Governor Jed Bush had the 11<sup>th</sup> hour appeal last night. Are we doing too

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little in terms of domestic HIV/AIDS in the African American community? Are we doing too much in terms of courts and politicians being involved in healthcare in ways that are unhealthy and unproductive?

**TOMMY THOMPSON:** Let me answer it this way, I really think that we don't do enough domestically or internationally on HIV/AIDS. I think the Bush Administration should be complimented for what they've done because they've brought awareness and more resources to both domestically and internationally. But me personally I don't think we're doing enough. I think we have to try and get more information, more education and more resources put into the AIDS fight domestically and internationally. I really believe that we're not doing enough.

In regards to the Terri Schiavo case, I believe the supreme court ruled about an hour ago to turn down the appeal. It's hard to say whether or not - what side is right on that. It's an emotional issue. And you can put yourself in the situation and being the mother and father of that child you'd do everything and anything you possibly could to sustain the life of your child. And it's an emotional issue so I'm not going to criticize anybody for being involved in that issue. I think those kind of issues are issues that are going to continue to come in front of Congress and Congress is going to react to them. I happen to like the fact that Congress has got

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enough feeling and concern for a dying woman in Florida to get involved in it. So I'm not going to criticize anybody for that. I think the courts have a different responsibility. They have to review the law as it is and they've done that and now hopefully the situation is going to be one in which the parents have had their opportunity to go to court.

**JACKIE JUDD:** We have time for one last question. We received a lot of email questions through the past few days from young people at college campuses. And I think you're going to like this question that I picked.

**TOMMY THOMPSON:** I like all the questions.

**JACKIE JUDD:** As an aspiring Secretary of Health and Human Services what routes would you recommend a young public health professional take? This is from Portland, Oregon.

**TOMMY THOMPSON:** Well, if you look at the history of the Department of Health and Human Services the best chance of becoming Secretary is to grow up in Wisconsin or be associated with Wisconsin. So if that child or that student comes from Wisconsin, their chance of being Secretary have been improved, evidenced by the fact that Donna was there for eight years, I marvel at her stamina and ability, and four years by myself. So that's number one. Number two, I would strongly urge that individual to visit abroad and study abroad whenever they possibly can and see how people live and see the kind of problems out there. Third, I would encourage that young person

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to go to a hospital and go to an AIDS clinic and go to a community health center and spend some time there and get to know the operations. And I am confident from those experiences that individual will be a better person, will learn a lot and be even more driven to go into public health and hopefully become Secretary some day.

**JACKIE JUDD:** Thank you very much. I appreciate your generosity.

**TOMMY THOMPSON:** Thank you, Jackie. Thank you very much.

**JACKIE JUDD:** You've been very gracious and very generous and quite candid and all the reporters in the room appreciate that. We thank you for your time. We wish you well in your future.

**TOMMY THOMPSON:** Thank you very much.

**JACKIE JUDD:** Your busy future. And now you can get that call. Thank you very much.

[END RECORDING]