

Statement on Armenian National Day September 21, 2010

The people of the United States join the people of Armenia in celebrating Armenia's day of independence today. On this occasion, we recognize and pay tribute to the spirit and accomplishments of the Armenian people and to their achievements around the world. The United

States is proud of the historic ties and friendship between our countries and honored by the many contributions Americans of Armenian ancestry have made to our Nation. We congratulate the people of Armenia on their national day.

Remarks and a Question-and-Answer Session in Falls Church, Virginia September 22, 2010

The President. Thank you, everybody. Thank you. Well, it is great to see you. Thanks, all, for taking the time to be here. I know it's a little warm under the Sun, so if anybody at some point wants to shift their chairs into the shade, I'm fine with that. I won't be insulted.

I want to just make a couple of acknowledgments of people who are here. First of all, I've got the Secretary of Health and Human Services—so she's charged with implementing the Affordable Care Act—Kathleen Sebelius. She's doing a great job—former Governor of Kansas, former insurance commissioner, knows all about this stuff. We're very proud to have her on the team.

Somebody who helped to champion the kinds of reforms and patients' rights that we're going to talk about here today, Congressman Jim Moran is here. Thank you so much, Jim; and Falls Church Mayor Nader Baroukh. I was just mentioning, Baroukh means "blessings" in Hebrew, one who's blessed. And Barack means the same thing. So he and I, we're right there. *[Laughter]* And I know he feels blessed to be the mayor of this wonderful town.

When I came into office, obviously we were confronted with a historic crisis, the worst financial crisis since the Great Depression. We had lost 4 million jobs in the 6 months before I was sworn in, and we had lost almost 800,000 the month I was sworn in. Obviously, the economy has been uppermost on our minds, and I had to take a series of steps very quickly to

make sure that we prevented the country from going into a second Great Depression, that the financial markets were stabilized. We've succeeded in doing that, and now the economy is growing again.

But it's not growing as fast as it needs to, and you still have millions of people who are unemployed out there. You still have hundreds of thousands of people who have lost their homes. There's a lot of anxiety and there's a lot of stress out there. And so so much of our focus day to day is trying to figure out how do we just make sure that this recovery that we're slowly on starts accelerating in a way that helps folks all across the country.

But when I ran for office, I ran not just in anticipation of a crisis. I ran because middle class families all across the country were seeing their security eroded, partly because between the years 2001 and 2009, wages actually went down for the average family by 5 percent. We had the slowest job growth of any time since World War II. The Wall Street Journal called it the "lost decade."

And part of the challenge for families was, is that even as their wages and incomes were flatlining, their costs of everything from college tuition to health care was skyrocketing.

And so what we realized was we had to take some steps to start dealing with these underlying chronic problems that have confronted our economy for a very long time. And health care was one of those issues that we could no longer ignore.

We couldn't ignore it because the cost of health care has been escalating faster than just about anything else, and I don't need to tell you all that. Even if you have health insurance, you've seen your copayments and your premiums skyrocket. Even if you get health care from your employer, that employer's costs have skyrocketed, and they're starting to pass more and more of those costs on to their employees. More people don't get health care from their employers.

And in addition, what you were seeing was that at the State level and at the Federal level, the costs of health care, because people weren't getting it on the job and were trying to get it through the CHIP program or Medicaid or disability or what have you—all those costs were driving our Government bankrupt. I mean, anybody who's out there who's concerned about the deficit, the single biggest driver of our deficit is the ever-escalating cost of health care. So it was bankrupting families, companies, and our Government. So we said we had to take this on.

And most of all, as I traveled around the country, I'd hear stories from families in every single State, you know, they had a child who had a preexisting condition and they couldn't get health insurance, or they thought they had insurance, only to find out that in the fine print, there was some sort of lifetime limit of the sort that Paul described. They bump up next—against it, and suddenly they're out of luck and potentially going to lose their home or lose whatever savings they have because the insurance that they thought they were getting wasn't going to fully cover them.

Some people would tell me stories about how just as they got sick, the insurance company would have gone through their form and saw some innocuous mistake and just dropped their coverage because they hadn't listed—in some extreme cases, we had folks who had a gall bladder problem 15 years ago that had nothing to do with the sickness that they were now experiencing, but the insurance company said, ah, you forgot to list that. and so we're going to drop you from your insurance.

I met young people all across the country who, starting off in life, getting their first job,

weren't getting health insurance and couldn't stay on their parents' policies.

So the amount of vulnerability that was out there was horrendous. And what I said to myself and what I said to my team was, even as we were dealing with this big crisis—immediate crisis with respect to the economy, we've got to start doing something to make sure that ordinary folks who are feeling insecure because of health care costs, that they get some relief.

So the reason we're here today is that thanks to outstanding work by people like Jim, thanks to outstanding implementation by folks like Kathleen, we are now actually able to provide some help to the American people. Essentially, part of the Affordable Care Act that we can implement right now and will take effect—is it today or tomorrow?

Frances Brayshaw. Tomorrow.

The President. Tomorrow. See, Frances knows—[laughter]—that we can—that will take effect tomorrow is the most important patient's bill of rights that we've ever seen in our history. And let me just tick off some of the things that are going to be the case starting tomorrow.

Number one, Paul already mentioned the issue of lifetime limits. That is not going to be the rule anymore after tomorrow. If you've got a policy, you get sick, the insurance company covers you.

Number two, preexisting conditions for children: Children who have preexisting conditions are going to be covered.

Number three, we're going to make sure that if young people don't have health insurance through their employer, that they can stay on their parents' health insurance up to the age of 26, which is obviously a huge relief for a lot of parents who are seeing their young people just coming out of college and not being able to get insurance.

You're going to be able to make sure that the insurance company doesn't drop you because of an innocent mistake on your insurance form. This rule of rescission, they are not going to be able to drop you arbitrarily, which gives you more security.

Number four, you're going to be able to choose your doctor and not have to go through

some network in an emergency situation as a consequence of these rules. So it gives customers more choice and more options.

There are so many good things about this. I may have forgotten one. Kathleen, anything else?

Secretary of Health and Human Services Kathleen Sebelius. [Inaudible]—and preventive care—[inaudible].

The President. Right, and preventive care. I knew there was one more. Preventive care will now be offered under your policy, which, over the long term, can actually save people money because you get diagnosed quicker.

So all these things are designed not to have Government more involved in health care. They're designed to make sure that you have basic protections in your interactions with your insurance company; that you're getting what you paid for; that you have some basic measures of protection in interacting with the health care system, which means that you're not going to go bankrupt, you're not going to lose your house if, heaven forbid, you end up having an accident; and you're able to get the quality care that you need.

Now, obviously, there are a whole host of other things involved in the health care reforms that we initiated. Small businesses, 4 million of them are going to get a huge tax break if they start providing health insurance to their employees. We've got measures that make sure that Medicare—that the life of Medicare is extended. And in fact, we just got a report today that the Medicare Advantage program that we have modified and scrutinized more carefully, that in fact rates are going to be lower for that than they were before.

I just met with State insurance commissioners from all across the country. They are newly empowered to look after consumers. And I'll just give you one example. In North Carolina, in part because of the new leverage that insurance commissioners have, the insurance commissioner there was able to get a \$125 million rebate for 200,000 customers in North Carolina, and they are seeing the lowest rate increases ever.

All this is going to lower premiums. It's going to make health care more affordable. It's going

to give you more security. That's the concept behind what we're implementing.

But rather than me do all the talking, I want to make sure that some people who have struggled in the past with the health care system have an opportunity to tell their story, because basically, the reason we did this was because of the stories I had heard from folks like you all across the country. And I want to make sure that a couple of you have a chance to tell your stories before I take some questions.

So we're going to start with Dawn. Where's Dawn? Dawn's right here. Dawn's already got her own mike. [Laughter] Introduce yourself, Dawn, and tell us a little about yourself and your situation.

Dawn Josephson. Thank you. I'm Dawn Josephson from Jacksonville, Florida. And I've been a self-employed entrepreneur since 1998. During that time, the majority of those years I didn't even have insurance because it was simply too expensive. In 2006, my son Wesley was born, little guy—

The President. Is this Wesley right here?

Mrs. Josephson. This is Wesley.

The President. Hey, Wes. Come on over here and give me a high five.

Mrs. Josephson. Go say hi. There you go.

The President. This is Wesley here.

Mrs. Josephson. That's Wesley. He was born in 2006, and that's when we got—we finally got health insurance. We had a few different policies over the years, always had something excluded from it, even something as silly as ear infections. And I mean, what kid does not get ear infections? So I mean, silly stuff.

In July of '09, he had eye surgery. We discovered he had sudden onset of a condition called strabismus in the eyes, and his right eye needed surgery. So we had the surgery, and less than a year later, we said we needed new insurance. What we had was killing us for our premium. And this was right around the time—right after the act passed.

The insurance company gave us an affordable rate. We were looking for a very affordable plan. And when she told us we were approved, my immediate response was, "But what's not covered?" And I knew full well we were going

to have an exclusion for my son's eye. And she said: "You're covered. Nothing is not covered." And I said: "Okay, I'm not being very clear here with my questioning. What about my son?" She said, "Yes, your son is covered." I said: "No, you don't understand. What if he needs another surgery on his eye? Are you going to pay for it?" They said, "Yes, he's covered." And I was shocked. And she said, "We can no longer exclude preexisting conditions for children."

And it didn't hit me until later that night when I was talking with my husband as to why she said that, and we started talking about it. And I said, wow, something affected me personally from the Government—was really shocking.

So not only do we have a more affordable plan, but my son is now covered no matter what happens. It is routine for children with strabismus to need multiple surgeries. And I know now that that's not going to have to come out of our pocket, which was a big fear. So we're very thankful and very grateful. Thank you so much for everything you've done, President Obama, and everything that you've—everyone has done to push this through, because it's really made our life so much less stressful. It's just an average American family.

The President. That's a wonderful story. Thank you, Dawn.

Next, I want to talk to Gail, who flew down here from New Hampshire. And I had a chance to talk to Gail a couple of days ago. I had actually received—a letter had been passed on to us from Gail's husband telling their story. And so I just was so touched by it. And it was wonderful to have a chance to speak to her personally. But, Gail?

Gail O'Brien. That was awesome too. You made my day. Yes, in March of this year, I was diagnosed with high-grade, stage II non-Hodgkin's lymphoma, and I was uninsured. I work full time as a preschool teacher at a Montessori school that does not offer insurance to their employees. So I was scared to death—more—not as much, "Oh, I've got cancer, what am I going to do?" It was, "How am I going to pay for these outrageous bills that are going to come our way?"

So then we would have to have gone into our retirement fund and used all that up, and we have one son in college and one on the way to college in 2 years. We would have had to use all the money that we saved for those to pay for my medical bills.

And then when we heard about the high-risk pool and that it was in effect in July 1, we got right onto it. We called people. We got all of the criteria in order so that we were actually insured on July 1. My doctor let me wait for 3 months to start chemotherapy and radiation. And on July 5, I started chemo, and I am doing radiation right now. I'm feeling great. And if it wasn't for this bill, I would've probably not been feeling great because I would've been so stressed out and worried about paying for my medical bills, that now I can focus on my health instead of focusing on how am I going to pay to get better.

So I personally thank all of you and President Obama so much. I mean, you do not know what—how this has changed my life and how grateful I am to you.

The President. Well, I really appreciate that. And I should have mentioned, just for Gail, children are—with preexisting conditions are covered. We had to phase in the adult side of preexisting conditions because it's more complicated trying to get that whole pool of adults.

But what we did in the interim—by 2014, we're going to have in place a rule for insurance companies that they can't bar people—anybody, not just kids, but anybody with preexisting conditions—from getting insurance. But in that interim, over the next several years, over the next 4 years, we want to make sure that folks like Gail got help. And so we've set up these preexisting insurance pools, State by State. And Gail, I think, was the first person to sign up in New Hampshire. [*Laughter*]

Mrs. O'Brien. Told you I was on the ball. [*Laughter*]

The President. Right. So we've got thousands of people across the country who are now signing up, and States are working with Kathleen's office to get this set up so that they're able to get the coverage they need in a way that's actually affordable.

I mean, in some cases, you had situations where you could get, theoretically, insurance if you had a preexisting condition, but the costs were so exorbitant that it was just—

Mrs. O'Brien. I couldn't even get insurance.

The President. —it was just impossible. And then some people, in certain markets, you just couldn't get insurance at all. And so now we're able to provide an interim step that helps directly people like Gail, and we're really proud of that.

So with that, what I want to do is I just want to open it up for any questions, comments, concerns that people have. We're focused mostly on health care, but if you want me to talk about what happened to the Redskins on Sunday, I can talk about that too. [*Laughter*]

Yes. Here, and let's make sure everybody gets a mike so that we can hear folks. And introduce yourself, if you don't mind.

Prescription Drug Program/Medicare

Q. Norma Byrne, I'm from Vineland, New Jersey. I'm very curious to know what can be done about the insurance companies and medication. As it stands now, the insurance companies rule when the doctors order. They either refuse, or it's a generic, or they have to go back to the doctor and argue with his office as to whether or not you can have it.

The President. Well, under Medicare, prescription drugs are covered under Part D. But for a lot of seniors, they still haven't been affordable, even under Part D. And so one of the things that was part of the reform act was us slowly phasing out something called the doughnut hole, which I'm sure you're familiar with. Essentially, the way the thing was set up when they set up the prescription drug plan program under Medicare under the previous administration, you were covered up to was—what was it, a couple thousand—\$3,000, \$2,000. Then once you hit that threshold, there was a hole—that's—hence the term “doughnut hole”—where you weren't covered for another several thousand dollars, and then it became so extreme that you had to still buy more drugs, then you would end up being covered again. So you

had this doughnut hole. A lot of seniors fell into it.

One of our main priorities was saying, let's close the doughnut hole. And we are beginning to do that now, first by providing some supplemental assistance to seniors. Several—a couple of million seniors have already received—or is it about a million and a half seniors have already received checks of \$250?

Q. I was able to get my heart medication once that check got there.

The President. Well—so you've already received it?

Q. Yes.

The President. And it helped you get some heart medication?

Q. Medicine I couldn't afford.

The President. Well, that's a wonderful story. And that's exactly what we want to make sure of is, is that you don't have to make decisions about do I get this medication or not.

Q. And I thank you from the bottom of my heart.

The President. Well, I appreciate that. But you're making, in addition to that, another point, which is that a lot of times, there's a process of decisionmaking between doctors and Medicare about what drugs are going to be covered. And one of the things that Kathleen is trying to do is to make sure—I don't want you to have to use your health care plan right now. [*Laughter*] But one of the things that we want to do is to make sure that we're trying to figure out how can we simplify and make it easier to understand what prescription drug plans are out there so that you know ahead of time—if you are primarily concerned about your heart condition and the drugs you need there, are you able to find the plan that you need that covers the drugs that your doctor is recommending. And that's something where I think we can still make some significant improvements.

Kathleen, do you want to add something to that?

[*At this point, Secretary Sebelius made brief remarks.*]

The President. Good.

Yes.

Health Insurance Coverage/Preventive Care/Cost of Health Care Reform

Q. Hi, President Obama.

The President. How are you?

Q. Good. My name is Nia Heard-Garris. I'm a fourth-year medical student at Howard. And I'm one of the people that has not been able to go the doctor, ironically, because I'm in medical school and I can't even go. So I just wanted to know what steps are we going to take after it's passed and goes into full effect to encourage young people to go see the doctor and to take preventative steps, just as older people? Because I feel like a lot of times we're left out.

The President. Well, first of all, as I said, up to the age of 26 you're going to be able to stay on your parents' coverage, and that's important for a lot of people. You look like you're, what, 22?

Q. Yes, I wish—24.

The President. Okay. [Laughter] Well, I mean, I wasn't that far off. [Laughter] "I wish." Let me tell you, 24 is just fine. [Laughter] But—so first of all, you'll be able to stay on your parent's policy for another couple years, and that gives you obviously some peace of mind.

The second thing that we're already doing is all the policies now are going to cover preventive care. So getting a mammogram, that's got to be part of your policy, and you no longer have to pay significant out-of-pocket costs that may dissuade you from getting the kind of preventive care that you need. And if you're a medical student, you know better than I do that so much of keeping ourselves healthy is knowing what's going on and going in and getting regular checkups and being able to monitor your health.

My mother died of ovarian cancer, and she did not have steady health insurance during her life because she was essentially a self-employed consultant. And ovarian cancer is a tough cancer once you get it. It's tough mainly because it's typically diagnosed very late.

Now, I can't say for certain that if she had been diagnosed earlier she might be with us here today, but I know that the fact that she did not have regular insurance meant that she was

not getting the kinds of regular checkups that might have made a difference.

And so that's true for young people as well as old people, the provision that I just talked about—preventive care. If you've got insurance, then those—that preventive care is going to be covered, and that should make a difference.

And by the way, that should save us all a lot of money. I mean, one of the toughest things about this health care debate was—and sometimes I fault myself for not having been able to make the case more clearly to the country—we spend—each of us who have health insurance spend about a thousand dollars of our premiums on somebody else's care.

What happens is, you don't have health insurance, you go to the emergency room. You weren't getting a checkup; something that might have been curable with some antibiotics isn't caught. By the time you get to the hospital, it's much more expensive. The hospital cares for you because doctors and nurses, they don't want to just turn somebody away. But they've got to figure out how do they keep their doors open if they're treating all these people coming into the emergency room.

Well, what they do is they essentially pass on those costs in the form of higher premiums to the people who do have health insurance. And so we are already providing these subsidies, but it's the most inefficient possible subsidy we could provide. We're a lot better off if we are making sure that everybody is getting preventive care, we're encouraging wellness programs where people have access to doctors up front.

And that's why we feel pretty confident that over the long term, as a consequence of the Affordable Care Act, premiums are going to be lower than they would be otherwise; health care costs overall are going to be lower than they would be otherwise. And that means, by the way, that the deficit is going to be lower than it would be otherwise.

Understand, I want to make sure everybody is clear: The Congressional Budget Office, which is made—is independent, it's historically bipartisan; this is sort of the scorekeeper in Washington about what things costs—says that as a consequence of this act, the deficit is going

to be over a trillion dollars lower over the course of the next two decades than it would be if this wasn't passed.

And the reason this is so important is because right now there's a political debate going on about should we maybe repeal the health care act or—because this is part of big government. And you've heard the Republican leader in the House saying that's going to be one of our priorities, chipping away at the health care act.

Well, first of all, I want to see them come and talk to Gail or talk to Dawn or talk to any of you who now have more security as a consequence of this act. And I want them to look you in the eye and say, sorry, Gail, you can't buy health insurance, or, sorry, little Wes, he's going to be excluded when it comes to an eye operation that he might have to get in the future.

I don't think that's what this country stands for. But what they're also going to have to explain is why would you want to repeal something that Congressional Budget Office says is going to save us a trillion dollars, if you're serious about the deficit? It doesn't make sense. I mean, it makes sense in terms of politics. It doesn't—and polls. It doesn't make sense in terms of actually making people's lives better.

Okay. Anybody else? Yes, go ahead. Here, Kathleen has got a mike.

Cost of Health Insurance for Small Businesses

Q. Thank you. Yes, I want to thank you, first of all. I have a son with intractable seizures, and this bill is going to make a huge difference in our lives personally. But I also want to speak on behalf of small business, because small business has been used as an argument against this bill, and I find it very hard to understand. I think there's a huge campaign of misinformation.

In fact, we were about ready to make a choice between not insuring our employees anymore because we simply couldn't afford it—it was \$90,000 a year and a third of our payroll—or close our doors, because we had no choice anymore. And this bill and the tax increment that I get back takes that statistic from 30 to about 18 percent. It makes a massive difference in the fate of our business and in the fate of all of our employees who are insured. We did

not want to drop our policy—and in the fate of our son.

And I guess my question is, what can we do about this misinformation? It seems so pervasive everywhere, and it's so wrong. I think this bill is really affordable for small business, and I want some way to get that word out.

The President. Well, I appreciate that. Tell me what kind of business you got.

Q. I own a bookstore, *The King's English*.

The President. Oh, do you?

Q. Yes, in Utah.

The President. Well, that's wonderful.

Q. Thank you.

The President. I love bookstores.

Q. I know you do. I follow your career as you go from one to another. [*Laughter*]

The President. I used to be able to roam around in bookstores. Now it's a little more noticeable when I go in there.

Q. We read about it.

The President. And so you've been providing health insurance to your employees, but what you were seeing was because you're not Xerox or General Motors, you don't have this big pool, so you're essentially in the small-pool insurance market. And like the individual market, you were seeing your premiums just going up and up and up.

What were they—what was happening to them over the last several years?

Q. Well, in 2008, three of us hit 60. And of course, that's the place where they really go up. And our premiums shot up to well over 30 percent of our payroll, which shot our payroll up to 30 percent of our gross, which is totally unsustainable.

The President. Right. That's basically your margin.

Q. That's it—way more than the margin.

The President. Way more, right. I mean, it eats up whatever profits that you're making.

Q. Yes.

The President. So as a consequence of the Affordable Care Act, we've got 4 million businesses like yours that are now eligible for significant tax reductions, that'll pay for up to a third of the premiums that you're paying for yourselves and

your employees. I mean, that goes directly to a small business's bottom line.

Now, what you'll hear is, well, but some businesses, they're now mandated to provide insurance, and if I have to provide insurance, then I'm going to—I'll hire fewer people. But it turns out that actually—and Kathleen will correct me if I'm wrong on the statistics here—it turns out that because employers with 50 employees or less are not subject to any penalty for not providing health insurance, about 96 percent of small businesses, they don't have any requirement on them, but they can take advantage of it.

Now, it is true that if you've got a business that has a thousand employees, you're not providing them any insurance whatsoever, what we're saying is, you know what, that's not fair, because all the rest of us are going to be paying for those folks when they go to the emergency room or they apply for Medicaid or what have you.

And so we're going to say, look, if you provide insurance we'll provide you help. If you don't, then we're going to charge you for the fact that somebody else is going to have to cover those costs. But for the vast majority of small businesses, this is a great deal. And we've got testimony here to show it.

Now, in terms of how to get the word out, nobody is more effective than you. So I hope that all the reporters who are here—[laughter]—will record what you just said and will help get that word out. But it's a challenge because, frankly, there was opposition from the Chamber of Commerce and some other small—and some other large lobbying organizations in Washington that said they were speaking for small businesses, but when you looked at the facts, this was good for small business.

In fact, probably nobody benefited more, because nobody is getting hurt more by health care costs than small business. So thanks for sharing your story.

Q. Thank you.

The President. Anyone else? I know it's warm out here, but I want to hear from as many people as I can. Go ahead.

Q. Hi. Thank you so much, Mr. President, for having us here. I want to thank you. I just

have a comment. My son Sami, who was here, is 7, and he has neurofibromatosis. I don't know—have you ever heard of it?

The President. You know, I've heard of it. But you should describe for us what that means.

Q. It means that he had a spontaneous mutation on his chromosome. And he was diagnosed 2½ years ago. And it just basically means your tumor suppressor doesn't work properly, so every nerve cell has the potential of becoming a tumor. So—and there's a wide—

The President. Which is pretty nerve racking for Mom.

Q. Oh, it's unbelievable, but—and there's a wide spectrum, so some people end up with minor complications, but others have serious problems. And he's already had surgeries and things of that nature. So I just want to thank you and the Secretary and Congressmen and Senators, because it's life changing for a parent.

The President. Well, Sami looks terrific. I saw him running around here.

Q. He is terrific.

The President. And I'm just glad to give you peace of mind.

Look, people ask me, sort of, how do I stay calm in my job. The reason I stay calm in my job is that every night at 6:30, no matter how busy I am, I go upstairs—I've got a very short commute—[laughter]—and I go upstairs and I have dinner with my wife and my daughters. And as long as they're doing good, as long as they're healthy and happy and running around and telling me stories about the crazy things that happened at school today, then there's a certain baseline that just gives you that sense, well, I can take anything, right?

Now, the flip side is when Malia or Sasha get a sniffle or an ear infection or a scrape or a bruise, I'm over there just miserable. And I still remember Sasha, when she was 3 months old, one night she just wasn't crying right. As a parent, you start recognizing, that's not how she cries. She wasn't hungry; it wasn't a diaper change. Something was going on.

So we called our pediatrician, and he said, "Well, why don't you bring her down?" And this was in the middle of the night. This is, like, 1 o'clock in the morning. And he was willing to

see her, and he pressed on top of her head, and he said: “You know, she may have meningitis. I want you to go to the emergency room.”

And it turned out she had meningitis, and she had to get a spinal tap, and they had to keep her there for 3 or 4 days. And the doctor was talking about if this didn’t—if her temperature didn’t come down and if we didn’t solve this, she could have permanent damage to her hearing or other effects.

But I still remember that feeling of just desperation, watching the nurse take her away to provide treatment for her. But I was thinking, what if I hadn’t had insurance? What if I was looking at my bank account and I didn’t have the money to cover her? How would I be able to face my wife, and how would I be able to look in the mirror if I didn’t feel like I could somehow make sure they were okay?

And that’s what this is about, ultimately. I mean, we’ve got to make sure that health care—our health care dollars are used smartly. We’ve got to make the system work better for consum-

ers. We’ve got to make it more responsive. But ultimately, the thing that’s most important is we’ve just got to give people some basic peace of mind. And I’m just so glad that I’m able to stand here before you and hear these stories, and hopefully, it gives you a little more peace of mind.

So, all right, well, thank you, everybody. Appreciate you. And if anybody else has any questions, they can come up and we can chat in the shade here—[laughter]—while I—because I don’t have to go right away, and maybe we can—these guys will take some pictures. So thank you.

NOTE: The President spoke at 11:59 a.m. at the residence of Paul and Frances Brayshaw. In his remarks, he referred to Wayne Goodwin, North Carolina Insurance Commissioner; Matt O’Brien, husband of Keene, NH, resident Gail O’Brien; House Republican Leader John A. Boehner; and neurofibromatosis patient Sami Wirtanen-DeBenedet and his mother Tracy Wirtanen.

Remarks at the Millennium Development Goals Summit in New York City September 22, 2010

Good afternoon, Mr. Secretary-General, fellow delegates, ladies and gentlemen.

In the Charter of this United Nations, our countries pledged to work for “the promotion of the economic and social advancement of all peoples.” In the Universal Declaration of Human Rights, we recognize the inherent dignity and rights of every individual, including the right to a decent standard of living. And a decade ago, at the dawn of a new millennium, we set concrete goals to free our fellow men, women, and children from the injustice of extreme poverty. These are the standards that we set. And today we must ask, are we living up to our mutual responsibilities?

I suspect that some in wealthier countries may ask, with our economies struggling, so many people out of work, and so many families barely getting by, why a summit on development? And the answer is simple. In our global economy, progress in even the poorest countries can advance the prosperity and security of

people far beyond their borders, including my fellow Americans.

When a child dies from a preventable disease, it shocks all of our consciences. When a girl is deprived of an education or her mother is denied equal rights, it undermines the prosperity of their nation. When a young entrepreneur can’t start a new business, it stymies the creation of new jobs and markets in that entrepreneur’s country, but also in our own. When millions of fathers cannot provide for their families, it feeds the despair that can fuel instability and violent extremism. When a disease goes unchecked, it can endanger the health of millions around the world.

So let’s put to rest the old myth that development is mere charity that does not serve our interests. And let’s reject the cynicism that says certain countries are condemned to perpetual poverty, for the past half century has witnessed more gains in human development than at any time in history. A disease that had ravaged the