

around the world still have no access to computers at all. Through USAID, the United States Government has pledged millions of dollars to build Internet access in other countries, especially in Africa. But the gulf between the haves and the have-nots is growing much too quickly.

Today we build a bridge across that gulf. NetAid is the creation of a remarkable partnership combining the international reach of the United Nations development program and the powerful resources of the private sector.

I want to thank Cisco Systems' John Chambers as well as the other technology companies. Thanks to them, one of the largest websites ever built has been created to spread information about extreme poverty and to help concerned citizens do something about it. The site will be available around the world, including places where Internet access has been limited, so that a farmer in Africa can find out more about fighting drought; a woman hoping to start a business in Bangladesh can find investors from other countries; a school in Indiana can raise money for a school in Indonesia.

I commend all the sponsors of NetAid for their generosity and vision. And like millions of people, I'm looking forward to the simultaneous concerts on October 9th.

Some people say the rise of the Internet will inevitably bring the world together; some say it will inevitably widen the gap between rich and poor nations. But nothing is inevitable. We have a choice about the future we will build. NetAid sends a powerful signal that we intend to make the Internet an instrument for bettering all our lives, not just those wealthy enough to afford a computer. The millennium should be a time for joining and common purpose. Today we do just that. NetAid will make our global village more responsible and a lot more global.

Now, it is my honor to be the first person from North America to log on to the site. And thank you very much.

Back to you, Mr. Secretary-General.

NOTE: The President spoke by satellite at 12:20 p.m. from Room 459 in the Old Executive Office Building. In his remarks, he referred to U.N. Secretary-General Kofi Annan; former President Nelson Mandela of South Africa; Prime Minister Tony Blair of the United Kingdom; and John T. Chambers, president and chief executive officer, Cisco Systems, Inc. A tape was not available for verification of the content of these remarks.

Remarks on Health Care

September 8, 1999

Thank you very much. Dr. Copeland; Mrs. Copeland; Secretary Shalala, thank you for your outstanding leadership; Surgeon General Satcher; OPM Director Lachance; to all the advocates here for seniors, for children, for people with disabilities; representatives of the various health care organizations.

I am of the opinion that there's really not much left for me to say. *[Laughter]* You know, since I've been in this office and this wonderful old house, I've tried to use this room as sort of a classroom for America, to bring people here who actually have firsthand experience of the challenges we face, the opportunities we have, and to try to provide them this microphone and these cameras and this bully pulpit to speak to America and to bring more of America here to Washington, DC.

We've had a lot of very moving events here, but Dr. Copeland, I don't think anybody has ever done a better job of bringing the reality of what it's like to deal with the health care challenges of ordinary people from all walks of life on a daily basis as you have today. And I thank you very much for that.

Secretary Shalala talked quite a bit about the record we have worked hard to establish here on health care issues. I want to thank two people who aren't here today: first, my wife, because of the role Hillary played in extending health insurance coverage to 5 million children, and now we have all the States signed up for the Children's Health Insurance Program; and I want to thank the Vice President for the critical role he has played in fighting for the Patients' Bill of Rights, for our long-term care

tax credit, for our plan to strengthen Medicare and to include prescription drug coverage. And I appreciated the agenda he set out yesterday for expanding affordable health care to children and families who don't have it in the 21st century, something that I still believe needs to be done.

You know, I heard quite a bit about Dr. Copeland before he came here, and one of the things I heard is that his youngest daughter, who just started college a week ago, is such a good student, she's already been guaranteed admission to medical school. If somebody had figured out a way for me to get around organic chemistry, I might have had a different career. [Laughter] That's a wonderful achievement.

But the truth is, there are doctors all across our country today who having given their lives to the health of their patients, have genuine reservations about whether their children should go into medicine. They feel that for all the miracles of modern medicine, doctors are too often hamstrung by accountants, and too often the needs of their patients don't come first. You just heard a pretty good accounting.

I know that you, Doctor, are overjoyed that your own child wants to be a doctor, because you know that we have the power to do what it takes to put patients first again, which means you have faith in the health of our political system.

There are a lot of pessimists who think that nothing's going to happen here this fall, that the parties are just going to fight and maneuver and get ready for next year. I think they're wrong. For one thing, ever since we've had this divided Government, we normally have to wait until the 11th hour for really good things to happen. I've grown used to it. As I said a couple of days ago, it is now 10:30; we're ready for the 11th hour. [Laughter]

But after years of debate and genuine disagreement on a lot of these issues, I think a new and increasingly bipartisan consensus is emerging on the importance of giving patients the health and privacy protections they need, on strengthening and modernizing Medicare, on saving teenagers from the ravages from tobacco, on expanding health care coverage for uninsured children, and empowering adults with disabilities and making long-term care more affordable. But this growing bipartisan consensus will amount to little if the Republican leadership refuses to schedule a vote on the health care legislation.

If they permit the votes, this fall could be one of the most important ones for health care reform in many, many years. If there is nothing but delay, it's just like delaying a patient; it will only make the cure harder. Sooner or later, we're going to have to face up to all these issues. We ought to do it sooner rather than later. It's a simple choice, familiar to every doctor: act early, prevent problems; or act later, at greater cost, with more heartbreak and human loss.

The American people are counting on all their leaders, of both parties, to take the wise former course. First and foremost, the Republican leaders must make the responsible choice to protect 160 million Americans who rely on managed care, with a strong and enforceable Patients' Bill of Rights. In August Representatives Dingell and Norwood introduced a bipartisan bill that rejects the wholly inadequate, watered-down approach taken by the Senate. It now has a clear majority support in the House of Representatives. That means both Republicans and Democrats are for it.

The Republican leaders, therefore, owe it to the American people to schedule a vote on this bill. They must not give in to pressure to tack on extraneous provisions that would jeopardize the remarkable bipartisan consensus, in the hope that they can make it so bad that I will have to veto it, and then claim it's not their responsibility after all.

The American people deserve the right to see a specialist. They deserve the right to go to the nearest emergency room if they're hurt in an accident. They deserve the right to maintain the same doctor during pregnancy or chemotherapy treatment. They deserve the right to an internal and an external review process; the right to know that their doctor can openly discuss the best treatment options, not just the cheapest; the right to hold health plans accountable for bad decisions.

More than 200 health care and consumer organizations strongly support these protections. Estimates based on Congressional Budget Office figures show that the protections would cost no more than \$2 a month a policy.

Now, as you all know, all of you in this room, I have already established these protections by Executive order for everybody under a Federal health care plan, and our costs are less than \$1 a month a policy. Now, whether we're right

or they're right, it's a small price to pay for peace of mind and quality health care.

Second, I challenge the Republican leadership to join with me to work out a plan to strengthen and modernize Medicare for the 21st century. For more than three decades, Medicare has been a lifeline to dignified retirement. You heard what the doctor said about his own patients. But with people living longer and the retirement of the baby boomers approaching, the Medicare Trust Fund is scheduled to become insolvent in 2015. Now, keep in mind there will be twice as many people over 65 by 2030 as there are today.

Today, anybody that lives to be 65 has a life expectancy of 82. By then, it will be considerably higher. By then, there will only be about two people working for every one retired. We have got to do this now, when we have the funds to do so.

I've asked Congress to dedicate more than \$300 billion of the projected surplus over the next 10 years to take the Trust Fund out past 2025. That's the longest it's been in a long, long time. But we need to do it, with the retirement of the baby boomers approaching.

I challenge Congress to introduce new mechanisms of competition, to improve quality, to control costs. I've challenged Congress to modernize Medicare by helping seniors and people with disabilities pay for prescription drugs. I have also set aside a fund to deal with the Medicare problems that we now have because of the budget decisions made in the '99 balanced budget act, which have imposed severe problems on a lot of our teaching hospitals, some of our therapy services, and other problems of which many of you in this room are quite familiar.

Before the August recess, Senator Roth, the chairman of the Senate Finance Committee, committed to mark up a Medicare reform package by early October. I salute him for that. With the leadership of Senator Roth and Senator Moynihan, we can get a bipartisan consensus on what to do about Medicare. I don't expect them to agree with everything I want to do. What I want them to do is sit down and talk with me, and let's agree on the objectives. We have to lengthen the life of the Trust Fund. It is irresponsible for us to leave here with the Trust Fund scheduled to go out of money in 2015, with this projected surplus. It is irresponsible for us to leave here without

dealing with the plain problems being faced today because of Medicare financing difficulties. And I strongly believe it is irresponsible for us to leave here without providing for some prescription drug coverage.

If we were designing Medicare today, there's no way in the wide world we'd have a Medicare program without some prescription drug coverage. And you know as well as I do that these medicines are going to do more and more and more, if properly taken, to lengthen the life and improve the quality of life, of people, and eventually to cut the cost of hospitalization and other more extensive interventions. So we ought to do this now. This should not wait 2 more years. We should do it now.

The third thing I ask the Republican leadership to join me on is to make a responsible choice to protect the sanctity of medical records. You know, to the average person, this seems like a no-brainer, a lay-down. It's actually quite a hot issue, because there are people who do not want to protect the sanctity of medical records. But as more and more of these records are stored electronically, the threats to our privacy will only increase.

We know that protecting medical records has been a genuine priority for leaders in both parties. But the longstanding deadline for action by Congress came and went more than 2 weeks ago. If Congress does not soon pass legislation to protect patient records, I will honor the pledge I made to the American people in the State of the Union to do so through executive action. If need be, I will issue these new protections this fall. We should not delay this anymore.

But again, I don't want this to become a fight either between the executive and the legislative branch, or between the two parties. I would far rather have legislation so that the American people can look to Washington and see people in both parties saying that your medical information belongs to you and you alone. Only you can control how it is used.

The fourth challenge I want to issue to the leadership is to make sure that we make the responsible choice to allow people with disabilities to keep their health insurance when they go to work.

Now, there is huge bipartisan support for this. Last June the Senate unanimously adopted the bill, sponsored by Senators Jeffords and Kennedy, Roth and Moynihan, that would finally

end the system that says to people with disabilities: If you want to go to work, you've got to give up your health insurance and, therefore, you'll have to spend more every month than you can possibly make.

Now, we have worked hard to end the disincentives that for too long kept people on welfare out of the work force. These disincentives are even more severe for people with disabilities, with serious health care problems.

I met a man in New Hampshire a few months ago who, if he had to pay his own health bills, would have had bills of \$40,000 a year, and he desperately wanted to take a \$28,000 job. Now, we're out the \$40,000 anyway. Forget about the human impact on his life and his community and his family. Wouldn't you rather have the man making \$28,000 and giving some of it back in taxes as a productive citizen, having him out there as a role model, having people see what people can do if given the chance to live up to their God-given abilities? This is foolish. It is time to schedule a vote on the work incentive improvement act in the House of Representatives.

Now, the bill has 231 cosponsors in the House, so it's got bipartisan support. Now, most of you here know what the problem is. This bill costs money; under our budget rules, we have to pay for it. I gave them a way to pay for it; they don't like my way to pay for it. I say, "Okay, if you don't like my way, bring me another way." But we can't—when a bill gets this kind of support in Congress—and believe me, instead of 231, the number would be 400 in the House if we didn't have this dispute. They don't like the way I want to pay for it. Okay, it's a big government; there are lots of options. *[Laughter]*

But any way to pay for this within reason is better than letting one more year go by where people have to give up a precious year of their life when they could be working and being fulfilled and making a contribution to our country when it will not cost us, really, any more money.

So I say, I understand what the problem is. We'll be reasonable. We'll work with you. But we cannot walk away from this session of Congress without passing this legislation. It will change the lives of tens of thousands, hundreds of thousands of Americans, with one simple bill.

Fifth, I challenge the Republican leaders to make the responsible choice to prevent yet another generation of children from being lured

into smoking and becoming addicted to it. More than 400,000 Americans each year die of smoking-related diseases; almost 90 percent of them started smoking as teenagers. All the studies confirm that the price of cigarettes is one of the most effective ways to prevent kids from starting to smoke in the first place.

My balanced budget raises the price by 55 cents a pack. It's good health policy; it's good fiscal policy. It will help us to save the Social Security Trust Fund, and it will allow us to honor our commitments by aiding both parents and children. For these reasons, Congress should side with America's families, and not with the tobacco lobby. We don't want to let another opportunity go up in smoke.

Sixth, I challenge the Republican leaders to make the responsible choice to expand health coverage for the children of working families. Today, as I said, with the approval of the plan submitted by Washington and Wyoming, all 50 States and territories have now joined the children's health insurance initiative. Unfortunately, even with full participation from the States, there are still, literally, millions of children who are eligible for help who have not begun to receive it; and other children, like legal immigrants and foster children turning 18, who also need coverage.

Once again I ask the Congress to fully fund the initiative that I gave them to help the States provide the coverage to the kids. We did this initiative together. When we passed the bipartisan balanced budget bill, it had heavy majority support from both parties in both Houses, heavy majority support in both parties in both Houses. And this was one of the things that I think all the Members were most proud of.

Now, we've got a million and a half kids signed up, and we've appropriated money for 5 million kids. And we've simply got to do more to sign these children up. This is a modest cost for a huge return.

Seventh, I asked the Republican leaders to make the responsible choice by helping families cope with the strains of long-term care. In our balanced budget—in the balanced budget, having nothing to do with the surplus or the tax cut or any of that, I proposed a tax credit and other initiatives aimed at helping elderly, ailing, and people with disabilities or the families who care for them to deal with the cost of long-term care. This will become a bigger and bigger challenge as America ages. People will want to

make different kinds of choices based on the facts of their family situation or the facts of the problems of people needing long-term care. That's why I believe the best thing we can do for them now is to give them a tax credit. It is a good beginning, and I hope we can pass it.

Finally, I ask the leaders to join with me in choosing wisely to continue to invest in public health. I'm talking about investing to begin closing the devastating health gaps we see that Surgeon General Satcher has done so much work on in Native American, African-American, Hispanic, and other communities; investing and treating and preventing mental illness; investing in the National Institutes of Health and the Centers for Disease Control.

Now, usually, I don't give a talk with eight points—[*laughter*]—because I'm always—you give a test, and people are lucky to remember four. But I felt better after the Doctor went over most of them. [*Laughter*] I felt like it was almost a prescription after he got through. This is not a laundry list. They are like eight panels of a protective umbrella for America's future. They're connected; they work together; they'll help millions of Americans weather the many changes in our health care system and the inevitable changes in their own lives.

Health care cannot be a partisan issue. It hasn't been, and it shouldn't be. I was glad

to hear the doctor say that he was referring to his Republican and Democratic patients. You know, every time I give this talk, I say that no one asks you—when you show up at the doctor's office and you fill out those endless forms, there's no box for Republican, Democrat, or independent. [*Laughter*]

And we see now in Washington a mood change that has already been out there for a long, long time in the country. You see it in the people coming over for the Patients' Bill of Rights; in the people saying, "Yes, we want to provide the opportunity for people with disabilities to go to work." You see it in the efforts we have with children's health insurance.

So I am optimistic about the future. I think the Copelands' daughter will have a good time being a doctor, just like her father did. I think we will make meaningful progress in this session. The bipartisan votes are out there. Nothing can stop it unless the votes aren't scheduled or we decide not to talk. We've got to schedule the votes, and all of you know I'm always willing to talk. [*Laughter*]

Thank you, and God bless you.

NOTE: The President spoke at 2:57 p.m. in the East Room at the White House. In his remarks, he referred to Dr. Lanny R. Copeland, president, American Academy of Family Physicians, his wife, Mica, and their daughter, Mary Anne.

Statement on the Earthquake in Greece September 8, 1999

On behalf of all Americans, Hillary and I extend our profound sympathy to the loved ones of those who have lost their lives and to those injured in yesterday's earthquake in Greece. Last month people around the world were moved by Greece's generous assistance to Turkey in the wake of the devastating earthquake

that struck near Istanbul. Now we have seen the same spirit of cooperation in President Demirel's pledge of support for the Greek people in their hour of need. We, too, are prepared to help the Greek Government respond to the disaster.