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## **Briefing: Covering the Uninsured Week Launch May 5, 2004**

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**RISA LAVIZZO-MOUREY:** Good morning. I'm Risa Lavizzo-Mourey, the President and CEO of the Robert Wood Johnson Foundation. This year the Robert Wood Johnson Foundation and its partners have organized the largest mobilization in history around the imperative to provide affordable, accessible and stable healthcare coverage for all Americans, including the 44 million who currently do not have any insurance at all. We are convinced that the public understands the problem and supports a national effort to do something about it. We also believe that the leaders in both the public and the private sectors now concur with the need to find common ground and compromise that will lead to workable solutions. We've been at this for years. When we started this campaign five years ago, the issue of the uninsured wasn't even on the public radar screen. How far we've come. Today, the great majority of Americans agree that solving the problem of the uninsured is very high priority. Members of Congress, the Presidential candidates are putting their own plans out there, which is something that is most welcome. Because solving this problem must transcend ideology and politics. In a moment we will tell you about new research that will give information on how being uninsured affects the lives of people in each of 50 states and the District of Columbia. First though, I want to tell you about Cover the Uninsured Week, what we're doing and why. Ronald Reagan used

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to say the status quo is Latin for the mess we're in. Well, America's health care system is indeed a real mess. Despite the fact that we have the highest and best medical care in the world. The mess is the astonishing reality that nearly 44 million Americans are uninsured and don't have access to even basic care. And their numbers are growing everyday. Our research will show that there is a big difference between the care that the insured Americans get and the uninsured Americans don't get. The uninsured can't even see a doctor when they should and they don't get the care they need. In fact, many low and middle income Americans who lose their jobs also lose their health insurance and find it nearly impossible to replace it. Their families suffer as a result. This is the state of America's health care status quo. It's unfortunate, unhealthy and it's unacceptable. Making it worse, the status quo has become the preferred, although the unannounced policy coverage option. And it's been that way for too many, for too long. The good news though, is that many of the pieces to the puzzle are already on the table. The goal of the Robert Wood Johnson Foundation is to move the country towards the table, towards common ground, towards solutions that we all can agree will create better health for the whole country. Cover the Uninsured Week is next week, May 10<sup>th</sup> through 16<sup>th</sup> and former Presidents Gerald Ford and Jimmy Carter are our National Co-Chairs. Nine former senior officials responsible for the

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health nation during Republican and Democratic administrations are endorsing Cover the Uninsured Week. In the coming days, thousands of business owners, religious leaders, educators, doctors, members of unions, nurses and concerned citizens will stage more than 1,600 events in communities in every state and the District of Columbia. Tens of millions more will get the message through our national advertising. At the heart of Cover the Uninsured Week, is our diverse and influential coalition of 19 national partners and more than 800 other national and local organizations. We're talking about the U.S. Chamber of Commerce, the AFL, CIO doctors, nurses, consumer groups, insurers. None of them is new to the issue of health care coverage. Many of them differ on the nuts and bolts of how to extend coverage to all Americans. All of them have supported the status quo at one time or another. But today, they all agree that the status quo is indeed no longer the preferred policy option. Not with two million people becoming uninsured in the last year. Our partners understand that if we do nothing and nothing changes, this time next year, almost 45 million people will have been out of insurance for almost 12 months. And many more will be uninsured for much shorter periods of time. That's almost 16% of our entire population. Right now, 8 out of 10 working adults, 8 out of 10 of the uninsured are in working families. 8½ million are children. And just when the need for coverage is growing greater, the

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cost of premiums is getting so high and rising so fast that many small business owners have to drop coverage for their employees or risk losing their businesses all together. This is a status quo that hurts more than it helps. It's a status quo that says it's okay for 18,000 people a year to die prematurely because they don't have coverage. A status quo that says it's okay for someone to lose their job and have to forfeit continuing COBRA coverage because they can't afford to pay the premiums. That it's okay to strand small business owners with few affordable options for their employees. And that it's okay for someone to lose public coverage and left with no real private options just because they work harder and earn a little more money. We're still living without coverage, does have real consequences. We asked the State Health Access Data Assistance Center at the University of Minnesota to assess data already collected by the CDC to see what the risks of being uninsured might be. The results are persuasive and give depth and clarity to a picture that up until now was incomplete. The details are in your press kit, but let me just tell you a few of the facts. First, we found that a surprising large proportion of America's workforce does not have coverage of any kind. That means 20 million of the uninsured are working adults. Second, we were able to identify significant disparities that separate insured Americans from uninsured Americans in virtually every state. For example, nearly one in

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five adults report being unable to get the care they need in the last 12 months. 56% of uninsured adults say they do not have a personal doctor or health care provider. Nearly half of uninsured women say they don't get appropriate mammogram screening even though we know that screening for breast cancer saves lives. And the uninsured are twice as likely to report being in poor or fair health than the insured. So the question is, what are we going to do about it? Fortunately, mechanisms for making coverage accessible and affordable are neither mysterious nor beyond our reach. For years, the Robert Wood Johnson Foundation has reported research to identify and develop common sense approaches. And many of our Cover the Uninsured partners have developed their own serious, well researched proposals. The point is, that much of the policy work is already completed, the fiscal implications are already forecast. Some of us like tax credits, others public programs, some business mandates, others individual mandates, some health plans, and some seek combinations. But every time the country gets serious about changing the status quo, too many of us won't budge. The longer we delay, the worse the problem gets. I love the wisdom of African proverbs. There's one that teaches, if the tall grass gets over your house, it's very hard to quench the fire. For the uninsured, we've let the grass grow way too tall and the fire get way too high. However, now, many recognize that in America we can quench the fire if we

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power up the solutions that we know about and make them work. Now please understand we're practical. We're practical and we know enough to understand that this is not going to happen in one fell swoop or during a heated general election year. But we do believe that the efforts we're taking now are opening a window that has long been nailed shut. For the first time in years the economics and moral imperatives for change were widely acknowledged and widely accepted. Just look at the breath of what we are doing this year. At the same time, finally, there is wide agreement that no one's preferred solution is going to carry the day. No one's. Which means the door for common ground and compromise is open. So our purpose this year is to set the stage constructively for purposeful, productive compromise and action next year, no matter who's leading the nation or our institution. It's taken a long time to reach this point. We stayed the course because the Robert Wood Johnson Foundation promises to use its resources in the public's interest. To step forward into common cause with diverse partners, to forge sound new solutions for even the most difficult problems and to make a difference in our lifetime. And there's no better way to underscore the importance of this issue than by seeing the numbers of people that are here and representing us. And I'm going to turn first to doctor, Senator Rockefeller. I was going to give you an honorary degree doctor, Senator. [laughter] First as governor

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of West Virginia, through an 18 career, year career in the Congress, Senator J. Rockefeller has made health care reform a top priority. In 1997, he co-authored the Children's Health Insurance Program legislation, which has resulted in more than five million children becoming insured. He currently serves on the Commerce Veterans' Affairs Foreign Relations Committee and addition serves as the Vice Chairman of the Senate Select Intelligence Committee. He's the Ranking Member on the Health Care Subcommittee of the Senate Finance Committee and all of us at the Robert Wood Johnson Foundation know him well as the Chairman of the Alliance for Health Care Reform. We've considered it an honor to work with the Alliance for these very, very many years. It's my pleasure and my honor to introduce Senator J. Rockefeller.

[APPLAUSE]

**SENATOR J. ROCKEFELLER:** Thank you Risa. Well, I have to do that. [laughter] And many, many thanks to the Robert Wood Johnson Foundation and to all of you. This podium doesn't fit me, [laughter] but I'm never the less going to give a very short speech. What brings us here together and what I hope is a new surge of what happens in America from time to time. We're a [inaudible] people and sometimes we just get it going when things have been working, that we have to do on health

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care coverage for all and universal access to the health care that people need. It's the reason that Risa indicated that quite a long time ago with Senator Jack Danforth, I founded the Alliance for Health Reform, the Co-Chair of which along myself is Senator Bill Frist. And so that's a happy, that's happy. And what we did was that we encouraged bi-partisan efforts, we educated, to the best we could, staff. We've been doing it for a long, long time, a dozen years. We've educated the staff, but we haven't gotten around to the Senators yet. [laughter] Evidently, because we haven't done enough. Senator Frist and I may not agree on everything, but we do agree that we have to do a lot more for the uninsured. That's his passion, that's his profession, it's my passion, stemming primarily from my VISTA days in West Virginia. We all have our work cut out for us. You know the facts, Risa just gave them to you, the 44 million Americans, 8½ million children, the portion of population that's uninsured continues to rise. I think we just have to get back to a higher ground. I think we, somehow we've got to summon the moral compass to get back the higher ground in our discussions about Universal care for the uninsured. We need to put aside obviously partisan allegiance to party, ideology and interest groups and we have to put the uninsured first and foremost. Now that's easy to say, that's hard to do. Let me just, let me make a, have a memory. The State Children's Health Insurance Program was being fought out by the Finance

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Committee in our welter of observers and all kinds of folks and we weren't making any progress. And this was obviously back in 1997. And somebody had the bright idea and I wish it had been myself. We were seated around a big table, we weren't in the usual circular form and somebody said, let's just clear the room of everybody but Senators. We've never done that before. During a market up so to speak. And everybody had to leave, not all of the staff was entirely happy about that. But what happened was extraordinary. People who had never spoken on health care in the Senate Finance Committee in their lives that I could remember, somebody started to get up and say, get up to say, to a table, no reason to get up, just go ahead and speak, but they stood up, they felt so strongly to say it is intolerable that this is being allowed to go on in this country. I'll never forget Frank Murkowski who's, health care was not his specialty, he got up, he was furious. He was furious. Al D'Amato got up. He was furious about this. Orrin Hatch, who does care a lot about health care got up and was just pounding the air as he was standing with anger that we couldn't do this. Same on our side. After about one hour, we had the CHIPS Bill put together. And it passed through the Senate easily. Now why could that happen then and can't happen now? Why can't more revelations and putting together of legislation happen in that form or by whatever form does in fact work? I'm sorry to say that since then, I think we've

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gone downhill. Health Care Trade Associations, special interests are fighting each other for every dollar. One group of health care providers is at war with another. And I feel very strongly about this. That since, some how, after the Clinton effort was tried, which was a large effort that failed, we've become tentative. And so we do incremental things or we don't even do incremental things. But what part of that blame, obviously is on us, largely on us, but part of that blame also goes to the Health Care Trade Associations. Because what's happened is that the thousands of them that exist in this town, representing thoracic surgeons or the durable medical equipment people or whoever it is, they all come in for their own particular cause, to get money for their own particular purpose. So nobody's talking about universal health care, they're talking about, I want to get more money for my share of the pie and so you enter into this zero/some game, somebody gets more, somebody else gets less, they don't want that to happen. It's like when the psychiatrists and the psychologists were fighting over coverage for, by Medicare for the psychologists and you'd thought these two groups would work together, it was one of the greatest wars since the War of the Roses. [laughter] And we have to stop that. We have to understand that if there's going to be universal health care and a universal approach to health care, there has to be a sense of health care. There has to be an ethos of this body

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called health care. Not groups fighting for a greater share of the pie right, of which continues to exist. So as a result, we've had lots of practice debating all kinds of health care issues, but we haven't accomplished much and we forgot about the people that we said we wanted to help. And I feel horribly about that. People have suffered because we have failed to act. It's a cruel world. I understand that. We all understand that, but it's a lot crueler for the uninsured. And we've made these neighbors of ours, who are uninsured, their world will be cruel, and we've made it that way and it's not fair. Risa just mentioned the institute of medicine and the 18,000 people who die, no, maybe she didn't, who die every year because they lack health insurance coverage. Horrible. That's the American policy of the nine neglect, I hope it's not deliberate, thousands of Americans face unnecessary pain and disability because they don't get the health care they need. We've got to do so much better. I'll never forget, two things, when I was a VISTA volunteer, which is what turned me on to public service before most of you were born, that was in the early 60's and that was a little community in southern West Virginia where I decided to go for a year, not knowing if I was going to stay and nobody would let me in their house for six months because I had the wrong name and I was in the wrong state, you know, all of this kind of stuff, so I ended up staying two years and I turned all my values upside down and

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I've been there ever since, doing the things that I really love doing. But nobody had health insurance in that community. And I can remember two sides of things. Sort of feeling good when I would load a bunch of teenagers into my jeep and take them down to the first dental appointment they'd ever had when they were 14 or 15 which is too late, knowing that I probably wouldn't get a chance to take them back because the dental, at that time, free dental clinic might not take them back because of the waiting list. And I've felt badly about that ever since. I also remember the one thing that the county was willing to do to help us, was to set out a pap smear van and, so I announce that was going to happen and showed up and nobody showed up from the community. And I figured well I'd messed that one up and so I've got to get it out more, speak more about it, I did, it came again, nobody showed up. The third time two people showed up out of the entire community. And the lesson of that, which is part of the problem that we all face is that when people are living with so much bad news already, they just may not want to be told that there is worse news that they're going to have to face. So it's a cruel world, it's a hard world and we have an obligation to help people get through it. The cost of making all of these things happen, or any of them happen, obviously isn't going to get smaller. And I don't know why it is that we have become so accustomed now in the Congress to, when we do things, just to pass the cost onto the

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next generation, or the generation after that. It's almost something that we don't even think about. We talk about it, we deplore the fact that we do it, but we continue doing it. And we won't bite the bullet so to speak on how it is that you actually get these things done. I can pledge to you and I think, I know I speak for Senator Frist as well, that we're going to do everything that we possibly can. The Senate is going through difficult times obviously, the process is going through difficult times, it's a difficult year, but we're both extremely determined to let this happen. Let's let our better natures prevail again. You know, we can do this. We've done it. We did it when we started the Pepper Commission, well not started, did the Pepper Commission that was in the 80's. Alright, the late 80's. And in the late 80's, which wasn't all that long ago, we passed an entire, with hardcore, people feeling on both sides, we passed an acute care bill, paid for and we passed a long term care, an entire long term care policy. And yes, the long term care, acute care policy only passed by one vote, but it passed. It passed. We did it then. And those were people who felt strongly, but it worked because we spent two years, we'd meet virtually every morning at 8 o'clock, we got to know each other, we'd go off to retreats, we'd get away from the press sometimes so we could talk openly, or more openly and it worked. We did it again in the early 90's. And that was with the Children's Commission and we spent

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two years in talking about how to improve the lives and health coverage of America's children. The Children's Tax Credit, in fact, I believe was born there. And that's been one of the things that really has helped on health care. You know, full funding for WIC, the pregnant women and children, all of that, they weren't born there, but they were encouraged there. So, we can do it. It's a question of whether our better nature is worth the [inaudible]. Not on a private basis, but whether we decide it's time to put it to work publicly. Thank you.

[APPLAUSE]

**RISA LAVIZZO-MOUREY:** Thank you Senator and thank you for your leadership over the many years. Dr. Frist is a physician, public servant, surgeon, author, international volunteer. And by the way, he's also the Majority Leader of the United States Senate. Senator Frist was elected to the Senate from his native Tennessee nearly a decade ago. And he was unanimously elected the Majority Leader in December 2002. He knows this problem very well as a heart surgeon back home and as a law maker in Washington. His expertise has brought to finance, rules, health, education, labor and pensions committees. He's also the Vice-Chairman of the Alliance for Health Reform which the Robert Wood Johnson Foundation supports. He's a board certified general surgeon and

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cardiovascular surgeon and for many years was on the faculty of the renown Vanderbilt University Faculty. It's a great honor and pleasure to introduce and welcome the Majority Leader of the United States Senate, Dr. Frist.

[APPLAUSE]

**DR. FRIST:** Risa, thank you and thanks for your introduction. I've been in Washington, D.C. ten years now. And it's been a remarkable ten years. And it's been a very fast ten years for me. Remarkable in a sense that you see the power of the policy, that the power that public policy can only be realized. Its specific needs are identified and brought to the attention and rise up through the system and that's what this is all about today. As ten years, but for 20 years and what I really am, is what Risa said, when she said Dr. Frist. I say that because for 20 years I did spend my life, everyday, starting much earlier than we start in the political arena, not starting at 8:00 in the morning or 7:00 or 6:00, but starting at 5 o'clock in the morning. And working actually much later, not going to bed at 11:30 or 12:00, but going to bed at 1:00 or 2:00 or in the field that I was in, in trauma surgery and transplant surgery, many nights spending the entire night. I say that because I learned here in Washington, D.C. at 10:30 or 11:30 in the morning, I would have, and for 20 years was in the

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arena, of having a patient's chest wide open, split down the middle, their heart stopped because there's a heart/lung machine right over in the corner with the technician driving the machine and two nurses and technicians and a support system of the huge hospital behind to give the person life. Because that miracle of transplantation which didn't exist 30, 40 years ago, I had the privilege, the honor, the blessing to be able to do, to lift a heart out of somebody who had died tragically and put in somebody, chest open, knowing that they are going to have life. The most sophisticated technology anywhere in the world, here in the United States, we were the world leader in transplantation and continue to be. Knowing that that patient would have been dead within six months will now live but will live because of the 18 prescription drugs that they were going to be on, many of which have been discovered in the last year or two years, non-existent in the past, which reflects the great research and development and we do pay for the world's research in prescription drugs, in medicine, in technology. Or that patient may have been the patient the next day who came in with an obstruction of the windpipe, of the trachea, the [inaudible] with a mass and using a carbon dioxide, a CO<sub>2</sub> laser, the greatest technology in the world, sliding it into the operating room, if I needed, really on a moment's notice, looking down through, what's called the bronchoscope and using that little CO<sub>2</sub> beam, that's almost out of Star Wars. It's out

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of your ER show, that's exactly it [laughter]. It's done every day, the best technology in the world. There, at beckon call, not just unusual and not just on television, that's reality, every day and that was my life before coming to the United States Senate. I say that because as a physician, as somebody who cares, who took an oath, who spent 20 years, who grew up in a family of physicians, who now finds himself, Majority Leader of the United States Senate, as Risa said, those are miracles. The best technology, but we got gaps. And the biggest gap that we have is the topic that we're here to discuss, to introduce, and that is the uninsured. So I can tell you regardless of what people think about politics or about Washington, D.C., with my commitment, with the commitment of people like J. Rockefeller, while we're in the United States Senate, with your help, with the partnership, the same team that allowed me to those heart/lung transplants which are 45 people almost nameless have come together so I can put a heart in, that's what this room really represents. The teamwork of people who care. The people you're going to hear from and Noah, who is volunteering his time, let us have the opportunity to, that you'll hear from him here shortly, we're going to have the opportunity, through him, to meet millions of people, to introduce this topic of this huge gap, this huge disparity of not being able to address the uninsured to date, but we will in the future and Noah I thank you. The icon over here, Dr. Louis

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Sullivan, who is a mentor to me in many ways because he has married private sector/public sector, he's doing what I, my dream is to someday do now in running a medical school, teaching that next generation. The advocate for health care disparities between minorities and socioeconomic status and ethnic disparities that are there. J. Rockefeller, who you just heard from, who from day, within a year of from when I arrived, said let's be partners on an issue. I am hardcore Democrat, Bill you're a hardcore republican, we represent not the opposite of the spectrums, but we represent the clash and the tension in politics today, but we're joining hands to address issues, just like this today which reflects our presence here. The uninsured, the studies that is being released this week and that Risa mentioned fairly shows that those people who came to see our health care system, who don't make it in the door, those people who don't have that insurance, not that all of them don't get taken care of, but if you don't have that insurance, you're more likely not to get things like preventive care. You are less likely to have a family doctor, like my dad, for 55 years, I just did 20 years, that 55 years practiced medicine, you're less likely to have that family doctor the studies clearly show. You are less likely if you don't have insurance, to report that you are in good health, the stories you're going to hear here shortly from Catherine Edwards and Sarita [ph?] Scarborough make the point.

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It's real, it's a gap, the most powerful, the most prosperous country in the world that has the greatest dreams and has the greatest hopes, can address the issue and will address the issue of the uninsured. You know, we've done some very positive things and so I don't want to be overly negative about even looking to the past and I'm going to be hopeful and optimistic as we look to the future. But if you look at 2002, we passed the health care safety net and it means that by the year 2006 there're going to be an additional 1,200 community health care centers, new centers or expanded centers. In this recent Medicare legislation we did make medicines, of course didn't solve it all, but did take a very dramatic step in making medicines more affordable, by changing the patent laws, by getting generic drugs to market sooner and health savings accounts, a new entity that was just in the recent Medicare legislation that you hear about, they have a powerful, empowering opportunity at a lower cost to empower, to get our consumer, our patients out there in the driving seat, but there's a lot more we need to do to support reforms that bring down those costs of those lifesavings drugs that will allow me to do heart transplants and keep people alive. But to get those costs down. We do need to get families more control over their health care choices and health care dollars. We do need to allow employees to band together and small businesses to band together to make insurance more affordable. I would argue

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we need refundable tax credits to empower the individual out there, to empower them with their own resources to be able to get the type of care that best suits their needs. Many of you have, the list of things go on that we can do and we will do as look to the future. We have a task force in the United States Senate that will be reporting to me in the next several weeks. I'm very excited about that, specifically assigned to address the issue of the uninsured. I am positive in closing, that the Cover Uninsured Week is going to help raise awareness because of the people you are hearing from today. Because of the commitment and most importantly because of the gap that America does not deserve. A gap that we can address. I am committed, as Majority Leader of the United States Senate, but much more importantly as a doctor, as a physician, as one who grew up in a family of physicians, as one who recognizes that the disparity of not having insurance is not American. It's not, it doesn't fit with the caring and the compassion and the capacity we have as we look at the oneness of humanity. I'm delighted to be with you today. I pledge my continued support using the platform that I have to reduce, always to eliminate that gap of the uninsured. Thank you.

[APPLAUSE]

**RISA LAVIZZO-MOUREY:** Thank you. Thank you Senator.

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Thank you for your leadership. Dr. Bob Ross is the President of the California Endowment and we're most fortunate to have the Endowment as one of our partners in Cover the Uninsured Week. Californians have been especially hard hit by the lack of health insurance and Dr. Ross is a long time advocate for expanding access to children, the disabled and the underserved. Formerly he was the Director of Health and Human Services for San Diego County and today he focuses on a mission of expanding access to affordable, high quality care for underserved individuals and communities throughout California and also making fundamental improvements in the health status of all Californians. It's my honor to introduce Bob Ross.

[APPLAUSE]

**BOB ROSS:** Thank you Risa and thank you for you and your organization, for the wonderful leadership. We're proud to be a supportive partner of this effort. I'll be pretty brief because most of what I need to say has been said. Secondly I understand I'm standing in between you and hearing from Dr. Carter [laughter], it's like being the pre-dinner speaker, right [laughter]. Thirdly, this was a very important event for me and for us at the Foundation, important enough that I took the redeye last night from L.A. and arrived here this morning just to be here and the longer I'm up here the

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greater the likelihood I'll be babbling incoherently [laughter] and none of what I'll say you'll be able to understand. I just want to underscore three points. And just put a little bit more meat on the bones of these three issues. Point number one. This is a problem of working Americans. As Risa mentioned, 80% of the uninsured are either individuals who are gainfully employed or are in families where someone is working. In the State of California we have 2.5 million uninsured, working adults, that's nearly 1 in 6 working adults in the State of California without health insurance coverage. Businesses large and small, unionized or not, are struggling with this issue, which leads me to the second point. And that is, the disproportionate impact and severe impact of this issue on smaller businesses. Small businesses are really struggling, you'll hear from a small business owner this morning herself about this issue, but 45% of Americans who work in a small business, and that is fewer than nine employees, are uninsured. That is a significant and disproportionate impact. And because of the rising cost issue those numbers are going higher. Thirdly, this is an issue that has disproportionately also impacted communities of color, particularly of the Hispanic and African American communities, but not solely those two communities. Senator Frist I want to thank you for your efforts to address the many health disparities that are faced by communities of color and this is an issue that contributes,

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as you know well, to that reality. In many states in this country, up to 50% of Hispanic Americans in certain states are going without health insurance coverage, 30% to 35% of African Americans in the State of California, that means that more than 5.7 million working Hispanic, I'm sorry, in the country, 5.7 million working Hispanic adults are uninsured and more than 2½ million working African Americans in this country are going without health insurance coverage and that is unacceptable. You'll hear from the two individuals, Cathy Edwards from Illinois and Sarita Scarborough from Houston who will tell their personal stories and put a face on this issue. But I just wanted to close by saying and endorsing Risa's charge to us all that the status quo is not acceptable. Businesses and families cannot bear the brunt of 13% to 17% annual increases in their health care costs. That is not sustainable as a course of affairs. And that is why the status quo, the mess we're in, will not work and that is why we join all of you and many others in calling for national action on this issue. Thank you.

[APPLAUSE]

**RISA LAVIZZO-MOUREY:** Thank you Bob and thank you for doing the redeye. We appreciate it. Noah Wyle has earned the admiration and respect of peers and fans alike who enjoy

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watching him play the role of the caring, compassionate, intelligent Dr. John Carter on ER. Noah's a gifted actor who's done more to raise the issue and awareness of the uninsured among Americans, as well as, the challenges faced by emergency physicians and do it in a way that has really touched the heart of all Americans. He's been nominated for both Emmy and Golden Globe Awards as Best Actor, but today he's here in a different role, one that he volunteered for, to be the National Spokesperson for Cover the Uninsured Week. He's an actor, producer, supporter of local theater, a new father, ladies and gentlemen, let me introduce to you, our National Spokesperson, Noah Wyle.

[APPLAUSE]

**NOAH WYLE:** Thank you very much Risa. Good morning everybody. As you know for ten years I've worked on a medical show depicting hundreds of stories of America's uninsured from all walks of life. And those of us involved at the very beginning of ER, set up to dramatize both the plights of overburdened hospital staffs and the patients that they treat with a hope of opening up a dialogue to discuss such issues, but also to hopefully serve as a catalyst to affect some sort of positive change in the health care system. And over the last ten years while there have been some incredible advances

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in medicine, unfortunately the landscape, as a whole, of the American medical system has deteriorated for the worse. 45 million people, 8.5 million children currently without health insurance. Every year these numbers increase and last year, shockingly, two million more Americans became a part of these terrifying statistics. I felt compelled to take some sort of action and I was extremely gratified to be asked to serve as a spokesperson for this unprecedented campaign. It afforded me an opportunity to not only meet the distinguished people on this panel, but to also canvass the public opinions of everyone from AIDS hospices in East Los Angeles to the National Institute of Health. It has afforded me the opportunity to meet people like Cathy, whom I had the pleasure of meeting this morning who felt this issue was so important that she came to Washington with her two children, Renee and Douglas, so that she could share her story of being an uninsured American. I had the opportunity to meet people like Sarita, who I also had the pleasure of meeting this morning, who is putting her entrepreneurial spirit to work by running a printing business in Houston, but who is unable to provide insurance coverage for her employees despite wanting to and who is even unable to provide health insurance for herself. I'm also so grateful to see so many members of the media here today to witness what will truly be an historic week. Here are a few highlights of what you can expect to see taking place nationwide during May

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10<sup>th</sup> to May 16<sup>th</sup>. Nearly 1,700 events have been organized in communities all the way from Portland, Oregon to Portland, Maine. These events offer opportunities to enroll eligible children and their parents in public health care programs. Opportunities for small business owners to learn about coverage options for their employees. Opportunities to help uninsured people to find local resources, such as low cost and free coverage through Medicare and CHIP and low cost and free care through community health centers and free clinics. Or free and low cost prescription drugs through pharmaceutical assistance programs. The hope, the goal, to accomplish is to get more people involved. And to get more people to pay attention. And to get more people to speak out. And to get more people to demand action. I am not an economist. I am not a public health expert. I am not an elected official. Nor am I a real doctor. [laughter] But I am a father, and I am a husband, and I am a union member, and I am a concerned citizen. And I know that it is time that we solve this problem and I know that when millions of our friends and neighbors go without health insurance, it is time to speak up and it is unacceptable to stay silent and I thank you all.

[APPLAUSE]

**RISA LAVIZZO-MOUREY:** Thank you Noah for speaking up.

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We appreciate it. Catherine Edwards, is here in Washington, because we often think about statistics and forget that trends are real people with real families and real problems. And to them the status quo is not just an abstract exercise, it is dealing everyday with the realities of not having coverage. Catherine Edwards, from Carthage, Illinois is a mother, she has a family, as you've heard, she works on an assembly line in an auto manufacturer. She took time off from her job today to come and tell us what it's been like for her and her family who have been affected by not having health insurance. Cathy, please, come to the podium. Thank you.

[APPLAUSE]

**CATHY EDWARDS:** Well, I'm Cathy Edwards and I am one of the 44 million uninsured Americans that you have been hearing about this morning. I lost my job last year in April and I had the job for 11 years. 60 days after I lost my job, I lost my health insurance. I recently got called back to work, but it's just a temporary job so I still have no medical or health insurance. I have a health condition that I have to take a prescription, buy a prescription each month, it's \$190 a month, and if my condition worsens and I have to have more prescriptions or other prescriptions and the cost increases, I probably will not be able to buy it because of the cost and not

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having a permanent job without any health insurance. I had a brother that was 59 years old in January and he's worked his whole life and up until the fall of last year, he had always worked. He worked in a factory that had cancelled his health insurance a year and a half to two years ago. A year ago March he was needing some health attention and he didn't seek it like he should have because of no medical insurance, health insurance and in September he started going downhill and in November he had to have emergency surgery. And during the surgery they did a biopsy and they got to find out that he had colon cancer and he had another surgery in April and passed away a week and a half later. If he would have had the health insurance that he needed, it might have made a difference. And this is just one person. There's all kinds of millions of people that need the health insurance. We need to find an answer. There's a lot of intelligent people that need to put their heads together and find a solution for the problem. For all the millions that don't have insurance. I want to thank you for the opportunity and I didn't mean to have tears and I'm sorry that it hit really close to home. Everybody needs the health insurance. Not everybody is healthy all the time and we need help to solve the problem. Thank you.

[APPLAUSE]

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**RISA LAVIZZO-MOUREY:** Cathy thank you and thank you for coming this way. We're all in your heart, you are in our hearts and prayers as we think about the terrible burdens that you and your family have had over the years. Louis Sullivan has been a great mentor and a wonderful friend to me. He was the Secretary of Health and Human Services during the Administration of George Herbert Walker Bush. He was the founding Dean and the first President of the Morehouse House School of Medicine in Atlanta. Dr. Sullivan joins eight other national leaders of the United States, Secretaries of Health and Human Services and former Surgeon Generals in supporting Cover the Uninsured Week. It is my tremendous privilege to introduce Dr. Louis Sullivan.

[APPLAUSE]

**DR. LOUIS SULLIVAN:** Risa thank you very much for that introduction and let me begin by saying it's a honor for me to be here with my colleagues on the podium, to talk about one of the most important issues that we face as a nation. It's a problem of many dimensions, but fundamentally, it's a problem that defines who are we? What do we represent? What are our values? I'm honored to share the stage with so many distinguished individuals who've done so much in their own way to address the health of the American people. Now I know that

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we are all committed to addressing this problem, that is to make health coverage more accessible. We have too many stories like Catherine's that you just heard, stories that should be happier stories. We recognize that there is much that remains to be done. Now for some 50 years I've been blessed with a career in medicine, but I could never have imagined in the late 1950's, when I graduated from medical school, but I'm not speaking of my experiences as a doctor, or a medical educator, along the eastern seaboard, or my appointment in 1989 to be Secretary of Health and Human Services. I'm speaking more of the amazing pace of medical innovation that each one of us is seeing; seeing unfold before our very eyes. As you heard from Senator Frist, we have today, routinely, in our hospitals around the country, miracles that were only dreamed of in the 1950's and 60's. Everyday occurrences because of the power of our research, our technology, our educational system. We know how to treat cancer, heart disease, variety of neurological diseases and every day we read in our newspapers of some new discovery that extends the power of our medical system. Who could have dreamed, for example, that we'd be able to complete the sequency of the human genome so rapidly. It was my pleasure, in 1990 to announce the beginning of the effort to dissect the human genome. At that time we said it would be a \$3 billion, 15 year effort. Well before the end of the 1990's, we had completed the sequency of the human genome. But

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as dazzling as our health care system is, in so many respects, in one crucial area it has not advanced. We are still not able to make health insurance truly accessible for all Americans. I admit it during my time as Secretary, that we had 37 million uninsured Americans. We have the economic expansion and the miracle of the decade of the 90's. Period of robust financial expansion of our economy. The result is some 10 to 12 years later, we have 44 million uninsured Americans. That simply does not compute. We spend more on health care than any other nation on earth. We certainly have a sophisticated health care system, unparalleled medical technology, top educational system for health professionals, but we so lack the ability to find ways to cover every American. To see that these advances in our system are available to all of them. So I stand here today as a representative of nine former Surgeons General and Secretaries of the Department of Health and Human Services, through our support of Cover the Uninsured Week, have pledged that this situation must change. It must be fixed. Last September, we signed an open letter about our support for this effort and I'd like to share some of our joint statement with you now. Quoting from an open letter to the American people. "We have dedicated our lives to improving the health of Americans from all walks of life and have had the privilege of serving our country by shaping national health policies that have been benefited hundreds of millions of people, even though

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Presidents who adhere to different political philosophies appointed us. We are united in our commitment to helping the millions of Americans who do not have health and insurance coverage. We believe that we must solve this problem that has harmed the health of our nation's people for too long. As former officials responsible for the nation's health, we recognize the urgent need to raise awareness and seek solutions to the growing number of uninsured Americans through a constructive bipartisan discussion that welcomes the views of every American. We call on all Americans to get involved in solving this problem which affects every American, whether insured or not and ask them to join us in supporting and participating in Cover the Uninsured Week." You can see the names of signatories of the letter on the screens beside me. We are united in our support. With so many efforts taking place all across America next week, I urge everyone to join in our efforts. We are blessed in this nation to have people of every faith, organizations across the political spectrum that care deeply about this issue. What we need now is a truly constructive, non-partisan discussion to help us move from recognizing the problem to solving it. Again, I'm honored to be a part of this effort with my colleagues here and I know that working together, with all of you and citizens around the country, great things can be accomplished. They must be accomplished. Thank you.

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[APPLAUSE]

**RISA LAVIZZO-MOUREY:** Thank you Dr. Sullivan. And now I would like to introduce Sarita Scarborough, who's a small business owner from Houston, Texas. It's been a growing issue for small business owners who are trying to get their employees health care coverage and that's been a key issue for Mrs. Scarborough as well. And we welcome you to come and tell us about your experiences.

[APPLAUSE]

**SARITA SCARBOROUGH:** Hello, my name is Sarita Scarborough and I own a small printing company in Houston, Texas. I am also one of the uninsured. I have ten employees and at this time, I am unable to provide my employees with health coverage as well. It's very difficult owning a small business. There are a lot of decisions that have to be made. It's a difficult decision to have to make not to provide health care insurance because it is not affordable for your company. To take the resource that are available and put them into products and payroll, it's hard when your employees have to work sick because they are paid hourly and the need to provide for their family. Those are the challenges that I experience

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on a daily basis. And I know that with the resources that we have, there is a way to make an affordable health care plan to small businesses and to persons like Cathy as well. I am encouraged by participating in this opportunity and I'm thankful to the Foundation for heightening the awareness. Small business need your help. We need to be able to compete on a level playing field. It's difficult to get the talent in small businesses when you cannot provide the basics, such as eye care, health care, those are the challenges that I face. I'd like to think that ten years from now, my business will be successful and it will be a Fortune 500 company. But we're starting at the bottom and we're trying to go up. We're trying to make it happen for our community and for the employees and to again, I'd just like to thank all of you for bringing this to the forefront and allowing me to come to Washington and say thank you very much for your health care proposals.

[APPLAUSE]

**RISA LAVIZZO-MOUREY:** Thank you Sarita and I know you will be a Fortune 500 company in less than ten years. Before we move to the Q&A, I'd like to take an opportunity to thank our national partners for their continued support and collaboration. Some of the leaders of the those organizations are here with us in the audience, Ron Pollack, from Families

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USA, Mary Grealy from the Health Care Leadership Council and Father Michael Place from the Catholic Health Association of the USA. Now I'd like to extend a special thanks also to the Kellogg Foundation for its generous support of Cover the Uninsured Week. And I believe that Pat Babcock is also with us today, so thank you Pat. We've heard from Senators, we've heard from the Chairs and the Vice Chair of the Alliance of Health Reform and we've shared a significant contribution that the Alliance has put together over the years, including the kinds of documents that we are fortunate to be able to hand out as part of Cover the Uninsured Week. These documents are going to be distributed and we're fortunate that the authors of the guide, Nancy Peavy and Ed Howard and their team are here with us and once again we want to thank them for their support not only for this event, but over the years. It's been that tireless efforts of people like our partners that have really made all of this possible. So thank you all for joining us today and now we'd be happy to take your questions. Yes?

**AUDIENCE MEMBER:** [Inaudible]

**RISA LAVIZZO-MOUREY:** Please.

**AUDIENCE MEMBER:** [Inaudible]

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**NOAH WYLE:** Was I ever uninsured? Before I received coverage through the Screen Actors Guild Health and Pension Plan, I was under the umbrella coverage that my mother received being an orthopedic nurse at Kaiser Hospital in Los Angeles, which began, I believe when I was two. So, no, it was a pretty seamless transition from her umbrella coverage to my union coverage.

**RISA LAVIZZO-MOUREY:** Yes ma'am?

**FEMALE SPEAKER:** Hi, this is National Associate for the Self-Employed. We did a study that showed that 70% of micro business owners with ten or less employees do not have health coverage. I was wondering what the Cover the Uninsured Week is going to be doing to help small business owners learn about coverage opportunities or ways that they can get creative in having coverage now instead of waiting for Congress to come up with a solution.

**RISA LAVIZZO-MOUREY:** As part of this week, we're going to have seminars in many states across the country for small business owners to inform them about some of the options. We produced a guide that gives details on some of the activities, as well as how to get their employees insured in as affordable way as possible.

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**MALE SPEAKER:** [inaudible] talking about some of the other substantive way to get people insured. What other ideas are out there? I mean, we've talked about we need to do this, but like how, how are we going to get people insured? I mean, what kind of legislation are people looking at?

**RISA LAVIZZO-MOUREY:** The Robert Wood Johnson Foundation, among others has developed a number of policy options. We put these together in a book called Covering America and I have Linda Bilheimer, who's one of our staff at the Foundation and who was involved developing some of the projections related to that. She could give you details afterwards about some of those proposals if you'd like to get them. Yes sir?

**MALE SPEAKER:** It's a question for Dr. Frist. I'd like to know whether he thinks that piece--

**RISA LAVIZZO-MOUREY:** Dr. Frist is unfortunately, he leaned over to me and said the entire Senate was waiting for him. [laughter] And I think he was accurate.

**MALE SPEAKER:** He was at my blind spot there. Alright, then let me address the question to whoever would like to

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answer. [laughter] Do we think that the piecemeal approaches that so far have been proposed in Congress would be affective or do we need a more comprehensive approach, not maybe on the level of the Clinton plan, but something a little bit more widespread?

**RISA LAVIZZO-MOUREY:** [Inaudible]

[LAUGHTER]

**DR. LOUIS SULLIVAN:** Well I would begin by saying, I would not discourage piecemeal approaches. Because had piecemeal approaches started during my tenure as Secretary, we would not have the problems that we have today. The reality that we have confronted as a nation is we have not given health insurance the priority that it deserves. We find if we are threatened by some external enemy, we mobilize our people around the country whether they are in civilian life or military, we have appropriations from our Congress, we have business communities stepping forward. We really are able to mobilize when see a threat. From my perspective, we have not been able to recognize the threat that really is already among us. So, I would not want to endorse any one approach, I would be supportive of any approach, whether it is a miniscule one. The Children's Health Program addressed a very focal effort,

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but that has provided health care for millions of children that was not available before. If we can go beyond that and have a comprehensive program, that certainly would be welcomed. So from my perspective, I would welcome every approach. We need to discuss this in a non-partisan way, we need to recognize the humanity that's involved, but beyond that, we need to recognize that we are hurting ourselves from an economic perspective when we have our citizens who are disabled or illness or injury or who do not seek care, that means they are not only impaired from a medical perspective, they are not able to work, thus contribute to the economy by their wages or the taxes that they pay, so I would welcome any approach. At the same time, one of the issues we do confront, this being an election year, is the fact that the opportunity for action this year may not be where we would like to see it. So I see this, activity this year, really having the discussion, the debate, setting the stage so hopefully next year we will be able to make progress and I'm particularly encouraged by the fact that we have two of our Senate leaders here who are very committed to this effort who are joining with us. We as a population, need to tell our elected representatives that we want you to do this because we will vote for you if you do this. If you will not do it, we will vote for someone else. This has to be that kind of priority. We need to have our business community also step up to the plate. This is the problem for everyone and not for

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someone else to do. We must really take on the responsibility ourselves in seeing that it happens. Both through public actions as well as private actions.

**RISA LAVIZZO-MOUREY:** You said it most eloquently Dr. Sullivan. I think there is no policy solutions, what we have to do is create the will to change the status quo and I'm signaled that the hour is late. We thank you very much for coming, for your questions and for your attention. Thank you very much.

[APPLAUSE]

[END RECORDING]