

**NEW LEADERSHIP ON HEALTH CARE:
A PRESIDENTIAL FORUM**

**COX PAVILION
LAS VEGAS, NEVADA**

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Transcribed by Deborah Ann Hines, CCR #473, RPR

VOG: Ladies and gentlemen, please welcome from the University of Nevada, Las Vegas the vice president of planning and diversity and chief of staff, Dr. Juanita Fain.

DR. JUANITA FAIN: Good morning. It's great to see you all. On behalf of Dr. David Ashley, president of the University of Nevada, Las Vegas, along with the students, faculty and staff of UNLV, I'm pleased and excited to welcome you to our campus for the New Leadership on Health Care Presidential Forum. We're glad you're here. I would particularly like to welcome special friends and guests of the university who are here with us today.

First, I must introduce U.S. Congresswoman Shelley Berkley. Thank you so much. Appreciate it. Also I'd like to recognize leaders of the state Democratic party who are here. I know Clark County Commissioner Tom Collins is here, who's a state chair. Also I'd like to give a special welcome and thanks to the members of the state of Nevada legislature who are here, members of Clark County, and the City of Las Vegas governmental officials who are here, and also special recognition to the Nevada system of higher education board of regents who are here. I know for sure Regent Thalia Dondero is here. I don't know if there are others, but thank you for being here. And also members of UNLV, our Foundation and alumni board are here with us this morning, and of course all of you. I'm so glad you're all here. You know, activities that provide the public with a better understanding of the major issues facing us as a nation are an important aspect of the university mission.

By hosting this presidential forum, UNLV is providing an opportunity for the Las Vegas community to hear from many of our presidential candidates about their perspective on health care. We are delighted to collaborate with the Center for American Progress Action Fund and the Service Employees International Union to host this event. UNLV shares with both of these organizations a commitment to improvement of services and quality of life for all American communities. We thank both of these organizations who are involved in the University of Nevada, Las Vegas to host this presidential forum on the critical topic of health care which impacts all of our lives, and we commend you for your efforts.

American universities confront a unique challenge as they move into the 21st century. Among these challenges are population growth, demographic challenges, economic changes of both global and regional levels, and numerous local challenges that phase today's communities. The University of Nevada, Las Vegas is no exception. In fact, UNLV personifies the new American university. UNLV president David Ashley consistently and frequently says that the University of Nevada, Las Vegas is positioned to build the university of the future. And the university of the future has its roots with its community.

The university strives to demonstrate that traditional higher education value can be adapted to the condition and needs of individuals and communities in the 21st century. Instructional and research programs, students centered and responsive to the needs of local, regional and national and international communities, artistic, cultural and technical

resources and opportunities are intentionally offered to the broadest possible audience. In its brief 50 year history -- we're going to celebrate our 50th anniversary in 2007/2008. I have to say with some discernment that I'm older than the University of Nevada, Las Vegas.

We're very proud of our 50-year history. UNLV has evolved from a small regional institution with 41 students, three faculty and one building to the state's largest doctoral degree granting institution.

Today the university has more than 28,000 students, approximately 3,000 employees and 99 buildings. The main campus, where you are here today, located in southwest Las Vegas, classified now in the category by the Carnegie Foundation for the Advancement of Teaching as a research university, consists of more than 350 acres. As we speak, the campus continues to expand beyond the boundaries of the main campus, the satellite campus is a research park, all the way from southeast Asia for the hotel administration and tourism program to Singapore to the future Harry Reid research and technology park in southwest Las Vegas to the health sciences park at Shadow Lane.

This fast-paced dynamic university environment at UNLV is amplified by its location in a 24 rapidly growing metropolitan area whose population now exceeds 1.8 million. UNLV is an integral part of the Las Vegas community. Stimulated economic development in addressing social and environmental issues are among the far-reaching influences UNLV has in the great Southern Nevada area. UNLV is firmly committed in our role to serve the area. Hosting this health care forum on our campus represents the UNLV community partnership that provides an opportunity for public discourse that benefits our society.

On behalf of President Ashley and the entire UNLV community, we enthusiastically open our campus to you, and we hope you find the New Leadership on Health Care Presidential Forum informative and enjoyable. Welcome again and thanks for being here. Thank you. At this time I would like to invite to the podium John Podesta, president and CEO of the Center for American Progress Action Fund, and Andy Stern, president of the Service Employees International Union.

JOHN PODESTA: Thank you, Dr. Fain, and thank you, UNLV. What a beautiful day. I don't have time to thank and acknowledge all the people who helped make this event possible and the special guests who are here, but I do want to mention two: Las Vegas' great congresswoman, Shelley Berkley. And Elizabeth Edwards, who won't be with us this morning, whose grace and strength through her own health care battle with cancer is an inspiration to us all. I pray for her success.

The Center for American Progress Action Fund is proud to sponsor this event at UNLV with SEIU. This forum is not only the first to focus completely on our nation's health care crisis, but it's the first presidential forum ever to take questions directly from the blogosphere via thinkprogress.org and courtesy of a wide web cast provided by Real Networks. We hope that what happens in Las Vegas today will absolutely leave Las

Vegas and set the tone for the entire presidential campaign. It's simply time to make affordable, quality coverage for every American a reality. I need don't to tell Nevadans that our health care system is in desperate need of a fix. More than 430,000 Nevadans, almost one in five, lack health insurance. In terms of health care costs, Nevada had the highest percentage growth and health expenditures of any state over the last 25 years. The situation in Nevada highlights precisely what's wrong with our health care system overall. It costs too much, it covers too few, and it delivers too little in terms of health of our citizens.

Today 45 million Americans are uninsured, including 9 million children. Since 2000, health care premiums for workers have increased four times faster than wages. Today the average family insurance policy costs \$11,841. That's a thousand dollars more than a full time minimum wage worker makes in a year. What kind of value do we get for all that money we spend on health care in the United States? Not much. The U.S. currently ranks 31st in the world in terms of life expectancy, and 28 on infant mortality.

You know, I think my grandparents came to the United States from a village in Greece a hundred years ago would actually be shocked to know that people living in that village today have a longer life expectancy than people living in the United States. And in our globalized economy, American business isn't fairing any better. By 2008, health care costs will exceed profits in Fortune 500 companies. Our health care system today violates American's deep commitment to human dignity for all and fairness for all, and it hampers our nation's economic competitiveness.

The upcoming presidential election presents us with an opportunity. We can't find leaders who are willing to reject the status quo and provide fundamental change. We're pleased to have so many candidates with us today and we're also grateful to have an exceptionally talented and accomplished moderator, Karen Tumulty of Time Magazine, to lead today's discussion. Now let me introduce my good friend and ally, Andy Stern. Andy is an organizer, a visionary, and a true champion of workers across the country. Under his leadership, SEIU has becomes the fastest growing union in the nation, the largest health care union in the U.S., and one of the most powerful political voices in the country. I'm personally honored to partner with him on this and other efforts, so please join me in welcoming Andy Stern.

ANDY STERN: Thank you, John and CAP, Vice President Fain and UNLV, and of course the seven candidates, but most importantly the 1.8 million members of SEIU who make this first issue forum of 2008 election cycle possible.

I'd like to introduce the secretary-treasurer of SEIU, the woman who is the highest ranking person in the American labor movement and the head of Change of Win Federation, Anna Burger. All the members of SEIU, the nurses and public workers, janitors and home care workers who are here with us today. Quality, affordable health care for all Americans is an issue on every American's mind, and we are committed to make sure it's on every candidate's agenda. Pat Moore is a nurse. She works at the University Medical Center which cares for half of the uninsured in Southern Nevada.

She's just one of the million SEIU health care workers who too often treat the people that the system is failing. Pat talks about a ten-year-old child with diabetes whose family traveled to Nevada simply in search of a good job and a better life. Diabetes is normally an easily treatable disease, unless you cannot afford the regular \$40 cost for Insulin treatment.

Her family tried to get by by stretching the medicine out, but sadly with their son, but that didn't work and he was rushed to the ER in a coma. Thank God after three days of intensive care at the hospital he came out of that coma and he recovered. In the richest country on earth, \$40 bottle of Insulin should not mean the difference between a child's life and death. Health care in America is no longer just a moral issue, it's an economic issue as well.

America cannot be the only industrialized nation on earth that asks its employers to put the price of health care on the cost of its products when all of its competitors around the world do not. It is not just a moral crisis, it's an economic crisis. An economic plan that will not work in a 21st century global economy. Business knows this, which is why the business round table, Fortune 500 companies, AT&T, Intel, Kelly Services and Wal-Mart will be joined by many who work. They're demanding a new health care system. The public now knows this. Polling in the four early primary states shows the cost of health care is the number one pocketbook concern for voters of both parties. And a vast majority of Democrat and Republican voters believe everyone has a right to quality, affordable health care, and they want fundamental, not piecemeal change anymore.

Governors now know this. Governor Schwarzenegger and Romney, Democrat Rendell and Malloyovich have plans for all their citizens, as do senators like Ron Wyden. Policy leaders now know this. Proof as wide-ranging as the Center for American Progress and the insurance industry have proposed plans for coverage for all Americans. So what? What are we missing? Leadership. Leadership in Washington, D.C.

And for the next president here's the final point of our poll: Voters are saying they're not hearing from you enough about health care. And in a minute we're going to start solving that problem. But the winds of change of health care are blowing. It's up to us voters, voters to keep the pressure up, to ask questions. But more importantly let's demand detailed answers about what they're going to do. America's future is not a matter of chance, it's a matter of choice. And every four years our choice, voters' choices, really do matter. Thank you very much.

To guide us through our discussion today is Karen Tumulty, our moderator. She's a national political correspondent for Time Magazine, widely considered one of the best political journalists in America. Karen has written over 25 cover stories for Time, including this week's. She will manage this forum, take questions from our internet audience, and ask her own questions. We're lucky to have her here today, Karen Tumulty. Thank you.

KAREN TUMULTY: Thank you very much. It's really exciting to be here. And once again I want to thank all of you for spending your Saturday morning with us. I want to thank you on behalf of UNLV, SEIU and the Center for American Progress Action Fund, which is a nonprofit, nonpartisan organization. The lawyers wanted me to say that part. You're going to see these presidential candidates in the coming months over and over and over again in forums like this. But this one is very, very different, because this morning you are not going to hear anything about who's got the latest video on YouTube or what the latest back and forth has been on the campaign trail.

This morning really gives us an opportunity to drill down into a particular issue and one that poll after poll after poll shows hits home in a way no other issue does with voters. Hopefully at the end of this morning you're going to have a better sense of these candidate's priorities as they address the health care issue. You're going to have a sense of who has a plan and who doesn't, and you're going to have a sense too of whose plan is realistic in this political climate in the environment that presumably they're going to confront as they take office in January of 2009.

But before we get to these candidates, I would like just to take care of a few housekeeping issues and maybe some questions you might have as to how this forum is going to work. First of all, I should note that all the candidates of both parties were invited to this forum. These seven, all Democrats, are the ones who accepted. The order in which they will be speaking this morning is the order in which they accepted the invitation.

The format is going to go like this: Each candidate is going to have 20 minutes. They're going to have two to three minutes at the beginning to make an opening statement, we'll see how well we can hold politicians to that, and then of the remaining minutes, the remaining 17 to 18 minutes will be divided among questions from myself, questions from this audience, and questions that will be coming in over the internet by email, because this is of course being web cast, now that we're living in the 21st century.

If any of you decide that you need or want to leave the room during anyone's presentation, you will be allowed to leave but you will not be allowed to come back until the break before the next candidate. And I think at this point we are ready to start, so our first candidate, who I believe is now in the building, is the former Senator from North Carolina, John Edwards.

JOHN EDWARDS: Thank you. Thank you all very much. It's a great privilege for me to be here. Let me say first a personal thank you to all of you and the people who have been so kind and so generous over the last few days, including, by the way, my fellow candidates who will be here today. I'm very proud to have my wife Elizabeth here with me. I also want to thank CAP and the SEIU for sponsoring this forum and for talking about an issue that's so important to us, to all Americans. And what we have is a dysfunctional health care system in the United States of America. And what we need is a big, bold, dramatic change, not small change. And we do not just fix our health care system, we need to fix our military and veterans' health care system.

Let me talk just briefly about my plan for universal health care, and then I'm sure we'll get into more detail as we go through this conversation. Basically what we do is cover all Americans. In my plan there's shared responsibilities. The employers are required to either cover their employees or to pay into a fund that will help pay for coverage for their employees. The government plays an important role. The government will set up health care markets all across America, and in each of those markets if you're the consumer, you can go in and choose what your health care plan would be. Some of the choices are private insurers, and then one choice is a government plan, basically a Medicare Plus plan. And the idea is to determine whether Americans actually want a private insurer or whether they'd rather have government run Medicare Plus kind of single-payer plan. And we'll find out over time which way people go.

This health care plan also covers the cracks that exist in our health care system. It's complete mental health care, there's coverage for chronic care, coverage for preventative care, coverage for long-term care. We subsidize health insurance premiums for low income and middle income families. That caps out at about \$80,000 of income a year. There are huge cost containment pieces in this health care plan, the requirement of preventative care. We require by competition lower administrative costs.

We're spending 30 to 40 cents on each dollar, health care dollar today for administrative costs. We've got to bring those down, bring them down dramatically. We require and demand the use of technology, the use of electronic recordkeeping, both of which are more efficient and help bring down health care costs. And then we're going to a systematic way to measure what's working, what's the most effective treatment, how do we get the most effective drugs, the least costly drugs.

So the idea is cover everybody, bring down health care costs for every single American, which this plan I believe will do, fill in the cracks in our health care system. And the last responsible party besides the employers and the government are individuals. Everyone in America will be required by law to be covered by this health care plan. And the last thing I'll tell you is the cost is 90 to \$120 billion a year. That's the government's cost. And I pay for it by rolling back George Bush's tax cuts. Thank you all very much.

KAREN TUMULTY: Thank you, Senator. And especially after the week that you and your family have had, we so appreciate you being here, and of course everyone's best wishes and prayers go to your family in support of Mrs. Edwards. Of all the candidates that we're going to be hearing from today, you are the only one who has a detailed specific plan as to how you're going to get the universal coverage. And you have been candid enough to say that it involves tax increases.

But one of the reasons you have said that you feel so strongly about being specific on health care, and you were much more cautious when you ran in 2004, is the personal experience that your family has been through with Mrs. Edwards' illness. And so you on that score, as you had a big decision to make this week, you made it very quickly, but as people look at the situation you are in, that you and your family are in, the fact that you

are trying to do two all consuming things here at once, and that however positive the course of this treatment turns out to be, there are going to be a lot of personal ups and downs for you over the next year and a half. How are you going to be able to manage both of those, and what do you say to people who are thinking about supporting you, are thinking about contributing to your campaign that are really worried about your ability to take care of two all consuming things at one time? Will you be in this race for the duration?

JOHN EDWARDS: Oh, I'm definitely in the race for the duration. What it shows from our own personal experience, this is not the first challenge like this Elizabeth and I have been through. As many of you know, we lost our son about ten, actually about eleven years ago now in 1996. And we've gone through Elizabeth's first round of breast cancer treatment. We went through that together. So we know what it's like to function in a very difficult environment. And there is a focus and a maturity that I think is required to be able to do that, but I know, because I've done it in the past, that we can do it. I know because of the nature of the woman I'm married to that she will be there every single step of the way making sure that we do it. And we take our responsibility to serving this country very seriously. And it is the reason I'm running for president because I love this country.

I think we can do so much better than we're doing now. And we want to serve, both of us, which is why we made the decision to go forward. But I want to add one thing, because there's been an awful lot of attention focused on the two of us, and I think we're getting far too much credit. When you look at all the millions of women who had to struggle with the same sort of struggles that Elizabeth has had, and many of them had to struggle without what we have, without great health care coverage, without knowing they're going to be able to get all the medicine and medications that they need.

One of the reasons that I want to be president of the United States is to make sure that every woman and every person in America gets the same kinds of things that we have. Because it's not right that a woman has to go through, or anybody has to go through this kind of struggle and have to worry about whether they can afford the medicine they need, whether they can get the health care that they need. We don't have to worry about that. And no American should have to worry about that. And as Elizabeth said just a couple of days ago, you know, for us, we can focus on what needs to be done for our family and for our country, but a lot of women with exactly the same diagnosis had to get up the next morning and go to work, and the next morning and go to work. So before we start giving too much credit to us, let's do what we need to do for all of us.

KAREN TUMULTY: Thank you, Senator. One of the criticisms of your plan has been that it doesn't -- it's not aggressive enough in dealing with health care costs. You talk about saving money through preventative care, through using technology that is available but that really isn't being used a lot in the health care industry. But right now I'd like to turn to one of the members of our audience, a Jack Marco, who is the owner of a small business who wants to know how you are going to -- how are you going to come to grips

with the kind of rising health care costs that he has to deal with every day and that threaten his business. And, Jack, are you here?

JACK MARCO: Yes. I'm a business that just completed our collective bargaining agreement with our employees. And for the last 20 years we've provided health insurance for them, and every year it becomes more difficult. And because in the process, when it came down to talking about wages, we had to offer less and the employees had to accept less than they would like or we would like to give because of the money we had to pay off on health care. At the same time I had to compete in an industry with other people doing the same kind of business I do.

So the cost that I have for my 75 employees compared to another firm means that I have to pay -- I have to charge higher fees for the services I provide; and likewise, I have to provide -- I can only provide a certain level of wages that perhaps a competitor could provide more because they don't provide health insurance. So my question is as the president what would you do to take care of this competitive problem?

JOHN EDWARDS: Did you say you have 75 employees?

JACK MARCO: Correct.

JOHN EDWARDS: 75. Well, first of all, I think that this plan deals directly with the concerns that you have. We have a competitiveness issue not only between you and your competitors here in America, we have a huge competitiveness issue, if I can say the word, between our businesses in America and the rest of the world. We have extraordinary health care costs, which you're dealing with every single year in the operation of your business. Those costs have to come down. But in addition to that, what we want is if we have a truly universal health care plan that covers every single American from the time they're born until the time they die. It makes American business more competitive in the world. We're spending 17, \$1800 on health care costs on every car that's manufactured in America, compared to about \$250 in Japan. Creates a huge disadvantage.

What this plan specifically does for your situation is it gives you market power that you don't have today. I mean, individuals in small businesses have no market power, and as a result you pay extraordinary health care costs. So what we do is we set up these health care markets is we create the same market power for you that exists for the biggest corporations in America. These markets will require competitive bidding to get into the markets. And also these private insurers are going to have to compete with the government plan with extraordinary low administrative costs, two, three percent in all likelihood. So that competition will bring down costs.

In addition to that, these things that Karen just made mention of, use of technology, electronic recordkeeping, preventative care, mandatory preventative care so that we are healthier, we are a well people will bring down costs for everybody. So I think sort of the bottom line for you is we will bring down health insurance costs on the whole for what you have to pay. Second, your cost directly will be lower because there will be a level of

competition that does not exist today, and you will have the market power that does not exist today. I actually believe that besides the uninsured I think we have a moral obligation too, besides the uninsured the people who benefit the most from this health care plan are individuals and smaller businesses. I think that's the greatest beneficiary of this plan.

KAREN TUMULTY: Senator, the health care problem has been with us for a very long time. The last time a significant effort was undertaken to address it never even got to a vote on the floor of either House of Congress because of so many fronts of opposition. And of those the most important I think the strongest was business. So we have a question coming in over email from Mary in Illinois who wants to know do you have a strategy for engaging American businesses in achieving health care coverage for all Americans?

JOHN EDWARDS: Yes, because what we want to do is we want to make American business competitive. We want to bring down the cost of health care, not just for individuals, which we do, but also for American business. And so this plan does all those things. We just talked about it in the context of a small business, but it actually applies to all businesses. What happens is because we're bringing -- there are huge cost containment elements in this plan, which I won't go through again, I've gone through it. And because we are subsidizing health insurance premiums for low income and middle income families, this has the effect of bringing down health care costs for all businesses.

The SEIU and Andy Stern had a press conference a few weeks ago with some very large American businesses who were committed to achieving universal health care, which is a very good thing. And what I believe that actually American businesses have now figured out is that something has to be done about our health care system that is making them increasingly uncompetitive with respect to the rest of the world. And that universal health care, done the right way, with the right choices and the right efficiencies, will actually help American businesses, not just help the 47 million people who don't have health insurance.

KAREN TUMULTY: Well, there are going to be candidates who come out here today who suggest that it's possible to do this, to achieve universal coverage without raising taxes, without new sources of revenue. You have been very up front about the fact that your plan does involve tax increases. Do you think it's possible to get there without them?

JOHN EDWARDS: No, I do not. I spent a great deal of time studying this issue, working with health economists around the country. I've spent many months on this. The plan just came out a few weeks ago, my plan just came out a few weeks ago. I've spent a great deal of time working on this issue. I do not believe you can have universal health care without finding a source of revenue. There has to be some additional source of revenue.

We don't get universal health care for free. You have to cover 47 million people who don't have coverage. There's going to be a cost associated with the transition from the health care system we have today to a truly universal and more efficient health care

system. So, no, I do not believe it can be achieved without finding an additional source of revenue. And the joke I always make about it is that American people have heard so many politicians for so long say, Oh, we're going to have universal health care, we're going to transform the way we use energy in America, we're going to end poverty in America, and in the process we're going to eliminate the federal deficit. They probably got a bridge in Brooklyn they want to sell you too. I don't think it could be done.

I think it's very important, if I could say one last thing about this, I think it is really important, particularly given what's happened in the last six, seven years in this country, that the president of the United States be honest with the American people. And I also think that honesty starts right here in the campaign.

KAREN TUMULTY: And if you were putting together your health care plan, there are people who argue that the whole idea of basing your health coverage on where you work is just an anachronism. It's a historical accident.

JOHN EDWARDS: Yes.

KAREN TUMULTY: You, however, chose to build on that system. Why is it that you didn't, as some people suggested, why did you reject the idea say of government run Medicare for everybody or some other form of health care that would again get rid of a system that is essentially a historical accident?

JOHN EDWARDS: Well, there's a judgment that has to be made on the front end. It is true that single-payer health care systems in the world dramatically reduce costs and significantly reduce administrative costs, particularly compared to private insurers. It's also true that a lot of people who are listening to this forum like the health insurance they have now and would like to keep it.

And my judgment is, number one, to get it done so that we don't spend another decade arguing about whether we keep the system we have now or actually have universal health care. I think this system, my proposal, a truly universal plan, a bold plan, but doesn't go directly to single-payer, can be accomplished. I think it can be accomplished politically. I think we can get support from across the political spectrum and will accomplish a lot of what we want to do.

Second, it does give people choice. And I think Americans have become accustomed to having choice, and I think they want to be able to choose what their health care plan is. Now, it may be that that gravitates towards a single-payer plan because they will have the Medicare plus the choices. And if that's the case, then the whole system can go in that direction. But you'll decide that. Consumers will decide that. So I think actually this plan makes sense in terms of moving us forward, getting a universal health care plan in place, giving people the choice of the equivalent of a single-payer plan with Medicare Plus, and then we'll see where it goes from there.

KAREN TUMULTY: I think he have time for one more question from the audience, and this is on a subject that's very near and dear to a lot of SEIU members. Reggie Warner is an RN from UHS Desert Springs Hospital. Are you here?

REGGIE WARNER: Hi, I'm Reggie Warner. I'm a new nurse at UHS Desert Springs Hospital. I see what happens to patients every day in the hospitals because of short staffing. And I also see what happens to nurses who leave the hospital because of job burnout and overall dissatisfaction. What do you plan on doing for state staffing and nurse retention?

JOHN EDWARDS: Well, we have a huge nursing crisis in America, which obviously you know about firsthand. I think a part of that crisis is dealt with by achieving a truly universal health care system where everyone gets reimbursed at a fair rate for the services they're providing. And in the context of achieving this universal health care system, we can regulate in a way that requires the staffing be adequate.

What we're seeing now, as you know, nurses working extraordinary -- nurses, who are the primary caregivers in a hospital, certainly in a hospital setting, they spend a lot more time with the patients than physicians do, and in many cases they're stressed, they're working long hours and they're terrified, as you know, because I hear it every time I talk to a nurse, they're afraid that the results of all this is they're going to make a mistake, and the patient is going to be the one who suffers.

So I think we need to, in addition to having a truly universal system, in addition to regulating in a way that keeps staffing at an adequate level, which is much easier to accomplish in the context of a universal health care system, I think in addition to that we, as a nation, need to make a commitment to beef up our availability of nurses, which means more investment, more scholarships in nursing schools.

It means providing incentive to get nurses who have graduated to the places where they're needed the most where the nursing shortage is most severe. In other words, incentive pay, some help from the government to help attract nurses to go to the places where they're needed the most. And then create a working environment that allows nurses to be the professionals that they so desperately want to be.

KAREN TUMULTY: That's our time, Senator Edwards. And, again, thank you very much for being here, and best wishes going forward.

JOHN EDWARDS: Thank you. Thank you all very much.

KAREN TUMULTY: The next candidate that we are about to hear from is a neighbor, Governor Bill Richardson of New Mexico.

BILL RICHARDSON: I want to thank SEIU and the Center for America Progress for putting this event together. And my first thoughts, and Barbara, my wife's first thoughts today are for Elizabeth Edwards and the Edwards family in this very trying time. And if

there's one message about policy message related to this situation is that as Americans we should spend more, invest more in cancer research and the National Institute of Health and many of our entities that are underfunded and with flat budgets. We should invest more in stem cell research. We should find ways to invest in the diseases in this country.

We, as Americans, are in crisis today. As a governor I have to deal with the health care crisis every day. We got a problem with increasing access, coverage and controlling costs. Since the year 2000, health care premiums have increased for American families about 80 percent. 4,000 Americans lose health care coverage every day. We spend \$2 trillion on health care. 31 percent of health care costs are spent on bureaucracy and red tape instead of direct care. It is critically important that we device a strategy, first of all, that doesn't create any more bureaucracy. We have enough bureaucracy. As a governor I've been able to control costs. I've even cut taxes for working families and at the same time extended coverage.

So what would I do as a president? First, to deal with increasing coverage; number one, all Americans and all businesses should have the same coverage, should be able to purchase coverage as members of Congress and the president of the United States. We need to do that and we need to do that.

Number two, I would start something new. Americans 55 and older should be able to purchase coverage through Medicare. Today it's at 65. Number three, a trade. And this is how a governor would operate. The federal government, Medicare goes to treat seniors and the disabled in exchange for the state dealing and increasing Medicare coverage for children and families. And number four, veterans. We should give our military veterans the access they need anywhere they want, any time they want. And I would have a hero's health card that would enable our veterans when they get out to get coverage choices anywhere they want. They should not have to drive 200 miles to the nearest VA hospital.

Now, this is how I would deal with coverage. What about costs? I would have a cooperative plan between the employer, businesses, the state and the federal government. I would propose a refundable tax credit for those Americans that need coverage based on income. Number two, I would clamp down on credit card companies that are covering excessive interest rate costs. I have a health secretary who her brother is paying 18 percent. A lot of Americans pay their health care through credit cards. 18 percent interest rate. I would put a cap on those costs. I would also make sure that we have a prevention strategy, early prevention, kids. As a governor I eliminated junk food in schools.

I just signed a statewide smoking ban and I would do that as president. I would have a promotion of healthy lifestyles. Give tax credits to companies that encourage their workers to be healthier, to exercises. I would also make sure that we have a strategy to deal with a 31 percent of excessive health care costs and bureaucracy by electronic records. I would also find ways to ensure that we have an answer, how do we pay for this?

This is how I would pay for this health care plan. Number one, we reorder priorities in this country. We get out of Iraq and put the \$400 billion that we have in Iraq and shift it to human needs. Number two, we spend 2 trillion on health care. We shift and reorder priorities in terms of reducing inefficiencies in our system. And number three, we would offer options for all Americans to get health care coverage.

Workers must get health care coverage. But you help them. But you help them if they need it. And businesses. And small businesses have to participate in health care plans for all those employees. That's what I would do as president. This is a plan that would not add bureaucracy. This is a plan that could be paid for without any new taxes. This is a plan I believe that says to the American people, if I have a health care plan and I'm satisfied with it, I could keep it the way it is. I believe also that as Americans we have to ensure prevention. That is so important. Making sure that we start early, making sure that we promote healthy lifestyles. That would be my plan as president.

KAREN TUMULTY: Governor, I'm afraid if you're attacking junk food you've already lost my ten-year-old's vote. So how quickly under your plan do you think you could get to true universal coverage?

BILL RICHARDSON: I believe with a Democratic president, a Democratic Congress, a stronger Democratic Congress I believe this plan that I outlined, which is basically a plan that is taking new ideas into an existing framework, could be achieved my first year as president. I believe it's doable. I believe what you're talking about is a shift in laws, for instance a trading of the federal role in Medicare, the state role in Medicaid for SCHIP in children. I believe what we're talking about too is within the cost structure, when you're spending 2 trillion on health care, remember there are 47 million uninsured in this country, and we're already paying for it. It's already being paid for. They're in emergency rooms. We're all paying for this. So it's a question of shifting priorities. So what we're talking about is I believe a very aggressive plan with new ideas that could be achieved the first year that I'm president.

KAREN TUMULTY: You know, as Washington has failed to address this problem, you and your fellow governors have moved forward and stepped into the breach; however, one of the most controversial aspects of the plan that Governor Schwarzenegger just recently unveiled in California is his proposal that illegal immigrants be covered under his plan. How would you see under your plan bringing in this very, very large segment of the population into the system or not?

BILL RICHARDSON: They're children. We should cover children. We should cover children, as long as they pay their fair share with everybody else. An essential component of my plan is that we all pay: Employers, employees, the government. But we help each other pay the fair share. The way you deal with immigration, one, yes we have to secure our borders, no question about it. Not with this stupid wall that is being proposed. But you also set up a legalization plan for the 12 million undocumented workers that are in this country. Maybe it's not very popular, but it makes sense based on setting a path to legalization that involves dealing with issues like health care that involves if they learn

English, if they pay back taxes, if they pass a background check. They don't get ahead of the line of those that are trying to get here legally. These are children. We should insure all children in this country.

KAREN TUMULTY: We have a question from David Slater in our audience, who's taken a look at the kind of health care that Congress gets and wants to know why he can't have it too.

DAVID SLATER: The governor brought up, back to my question, all members of Congress, Senators, staff, postal workers are all in a great plan sponsored by the federal government. I was in that plan. I'm a retired postal worker. It's a fabulous plan. Why reinvent the wheel? We already have an existing system that can function. We don't need any more bureaucracy, as you mentioned. Just implement that plan to everybody here in this room with everybody a U.S. citizen to have the same plan. As Senator Edwards said, he's comfortable. Every federal worker is very comfortable in that plan. Every postal worker has that plan. They have an option to pick from any insurance company they want. Why not just give it to the United States citizens right now? And the governor says that's something I can't believe can be implemented within one year.

BILL RICHARDSON: Well, look, that's the cornerstone of my plan that deals with coverage. In other words, you know, the members of Congress, the president, they get the best plan in the world. They have all kinds of options. What I'm saying is offer that to every American, to every business, to every American family in that federal health care system. I totally agree with you. It's an excellent question. Thank you.

KAREN TUMULTY: We also have a question by email from Ken in Olympia, Washington who wants to know how do you feel your experience as governor of New Mexico has prepared you to find solutions for the rising cost of health care and to achieve the goal of affordable health care for all? And if I can just add on to that, could you talk a little bit about, you know, what you've learned, what parts of the problem, the health care problem in dealing with it in New Mexico turned out to be harder to confront than you thought they were going to be?

BILL RICHARDSON: As a CEO of a state, governors have to deal with this issue every day. And the most I believe innovative programs in this country are happening in the states in experiments to cover our people, all our people and also control costs. As a governor, my approach has been, and my state is one of the highest uninsured, it's about 20, 21 percent. Ten percent of those are Native Americans that are supposed to be covered by a federal health care system, and they're not.

But the federal government is abdicating. So we try to help with state programs. What we need to do is what we do in the state. I started out with a health care plan dealing with this access issue. Number one, we were able to insure all children under five. Now we're trying to cover all working adults. The next phase will be try to cover the chronically unemployed. But we have attacked the prevention issue aggressively, as I mentioned. We cut junk food out of schools. I signed recently last week a statewide smoking ban. We

should nationally give incentives to companies that give their health care workers time to exercise or an opportunity to build a healthier lifestyle. We should find ways also that in the American system we encourage the American people to start earlier, early childhood, preschool.

This is so important. School based health centers at all our schools. But also recognize that it's going to take research. It's going to take efforts, aggressive efforts to deal with deadly diseases, to deal with malaria, to deal with issues that relate to suicide prevention for children, to deal with issues that relate also for children that have sickle cell anemia or diabetes prevention. We don't focus enough on prevention. And prevention, we spend 75 percent of health care costs on chronic diseases and only five percent on prevention. That should shift.

KAREN TUMULTY: We also have a question from another SEIU member in the audience, Tracy Powell, who works for the Department of Family Services in Clark County and is really on the front lines every day of seeing another aspect of the health care crisis.

TRACY POWELL: Good morning. I am a social worker for Clark County Department of Family Services and a member of SEIU. On a daily basis we see how mental health services and substance abuse issues impact children and families. Typically there's very limited resources for mental health. How would you address the mental health services and the care provided and coverage provided for mental health services?

BILL RICHARDSON: Well, for years mental health has been given lower priority in health care than almost any other problem. One out of five Americans has some kind of mental health problem, including schizophrenia and depression. And for years in terms of insurance and coverage we've neglected mental health. As president I would not do that. What we did in New Mexico is we brought all mental health bureaucracy programs under one roof into what's called a mental health collaborative. And we need aggressive efforts to include mental health in all types of coverage.

We need to find ways also that we deal with substance abuse. You mentioned that. In New Mexico and the west, and Nevada right here, meth is the biggest problem, and we don't have answers in terms of how we can best treat it. If you're going to deal with substance abuse, mental health problems, alcoholism, what is critically important, not just law enforcement, incarceration, but treatment and education, an investment in serious substance abuse programs that can make things better.

KAREN TUMULTY: Governor, does that suggest that you support full parity for mental health coverage? Certainly your senior senator of your state, Pete Domenici, has been very outspoken who's been a national leader on that very subject, but opponents say, look, this is just going to, talk about rising costs, the costs would just explode if, in fact, mental health services were covered the same way as physical health services.

BILL RICHARDSON: I would include mental health services. Yes, I would. But, see, everybody is talking about costs. What I'm saying is if we manage our health care system more efficiently, eliminate a lot of the duplication. Just think, 31 percent of our health care costs is bureaucracy and red tape, and it's not direct care. If we find ways to make that more efficient, with perhaps electronic records, with, you know, you have 50 states managing 50 Medicaid programs. You've got a Medicare system that has hundreds of health care plans administering it.

If you're able to find an elimination of that bureaucracy and red tape and make it more efficient, you would have that 31 percent go more to direct care. So those that say you need to increase the tax, you need to find other sources of revenue, I believe we can do it within the existing system and cover all Americans and control costs and be fair. But an essential component of the plan that I learned is that we have to be part of it: Employers, employees, state, the federal government. It's a cooperative, collaborative relationship catalyzed by the government, making health care universal coverage something that we can do, I believe, as I said, within a year. I believe it's doable.

KAREN TUMULTY: Well, I think we have time for one more question, and that would be so you proposed basically building on the existing system that we have and attacking this problem from a number of different directions. Which one do you do first?

BILL RICHARDSON: Well, you have to do them both at the same time. You have to control costs, and you have to expand health care coverage. But I propose, as you said, some new ideas within an existing system. And the new ideas are the trade between Medicare and Medicaid, what the states would do. It has to be an exchange. We have to make sure that the states do spend money on SCHIP, on children, on families. And the new initiative would be what this gentleman proposed, and that is let all Americans, businesses, families be part of the federal health care system that the Congress enjoys, and with our veterans.

I mean, you're talking about a sizable population. Give them access anywhere they want to go. If it's two blocks from their home, they have to drive miles and miles. This is all new within an existing system. And then finally, just find ways to ensure that the states and the federal government have a cooperative relationship. I'm a governor. It's very hard for us to get waivers to do some of the experiments that are so important to the SEIU, to the American people. The bureaucracy strangles our system so much that a major component has to be a way to tame the bureaucracy so that it works for people and not against people.

KAREN TUMULTY: Well, thank you very much, Governor Richardson. Our next candidate that we are going to hear from this morning is Illinois Senator Barack Obama.

BARACK OBAMA: Well, thank you so much, everybody. It is wonderful to be here. Thank you to UNLV for helping to sponsor this event, to CAP for the outstanding work you do, but most of all thanks to SEIU. I've got a history with this union. When I was a young organizer, I had just moved to Chicago. I started with working with SEIU Local

880, home health care workers, to make sure that they were registered to vote. I had a say in the politics in Illinois. When I went to the state legislature, I worked with Tom Balanoff in SEIU to make sure that children who didn't have health care received it. And we made sure that hospitals report on the quality of care, the staffing ratios that they had set up, and now we're working together at the federal level to make sure that all Americans, not just some Americans, are allowed to prosper.

But the thing that I appreciate most about SEIU and Andy Stern and Anna Burger is you guys recognize this world is not standing still. And we've got to take the values that have made America great but we have to adapt them to new times. And we know what those challenges are. Because of globalization, because of automation what we're seeing is increasingly a situation in which the benefits of this new economy accrued to just some and leave too many behind. Wages, salaries have flat lined and benefits are diminished. And the message that we've heard over the last six years is, You're on your own.

The troubles, the difficulties, the burdens of globalization are going to be placed on the backs of workers. But there's always been another vision that says we're in it together and that the burdens and benefits of this new economy have to be spread evenly across the economy, and nowhere do we see that more than in the issue of health care. Everybody here knows the statistics. We as a nation spend \$2 trillion every year, more than any nation on earth, and yet we still have 47 million people who are uninsured, 9 million children who are uninsured. We've got families who are being bankrupt as a consequence of rising costs and we've got businesses that are being rendered uncompetitive because of these rising costs. Now, everybody on this stage is going to have a plan to move this health care debate forward. I will be putting out a plan over the next couple of months that details how I would approach the basic principles that by the end of the next president's first term, by the end of my first term, that we're going to have universal health care for every single American in the United States.

And there are going to be some basic principles; that coverage has to be universal, that we're going to have to save costs and get more bang for our health care dollar, that employers, government and individuals are all going to have to put up something, and that savings that we obtain from making a more efficient system can't be just obtained by hitting frontline workers. But in addition to those basic principles I think, what I think is most important is we recognize that every four years we hear somebody has got a health care plan. Every four years somebody trots out a white paper, they post it on the web. But the question we have to challenge ourselves is do we have the political will and the sense of urgency to actually get it done.

I want to be held accountable for getting it done. I will judge my first term as president based on the fact on whether we have delivered the kind of health care that every American deserves and that our system can afford. And I'm not going to be able to do it on my own, so I hope that the SEIU will partner in that process. Thanks, everybody.

KAREN TUMULTY: Thank you, Senator. You gave a speech in January where you said that the time for half steps and the time for half measures in health care is over with.

BARACK OBAMA: Right.

KAREN TUMULTY: But thus far we haven't seen a plan from you yet, and so I'm going to turn my first question over to Morgan Miller who went on your website looking for specific answers and didn't find them. So I'm going to give him a chance to ask you those specific questions now. Morgan?

MORGAN MILLER: I, like many young Americans, went on your website to find some information about you, and all I saw when it came to addressing the health care issue was things like HIV, which is very important, and issues like lead poisoning. And so I was wondering what really are your top issues when you want to talk about health care? Are you going to address the pharmaceutical companies? Are you going to address the insurance companies, because it's not online.

BARACK OBAMA: Right. Well, keep in mind that our campaign now is I think a little over eight weeks old. And so we will be putting a very detailed plan on our website. One thing I want to make sure of is that you're going -- I'm not sure whether you're going to the campaign website or my Senate website. So we haven't transitioned all that information from our Senate website over to the campaign website. But, as I indicated before, my commitment is to make sure that we've got universal health care for all Americans by the end of my first term as president.

There are some basic principles that this plan will have. Number one, we're going to have to make sure that everybody is in. Number two, we've got to make sure that we apply some principles, because I think every expert agrees to in terms of how we save money and get more out of the dollars that we're already spending. For example, we've got to put more money in prevention. It makes no sense for the children to be going to the emergency room for treatable ailments like asthma. And if we are giving them regular checkups with their primary care physician, then we're going to save money in the system. Twenty percent of our patients who have chronic illnesses account for eighty percent of the costs. And so it's absolutely critical that we invest in managing those with chronic illnesses, like diabetes. If we, for example, hire a case manager to work with them to ensure that they're taking the proper treatments, then potentially we're not going to spend \$30,000 on a leg amputation if they're diabetic. Application of medical technology can not only reduce administrative costs but it can also improve quality and reduce medical errors. We're going to have to take those savings and apply them to those persons who can't afford health insurance so that they can buy into the system that we're subsidizing them in some fashion.

Another principle is that it's going to have to be some form of pooling of costs of risk. And there are going to be a number of proposals, and they're out. I heard in some of the previous questions that one pool would be the federal pool that already exists for myself and other federal workers. Some states, like California and Massachusetts, already started to set up their pools. Whatever the mechanism, we're going to have to have a pooling system so that individuals have the benefits of being part of a larger group. And the final

thing that I'll just mention is that we're going to have to do something serious about quality and how we spend our money. Not only do we have to put more money in prevention, but we've also got to make sure that, for example, if a generic works just as well as a brand name drug, that we're not fighting drug companies to dictate what is on the formulary, what drugs are available under a plan but we make sure that the money is spent on the most efficient drug for that particular disease.

If we do all those things, I believe there's no reason why we can't end up with the kind of health care system that would ensure that every American has high quality, basic health care. Now, I promise you that this will all be on the website. If we have another forum in a couple of months and it's still not there, I'll be in trouble.

KAREN TUMULTY: Senator, on the question that is really the lynchpin of all these other questions, which is coverage, there are only a few ways of getting there. Could you at least give us a sense of where your thinking is on this? Have you accepted or rejected any of the concepts like an employer mandate or require that employers provide coverage? An individual mandate where people would have to buy into the system the way they do with auto insurance?

Are you wedded, for instance, to this idea, as the first two candidates were, that we basically should stick with this system in which most people get their coverage from their employers or have you found any positives to the idea that's being offered by your colleague, Ron Wyden, to essentially break that system and come up with a new one? Could you at least give us a sense of, you know, which possibilities here intrigue you and which ones that maybe you're dismissing at this point?

BARACK OBAMA: Well, we have a plan that we are in the process of unveiling. What we want to do is try to set up a series of round table discussions before we actually announce it. Not just with experts, which we've already done, but rather with frontline workers, with nurses, with doctors, with consumers, which we're going to be scheduling over the next couple of months in terms of rolling it out. But let me just address a couple of points.

As I indicated before, I think that we're going to have to have some system where people can buy into a larger pool. Right now their pool typically is the employer, but there are other ways of doing it. I would like to -- I would hope that we could set up a system that allows those who can go through their employer to access a federal system or a state pool of some sort. But I don't think we're going to be able to eliminate employer coverage immediately. There's going to be potentially some transition process. I can envision a decade out or 15 years out or 20 years out where we've got a much more portable system. Employers still have the option of providing coverage, but many people may find that they get better coverage, or at least coverage that gives them more for health care dollars than they spend outside of their employer. And I think we've got to facilitate that and let individuals make that choice to transition out of employer coverage.

I do believe that employers are going to have to pay or play. I think that employers either have to provide health care coverage for their employees or they've got to make a decision that they're going to help pay for those who don't have coverage outside the employer system. So I think that's one important principle. And as I said, the second important principle is that we're going to have to put more money into prevention, more money into chronic care management, more money into medical technology, because that is how we're going to accrue the savings that help us provide subsidies to those who don't already have it.

KAREN TUMULTY: Now I think I'd like to turn to a question from one of our UNLV students who's here, and I'm not going to make the mistake as I did with Morgan and assuming this is a male. Michael Lyle is a journalism student, and I probably ought to talk to you afterwards about the wisdom of that. Are you here, Michael?

MICHAEL LYLE: Yes. Currently there are major disparities in both access to insurance and health care for racial and minorities. How will your plan address this issue?

BARACK OBAMA: Well, one of the biggest reasons that there are disparities is that African-Americans, Latino Americas are much more likely not to have health insurance. And so if we set up a system in which everybody's got health insurance, some of those disparities are immediately going to be reduced. And I'm sure one of the statistics that's already been mentioned is that close to 80 percent of those without health insurance works. They are in some cases actually folks who are working in the health care system but don't have health care benefits. And they're cleaning bedpans and, you know, cleaning floors in hospitals and, you know, unfortunately don't have access to the same system which they're a critical part of. So those groups are disproportionately minority.

That would be the first step. There are some particular issues within the minority community that I think we can address in a targeted way. Morgan earlier mentioned the issue of lead paint. Now, that may seem like an ancillary issue except for the fact that in cities like Chicago, the incidence of lead poisoning among African-American, Latino youths is sky high. It has huge ramifications in terms of their long-term health. Obesity and diabetes in minority communities is more severe.

And so I think targeted programs, particularly to children in those communities, to make sure that they've got sound nutrition, that they have access to fruits and vegetables and not just Popeye's, that they have decent spaces to play and outdoor activities instead of just being couped up in the house all day. Those are specific areas where I think we can target the minority communities. And we've already mentioned HIV/AIDS. The incidents is growing, is much higher in poorer populations, and those tend to be minority populations. And so making sure that we're putting money into HIV and AIDS in those communities I think would make an enormous difference. So there are going to be areas where we target specific problems that plague minority communities in particular.

But the most important thing that we can do is make sure that every single person has coverage, every single person has access to basic primary care and preventative care. If we're doing that, we're going to see those disparities close significantly.

KAREN TUMULTY: Now we have another question by email from Wendy in Oakview, California. And she wants to know as a single mother who meets the bills but not much more, I fall through the cracks making too much for state assistance but not enough to afford health insurance. So what will you do for people like me?

BARACK OBAMA: Well, I think that is the group that I just referred to. Working people aren't getting benefits on the job, don't qualify for Medicaid. And we're going to have to provide them a subsidy so that they can access health insurance. It's pretty straightforward. If you're working full time in the economy, there's no reason why you should not be able to access health care.

And one thing that I think is important is to recognize that there are a lot of small employers who would like to get health care for their workers but they themselves can't afford it because they don't have access to large enough pools to allow them to save money. That's why I think it's going to be important for us in whatever system that we set up to make sure that in addition to the employer based system that we've got an alternative system that individuals who aren't getting it through the job can access. Now, I just have to repeat something I said earlier. And I'm absolutely convinced of this. The most important challenge for us is to build a political consensus around the need to solve this problem.

There are only a handful of options. You mentioned some of them that are out there. John Edwards has put out a plan which I think is very credible. Hillary Clinton has been working on this for a long time. I was listening to Governor Richardson. He's got some good ideas. Everybody is going to have some good ideas. The question is are we able to bring a majority of people together around the need to solve the problem now. And one thing that makes me feel more optimistic about this than I might have been ten or twelve years ago is the fact that business is feeling the pinch.

You know, large corporations recognize that they can't be competitive on the international stage if their health care costs are rising at a constant clip and their competitors don't have to pay any health insurance because it's all covered through a government system. Small businesses know that their employees are not going to be as productive if they don't have health insurance. So what I think is an enormous opportunity for the next president is to bring business, labor, consumers, providers together and stay focused on it for a year, two years, however long it takes to make sure it happens.

KAREN TUMULTY: Well, and one more question. We have time for one more question. And so I realize that your plan is still a work in progress. We heard some disagreements on this stage already today about whether it is possible to do this without raising more

taxes. Have you come into this with a particular perspective on this or are you going to put taxes on the table or take them off now?

BARACK OBAMA: I think that we're going to have to put some money on the front end into creating a new system. Let me just take a simple example. If we're going to be serious about using medical technology to cut down on the administrative costs, bureaucracy, make sure that we don't have everything signed in triplicate every time you go into a hospital, if doctors and nurses and pharmacists are communicating effectively through PDAs instead of writing scribbled notes that nobody can read, if we do all those things, there are a lot of community hospitals out there that may not afford, may not be able to afford the computerization and the software system to set that up, and we may need to subsidize them.

So we're going to have to put some money in on the front. I think that we can by making the system more efficient, get a lot of money out of the system and use that to help subsidize workers who have it and to improve the efficiency of the system. I haven't yet made a decision in terms of how much additional money is going to be needed to meet my goal of ensuring that universal health care exists in this country within six years. I can tell you that I will do whatever it takes, because I think over the long-term it's good for families, it's good for business, it's good for the country. So I have not foreclosed the possibility that we might need additional revenue in order to achieve my goal, but I think we shouldn't underestimate the amount of money that can be saved in the existing system.

And I think also it's important to recognize that we may be putting in some front end investments. We may have to spend several extra billion dollars on the front end as we transition to a more intelligent system. We will get those savings on the back end. Although, one last point that I would make, I want to make sure that those savings go into the pockets of families and not just insurance companies or drug companies. That I think is very important. So one of my priorities is to create a more efficient system.

Whatever the mechanism is, I want to make sure that families are seeing lower premiums, lower co-payments, and also that health care providers are not getting squeezed in this process of making more efficient. I get most disturbed when I start hearing the best way to save the system is basically to cut reimbursements to hospitals or cut reimbursements to doctors or, you know, stop giving raises to nurses or have nurses work 10, 12, 15 patients or 20 patients. That's not really saving the system, all that's doing is just compounding some errors we've already made in the system, okay.

KAREN TUMULTY: Thank you very much, Senator.

BARACK OBAMA: Thank you very much. I appreciate it. Thank you, guys.

KAREN TUMULTY: The next candidate that we're going to hear from this morning is Senator Hillary Rodham Clinton.

HILLARY CLINTON: Well, hello, everyone. I am so happy to be here and to be part of this today. First I think we all want to make sure to send our thoughts and prayers to Elizabeth and John Edwards. I'm very impressed by Elizabeth's strength and optimism, and I'm looking forward to seeing both Elizabeth and John on the campaign trail going forward. And I want to thank you UNLV for hosting this.

It's great to be here and to be in one of the early caucus states. And I want to thank CAP, the Center for American Progress, for all that CAP is doing to put health care on the agenda for America. And I especially want to thank SEIU.

I want to thank you for not just talking about health care but actually representing people who provide health care and take care of all of us across the country. I want to thank Andy Stern for being a leader, a visionary leader on this. And I especially want to thank all of my New York state 1199 SEIU members who I am proud to work with every single day. Now, you know, I feel a little bit like this is deja vu all over again. I mean, I worked with some of you all those years ago when we tried to convince the country and the Congress, we convinced the country but we didn't convince the Congress, that we needed, for the sake of our country, to move toward and achieve universal health care coverage.

Now, I am proud we tried. We may not have succeeded, but we set the groundwork in place so that now people are saying, boy, we wish we had done that back then because costs have continued to increase. Pressures on the system, on our doctors, our nurses, our health care workers have just been so stressful. I meet nurses every day who tell me they're thinking of quitting the profession they love because they are having to work overtime. They now have two nurses covering where four or five used to cover. They're not being given the support they need. And each one of you could tell me a story like that. So what we need to do is to make a commitment. And I'm proud that everyone running on the Democratic side is committed to universal health care coverage. Now, we were only given three minutes.

Some of you know I could talk three hours or three days about health care, but let me just briefly say, number one, I am in favor of universal health care coverage that brings in the 47 million who are uninsured, which is a disgrace in our country to have millions of people who are left out of the system that begins to guarantee coverage to people who already have insurance, because, let's not kid ourselves, there are a lot of people who think they have insurance except when they need it.

I met a woman in Austin, Texas last week who said, I'm a teacher, Senator. I make \$38,000 and I have insurance through my employer, but last year I spent \$19,000 out of my pocket, half of her income, because she had a preexisting condition. So we can't get universal health care coverage unless we end insurance discrimination once and for all. Now, I don't want to wait until I'm president to do that. I'm going to introduce legislation while I'm in the Senate to end insurance discrimination. Guaranteed coverage. No more cherry picking. You cannot eliminate people on the basis of preexisting conditions, because that's what we need insurance for. And, you know, we've now met the human

gene. We're going to find out we're all susceptible to something. So none of us are going to be insurable if we don't change this system. And I think we need to start now in order to make sense out of it and get people the coverage they deserve to have.

We are also going to make better use of the money we've got in the system. We already spend more money than anybody in the world and we don't get the best results, because we have all these uninsured people and all these underinsured people. And many of you, and people just like you all over our country who can't afford your deductibles and your co-pays so you go without care and then the problem gets worse. So we're going to improve quality. We're going to control costs. And we're going to once and for all have a health care system that is worthy of our country.

Now, I know probably better than anybody how hard this will be. Yeah, I know. I've got the scars to show for it and I've been through it, but that just makes me more determined. But it also makes me understand what we're up against, because we've got to modernize and reform the way we deliver health care, but we have to change the way we finance health care. And that's going to mean taking money away from people who make out really well right now. So that is going to be a big political battle.

What I'm doing in my campaign is talking about health care every chance I get, asking people for your ideas, your suggestions. I was listening to some of the questions that were asked. Great questions, deserve answers. We're doing to have to deal with every single one of them. But if we don't have the support to get a bill through the Congress, we can keep talking about universal health care coverage, and the number of the uninsured and the underinsured will keep going up, and we'll keep spending more money and we won't have very much to show for it. So we don't only need candidates to talk about it, and we don't just need candidates to have a plan.

We're all going to have plans, that's not in doubt. We need a movement. We need people to make this the number one voting issue in the '08 election to send a message to the Congress and the special interests, we're serious and we're going to get it done this time. So as I said, Karen, I can keep talking but I'm sure my time for three minutes is up, so let me turn now to the questions.

KAREN TUMULTY: Well, thanks a lot. Do you want to have a seat?

HILLARY CLINTON: No, I'll stand.

KAREN TUMULTY: Okay, terrific. Well, I was intrigued by a comment you just made. You said that we're going to change the way we finance the system by taking money away from people who are doing well now. Who specifically are you talking about?

HILLARY CLINTON: Well, let's start with the insurance companies. The insurance companies make money by spending a lot of money and employing a lot of people to try to avoid insuring you, and then if you're insured to try to avoid paying for the health care you received.

And I see this all the time. You know, my office spends a lot of effort helping people who have insurance get health care. Two quick examples. A father called me from northern New York, had a son with a very serious ailment. He was well-insured. He worked, had worked for a long time for the same employer who gave him a good policy. His son needed a special operation, and the insurance company said no, we're not going to pay for that. There was only one place in the country that really could perform it, and the insurance company said, I'm sorry, that's out of network, you've heard that, we're not going to send you to have that done.

So my office intervened, and, you know, we get a little bit of attention when I call, and we said, you know, we don't think this is right. This man has paid his, you know, share of his premiums. His employer has bargained for this insurance coverage

So make a long story short, we got the operation, but I just don't think that people should have to go to their United States Senator to get their insurance company to pay for what they deserve to have.

Second fast story. We are having an epidemic of diabetes. You all know all that. We have young people being diagnosed with adult-onset diabetes. I'm talking 12-, 13-, 15-, 16-year-olds. We are seeing the cost of diabetes go up exponentially.

Well, a lot of insurance companies will not pay for someone who's pre-diabetic or been diagnosed with diabetes to go to a nutritionist to find out how better to feed themselves and their families, to go to a podiatrist to have their feet checked. But they will pay if you have to have your foot amputated.

Because the reasoning is, and the insurance companies will tell you this, they don't want to pay for preventative health care because that's like a lost amount of money because they're not sure that the patient or the insured person will still be with them. But if they're confronted with the doctor saying we're going to have to amputate the foot, they're kind of stuck with it.

That is upside down and backwards. So we could save money if we changed the incentive to require that preventative health care and wellness be covered and incentivized, and we could require that every insurance company had to insure everybody and no exclusions for preexisting conditions, and that would be one thing we could do.

KAREN TUMULTY: Speaking of the way it's financed, when you do come up with your plan this time, is it going to once again include what was the most controversial aspect of your plan last time, which was this employer mandate, the requirement that companies cover their workers? And will it also have an individual mandate the way people have to buy auto insurance and the model that we've seen that was put forward in Massachusetts and California?

HILLARY CLINTON: Well, there are only a couple of ways to get universal coverage. And I'm pleased that a lot of the people on the Democratic side both running for president

and in the Congress are saying, look, we've got to do one of a couple of things. If we're going to build on these employer-based system[s], no more free riders. No more companies that don't insure everybody and shift their costs onto other companies that do and onto the taxpayer. So every employer is going to have to provide insurance or pay into a pool where that money can be used to help people. And we may have to say, look, it is everybody's responsibility to be insured.

You know, sometimes young people come up to me, and I understand this, I vaguely remember being young one time, and they say things like, you know, I'm healthy, I don't need insurance. I'll say, Well, do you drive in cars? Hey, have you ever driven a motorcycle? Do you walk across the street and sometimes not look at the light? You have no idea what can happen to you. Insurance is supposed to be available to make sure that when something happens to you you'll be taken care of. And frankly it is to protect the rest of us who are taking care of ourselves. We're being responsible.

So I've been impressed that on both ends of our country, in Massachusetts and California, an idea that we first floated back in '93 and '94 which was to say, look, individuals have to be responsible so if your employer doesn't provide it, and if you're not covered by one of the government-funded programs then you're going to have to be in the system. Because otherwise if something does happen to you, you're going to be the responsibility of everybody else. So the so-called individual mandate is really the individual responsibility policy. I think that has to be looked at as well.

But we also need to look at how we provide an alternative for businesses that are not going to provide health insurance. And there are people that are not going to have it and where can they go to get a good policy. Well, we have two really good programs operating right now. Medicare, which takes care of people over 65, has the lowest administrative costs of any insurance program.

You know, when you look at how much private insurance charges for administration and overhead and profit of course, you compare with Medicare, there's no comparison. Medicare is like 10 three percent compared to anything from 10 to 35 or up. And we have something called the Federal Employees Health Benefit Plan, where people like members of Congress and people who work for the federal government, they can go into this pool, it's what it's called, it's a big sharing arrangement, and they can have a lot of different choices and then they can pick what kind of insurance policy. If they're young and they think they only need catastrophic care, because that's all they're worried about, they can get that. If they have kids with some kind of problem, they can get coverage for that.

So we can look at how we provide a backup government-sponsored approach to complement the employer system if we stay with the employer. And the final thing I'd say about that is, you know, one of the things that happened in '93 and '94 is that people thought that, even though this wasn't the case, but we didn't do a good enough job explaining it, we're going to do a better job this time, people thought, well, they're going to be required to change what they had, and a lot of people like what they have.

So we don't want to have people feeling like, oh, my goodness, the government is going to come in and they're going to tell me what I have to do and what doctors I have to go to. That was never ever part of the plan, but some people got worried about that. So building on what we have and having a bridge to make sure everybody is included and at the end of that bridge having an alternative that is a government-sponsored alternative gives people choice.

So that's what I think we have to look at as a framework, because really every plan you're going to hear about has some combination of those elements.

KAREN TUMULTY: Senator, right now I'd like to turn things over to Courtney Erickson, who in her job with the Clark County Housing Authority sees every day a lot of the kind of people you're talking about, people who have coverage but can't afford their health care. Courtney, are you here?

COURTNEY ERICKSON: As you know, I'm Courtney Erickson. I'm a proud member of SEIU, and I work for the Clark County Housing Authority. Many of the people that I serve on a day-to-day basis are low-income families, seniors and disabled people living on a fixed income. Many of them have health care, but still spend a lot of money out of pocket, which obviously they can't afford to do. So how and on what timeline are you going to rein in the health care costs?

HILLARY CLINTON: That's a really good question, Courtney, because if we don't get costs under control, you can have a universal health care plan and it will still keep costing more and more money for everybody in it, and then we'll be back to right where we are today.

So I want to do several things. Number one, as I said, I want to end insurance discrimination and make it clear that they're going to have to be under some, you know, restrictions about what they can charge people and what they can and cannot do to them when it comes to their insurance.

Number two, I had a bill that I worked on for four years in the senate to move us toward electronic medical records. We passed through the Senate, we didn't pass the Republican House so we're coming back to make it happen.

Why do I mention that? Well, those of you in health care know the answer. You spend so much of your time, you know, doing record-keeping, trying to read records that are illegible, trying to fax records to people who aren't, you know, right near home and need their records. And you go through all this, misplacing records.

We are drowning, and frankly people are suffering because we have a paper system in the health care field. We don't rely on paper in any other big part of our economy anymore. Because we rely on paper, we are wasting money. We can save by an independent assessment a hundred billion dollars a year if we move toward electronic medical records.

And I want to start requiring that people who do business with the government, namely Medicare, Medicaid, VA, you name it, the Federal Employees Health Benefits Plan, they're going to have to move toward electronic medical records.

And I'm willing to put some up front money into that to create a system where all these different health care IT systems can talk to each other, because if you're taking care of somebody here in Las Vegas, they have family say in Arizona or L.A., they go there, they slip and fall, they go to the emergency room, you start with a history. You start with tests that maybe they took two weeks or two months ago.

After Hurricane Katrina I went down to Houston to see the people who had been evacuated, most in them from the convention center. The elderly, the frail. People who were very dependent upon health care, their records were gone. Those 15 pieces of paper were destroyed. And a lot of doctors told me their biggest problem was trying to figure out what prescriptions to give to people, because you have a lot of elderly folks who knew they were taking pills but didn't know what they were. They said, "Look, I take a pink pill in the morning and a blue pill in the afternoon." Had no idea what it was.

The only people they could help were the people who had shopped at chain drug stores because they had electronic medical records. If we had that for all of our health care records, we'd get costs down and we'd have higher quality health care. So we've got to do all of this at the same time and help get these costs down and help people.

KAREN TUMULTY: Senator, you said that you can do this with no big new taxes. So where does this up-front money come from?

HILLARY CLINTON: Well, I'm talking for example on the electronic medical records, maybe \$200 million to get the architecture of the system put into place, you know, give or take money, but that's what we estimated when we did it originally a couple years ago. And there will be some investments, but when I'm talking about how much money we need to spend, let's look at what we spend nationally. It's not just what the government spends, it's what all of us spend. We already spend more money than everybody else.

I cannot see us putting more money as a national expenditure into health care without modernizing the system, without ending insurance discrimination, without beginning to emphasize wellness and prevention. People are going to have to start taking better care of themselves. We cannot afford all the illness that folks are bringing on themselves. There are some things we have no control over. There are some things we do have control over, and we need to start working on that, myself included, everybody else.

But what we really have to look at is how can we save money over the long run. So I'm willing to put in some up front investments to do the right thing. And I think we can then save money as we go forward, but I don't think we should start from the position where we say we're going to increase all of these costs by putting more money into a system that is broken.

We have to fix the system so it serves people better, it takes better care of those who take care of us and we take better care of ourselves and that is the way that I'd like to approach this.

KAREN TUMULTY: Senator Clinton, we're out of time, but I did want to ask you one last quick question. Several candidates we have heard from today have said that they think they can get to universal coverage in their first term. You have suggested that it could take two terms. It could take eight years. Are they being realistic?

HILLARY CLINTON: Well, I think we all are going to try to start as soon as possible. You know, it took three years to implement the Medicare prescription drug benefit. Well, you know what, I didn't vote for it, but, you know, and this administrative doesn't exactly have the greatest track record on competence, so I can't judge exactly by that, but it took a while.

I think we can move forward quickly, but make no mistake about it, this will be a series of steps. But let me end where I started. We're all for universal health care. You know, we had a big debate about it in '93, '94. That debate is over. The Democrats stand united. We are all for universal health care. What we have to do is persuade the country not only to vote for a Democratic president, we have to help elect a Democratic Congress.

Because if you look at the politics of this, and I know that people around are not thinking about politics because that's kind of a downer, but if you look at the politics, we got stopped in the Senate in 1994 by a filibuster. You know what that means is unless you get 60 votes, which mean usually unless you've got more than 60 Democrats you've got to get some Republicans.

We got stopped because they basically said, we're not going to do it. And we couldn't break it and that was the end. We can't get enough Republicans right now to vote with us to try to begin to end the war in Iraq. We can't. We're trying.

Every single week we come up with something else to try to get them to vote with us. But the way the Senate works, you've got to get the 60 votes. So that's why I said I sure hope you elect me president, but I want more Democrats in the Senate, and I want a movement to support health care reform. And we're going to need it so let's make sure that's what we do in the next two years

. Thank you all very much.

KAREN TUMULTY: So our next candidate that we are going to hear from is Senator Christopher Dodd of Connecticut.

CHRISTOPHER DODD: Well, good morning, everybody. And thank you very, very much for inviting all of us to come by here this morning to be a part of this program. I thank you, Karen, for acting as the host. The Center for American Progress, I want to

thank them as well. SEIU for their wonderful leadership. Andy Stern, I see Andy over here as well.

Let me also mention, by the way, I know he's already appeared here, I didn't get a chance to see him, but I think all of us across the country have incredible respect for Elizabeth Edwards and for John Edwards and what they're going through here today.

So I just want to begin these remarks about health care and not fail to mention them as well. I'm deeply proud of the invitation to be with you today. I'm proud of my relationship with the SEIU and its work over the eight decades of serving the interests of not only its membership but people across this country who are not members of SEIU who benefited from your leadership.

I've been through eight elections in the state of Connecticut and I'm proud to say that those eight elections I've had the support of SEIU, and I thank you for that support.

And for those 32 years that I've been in the Congress of the United States, I'm proud to say I have about a 95 percent voting record with organized labor in this country. I stand with union, I stand with labor, and I thank you as well for that relationship.

I mention that because I think it's important as we talk about where we want to go from here how we want to lead the country that we also have a good understanding of where you've been. And so over those 32 years of work I've been engaged in on behalf of working people, it's something I'm proud of, but it gives you some indication of what kind of leadership I offer as a Democratic nominee for the presidency of the United States and how I'd serve the country.

Again I'm preaching to the choir here in a sense we're talking about health care. We all know it's in a serious crisis. The numbers are startling. It is said that we rank something like 26 in the world in life expectancy, something like 28 in the world in infant mortality rates. We have third- and fourth-world countries that do far better than we do in protecting our youngest children here in this country.

We rank something like 37th in the world in terms of the overall fairness of our health care system, and we account for more than 50 percent of all the money spent worldwide on health care in the United States.

So anyone who tells you the health care system is working, those facts alone ought to be a source of collective shame in this country. The fact that we rank as poorly as we do, this is the United States of America, the most affluent country in the history of mankind, we need to be doing a far better job in serving the American people when it comes to health care. I stand firmly in my efforts to see that happen.

Let me say to you here as well what needs to be done. First of all, it's important when we talk about health care we don't limit the conversation of what needs to be done within the health care system itself. It was pointed out that in the 20th century we extended life

expectancy in this country by 30 years. Only five of those 30 years can be accountable because of improved health care. About 25 of those years actually come from better nutrition, better housing, better jobs, better incomes for people in this country. That had more to do with increasing life expectancy than actually the health care system itself.

The reason I mention that to you is because it's very important as we examine this issue we also look at issues like income and equality, like the ability to have decent retirement, decent wages, decent working conditions. Those elements we know empirically today improve the quality of people's health. If you're better off financially, if you're better educated, then the likelihood is you're going to be in better health.

So we need to understand there is a direct relationship between people and people's ability to have good paying jobs with good retirement and good working conditions if you're truly interested in making a difference on health care in this country.

It's very important those concepts and ideas be included in this discussion. As for the health care proposals themselves, let me quickly mention the four principles which I think are absolutely essential if we're going to deal with the health care system.

One is what you've heard already, I'm sure from the others as well, and that is universality here, that everyone participates, everyone benefits. That all the stakeholders, individuals, employers, the government are involved in coming up with a system here that would make it possible to reduce those numbers of 47 million of our fellow citizens who have no health care to make sure they'll be included.

Second is prevention alone. Minimum we try to do is see to it to reduce the cost by stopping people from getting ill in the first place. Around 70 percent of health care costs in this country are associated with chronic illness in America. We need to be doing everything we can to see to it that people get screening, get the proper management care to reduce those kinds of problems before they emerge.

The health care system today deals with these when you get sick. We ought to be doing a far better job of making it possible for people not to become ill because of the incentives we provide and the alternatives we offer for people. In fact, the Veterans Administrative, of all the problems they have today have been able to reduced hospitalizations by 60 percent in this country because of the work they've done of pre-screening and dealing with people before they become ill. So prevention has to be a major part of it.

Thirdly is building upon the good things we've done already: Forty years of Medicaid and Medicare. I would extend Medicaid to poorer families, hundred percent of poverty; the ones with children, 300 percent of poverty. Those programs have worked very, very well for people. Expanding them, extending them makes a lot of sense too.

And then last is the fourth principle, dealing with technology. I'm sure you've heard of this as well. Some \$80 or \$90 billion could be saved, not to mention the morbidity rates

by doing a far better job and utilizing the technology that exists today to see to it that people have an opportunity to improve their health conditions.

Let me tell you what also is important in all of this. We're looking at those of us who seek your support for this nomination. What have you been able to do? During the 26 years I've been in the Senate, I've taken Democratic principles and made them national policies. I spent seven years through two presidential vetoes to pass the Family and Medical Leave Act. It's my piece of legislation. Fifty million Americans have enjoyed the benefits of that legislation.

I started the children caucus in the Senate. I authored the legislation here with improved Head Start along with other programs dealing with infant screening, premature births, dealing with prescription drugs for children. In every instance I've done it by reaching out to people on the other side of the political spectrum.

Whatever we talk about here today needs to be a plan and a program that can build us and bring us together. We're not going to survive much longer in this country, my friends, divided 51/49. The ability to just do what we want to do is going to be dependent upon whether or not we can reach out off this and bring them to that table and sit down and work out these things together.

We can't wait much longer. I've done it on every one of those pieces of legislation. That's what I do as a legislator. That's what I would do as the president of the United States, to bring stakeholders together, work together with a common goal we all have in mind, and that is to see this country have improved health care, improved economics as well for people in our nation.

So I ask you today as we talk about these issues to look not only at what we offer you here but also the proven ability to bring people together, where we've stood over the years and where we'll lead in the future.

I'm the father of two very young children. I have a two-year-old and a five-year-old. In fact, my house right now is sort of like a Petri dish.

I've got a five-year-old and a two-year-old and one has a strep throat and the other has an infection of some kind or other, adenoids. And so dealing with children and their problems, going to school and coming back. In fact, I'm the only candidate that actually gets mail from AARP and diaper services, I want you to know. I have a broad reach here as a candidate to talk about the needs of people across the country.

But it's important to know what families go through who have young children. I'm a United States Senator. I've got a wonderful health care program. I want every single American in this country to have as good a health care program as every member of the United States Congress. That ought to be something we're going to stand there and fight for.

Thank you for listening. I ask for your support on the upcoming nomination process, and I promise as your president we will deal with this health care issue, we'll pull the people together, we'll have a good sound health care program for all Americans. Thank you very, very much.

KAREN TUMULTY: Senator, at least one political commenter out here has suggested that you should win the caucus if only because you seem to be the only person in the field who doesn't mispronounce Nevada.

CHRISTOPHER DODD: That's correct. Nevada. You've got to pass at least that test it seems to me.

KAREN TUMULTY: You were one of the original co-sponsors of Hillary Clinton's health care bill in 1993, and it never got so far as a vote on the floor of either House. You suggested there's been a failure of leadership on this issue. But, in fact, you know, all the old opponents are still out there. Is there anything that has changed in the political climate in the, you know, in the nature of the problem that would suggest that things could be accomplished on health care that simply were not possible in 1994?

CHRISTOPHER DODD: Yeah, I do. I see a number of things. First of all, just the cost alone. Twelve or 14 years ago the overall cost was somewhere a little less than a trillion dollars.

Today we're looking at a cost figure of somewhere in excess of \$2 trillion, closer to \$2.3 trillion. You're watching business and industry beginning to reduce those health care plans for people. They're not doing it because they're evil, in most cases they're doing it because of a cost factor. There's a growing constituency that in the past was hostile to the idea of having a universal health care plan that I think didn't understand the economic impact today better than they did 14 years ago.

So those factors alone I think are making greater and greater possibilities for people to understand that this is hurting. We're consuming now 15 percent of our gross domestic product in health care costs. That number could very easily jump to 20 or 25 percent very, very quickly. That becomes almost an unstateable number, not to mention of course the fact that we're leaving people out of the system today with the numbers that are growing.

The irony here we've got health care costs that continue to rise and the number of insureds continue to rise. So now we have a million more people than we did six years ago under this administration that have no health care, and that cost continues to go up.

I think the climate, Karen, is a lot better for us today, and again it comes back to bringing people together. I'm not engaging in something inconceivable here. On January 21st, the day after I might be inaugurated as president of the United States, I could invite literally Chuck Grassley, Ted Kennedy, Max Baucus, Ted Stevens. I'm talking about now people in the Congress who are responsible for the committee to deal with health care.

I've known every one of them for 30 years. I'm not going to spend a year or two getting to know them. They know me. I know them. We've fought against each other. We've worked together on issues. And I believe by bringing people together you know you've worked with to say let's sit down and get this done, the American people expect nothing less of us. We need to stop talking and achieve results I think we can have.

KAREN TUMULTY: Thank you. Since 1994 when efforts have -- oh, here it is, help with the issues we're having.

CHRISTOPHER DODD: I'm fading or something.

KAREN TUMULTY: Since 1994 when health care reform crashed and burned, Congress has sort of limited itself to incremental steps. And you've been involved in a lot of those. And so right now I would like to call on Pat Moore, who's an RN at UMC, to ask you about an issue that you've been very active in, which is expanding coverage of children. Pat, are you here?

PAT MOORE: Hi, I'm Pat Moore. In the state of Nevada we have an exceptionally high number of uninsured children. It's really discouraging to me because I've been a pediatric IC nurse at UMC. It's the only public owned county hospital in Southern Nevada, and I've worked there 25 years.

So I see the results of what happens when parents cannot provide or seek ancillary health care assistance for their children until it's too late, and oftentimes the result is the death of a child. So I would ask you what is your proposal, what is your platform for insuring every child in the United States?

CHRISTOPHER DODD: Well, first of all, Pat, thank you for what you do as a nurse. And let me take advantage of your question to point out as well that on this Tuesday I'll be introducing something called a Respect Act, which takes these Kentucky river cases, for those who follow these questions understand them, the NLRB, the National Labor Relations Board last year declared that anyone who was occasionally a supervisory, had a supervisory function as a nurse, would be prohibited from engaging in collective bargaining agreements.

My legislation overturned that. I think nurses ought to be organized collectively. And then I want to thank your leadership, Andy Stern, the AFL-CIO, and others who are already endorsing the legislation. Senator Kennedy [and] Senator Derby are already co-sponsors of the bill, but I want you to know the nurse shortage issue, how nurses get treated, health care providers is something that has a direct relationship again with the overall health care system in the country.

And again I appreciate your bringing up the children's issue. I mentioned I started the children's caucus in the senate with Arlen Specter some 26 years ago. Twelve million of that 47 million of uninsured are children in our country. The SCHIP 15 program is

something I was a strong backer of, supporter of, early author of that legislation to provide those kind of benefits.

I'll be quite honest with you, when that first came up I had some hesitancy, in fact all of us did in talking about those, Karen, because we had the feeling that if we just took care of children that it would make it harder to deal with the broader population.

But frankly things were moving so slowly that we decided we had to do something to directly reach out to see to it that children were getting a far better start in all of this. So in addition to making sure that families with children would get 300 percent. Three hundred percent of poverty would be included under Medicare. You immediately pick up an awful lot of our kids that you're talking about in your hospital.

The Family and Medical Leave Act makes a difference. I don't know if you know, C. Everett Koop, by the way, I voted against when he was nominated the attorney general because I disagreed with a lot of his view[s], and then he turned out to be my best witness when I was trying to pass the Family and Medical Leave Act. That was that radical idea that you ought to be able to spend time with your child without having to lose your job.

By the way, we're going to introduce in the next couple of weeks we're going to introduce the Family and Medical Leave Act with paid leave for people, by the way, so you don't have to -- but that relationship between parents and children during these periods of illness make a huge difference.

Again I see you nodding. You understand this better than others as a pediatric nurse. And, by the way, I thank pediatric nurses and the American Academy of Pediatrics. They've been fabulous when it comes to dealing with some of these children's issues.

And then getting into some of this stuff early on, I want to see school-based clinics in our country. I want to see a Head Start program that isn't just a literacy program but deals with the whole child so we end up dealing with proper nutrition, good beginning food, issues, all of these basic things. These are the kind of investments we ought to be making. I'm proud to have been chosen by the Head Start Association as the "Senator of the Decade" when it comes to Head Start issues. I wear that badge very, very proudly. I care deeply about early childhood education, what happens with the Head Start program.

Those are some of the things that we need to be doing. As I mentioned earlier, the infant screening legislation that I've authored, the prescription drugs for children, to get better testing for them, the premature birth legislation dealing with efforts in that regard. We just did a major bill on autism in the country for children as well. I've spent an awful lot of my time working on these issues.

When I got to the Senate, I discovered there was a caucus for every imaginable constituency in the country except that one out of four Americans were kids. That's the reason I put so much time on it and I will as president of the United States as well. I care deeply about it.

KAREN TUMULTY: Senator, you've talked a lot about in the past about health care involves hard choices. Sara in Minnesota has sent a question in by email saying what do you see as the most serious problem with our health care system: Cost, quality, or coverage? And you can't say all.

CHRISTOPHER DODD: Well, I'll begin with cost, because I think if you can deal with cost then these other matters can be dealt with. And so the cost of it is what stuns me. And out of all the incentives in our health care system today, our incentives are driving up cost. We need to reserve this and really turn the whole system on its head. If all we're talking about here is sort of tinkering with the status quo, all we're going to do is probably raise costs, maybe marginally deal with some of these questions. But today, unless you fundamentally alter how the system is going to work, then I'm fearful we'll be back here again four, eight years from now talking about the same subject all over again.

All these incentives today in health care are cost-driven. We don't provide the incentives within the system to do just the opposite way, and that is to encourage the incentives to have better lifestyles, to do things that are less harmful to you, to encourage businesses to provide environments for people to stay.

I come back to the point I tried to make earlier as well here. The incentive to have a cleaner environment, a better energy policy in the country, seeing to it that we insist on schools, for instance, that you don't have to market fast food or junk food.

Forty-nine percent of the schools in the United States of America have contracts with soft drink companies and junk food companies. Forty-nine percent. And then we wonder why kids have obesity problems. Then we wonder why they have diabetes problems.

So the cost issue, they do that because the money comes into a poor school district. They're struggling to make ends meet so that exclusive contract that allows that soft drink company to have a contract with them is very appealing to them to save some money. We need to deal with those underlying issues in my view as well here. The cost I would think is a major issue.

KAREN TUMULTY: And given this problem is what it is and the urgency that people feel about it, what's your sense of what is a realistic time frame for getting to universal coverage? Barack Obama says it's four years. Hillary Clinton says it's eight years.

CHRISTOPHER DODD: Well, you know, I'm impatient. I didn't jump into the presidential politics because I woke up when I was five or ten and decided this is my life's ambition. I've been relatively content and happy working in the United States Senate. I've got these two kids. A late bloomer in the father business obviously.

KAREN TUMULTY: What were you thinking?

CHRISTOPHER DODD: My daughter Grace was born 48 hours after 9/11 in Arlington, Virginia. I'm watching the Pentagon burning from the hospital she was born. I could watch her literally being born and see the Pentagon burn. And I thought ever since that moment, as all of you as parents or grandparents have, what kind of life is she going to have growing up watching those events? What kind of world is she going to grow up in?

And so I feel a certain amount of impatience in all of this. I think with the right relationship in the country, they insist upon issuing a priority. And I would tell you today I wouldn't put a time frame on it, but I make this the first order of business in a Dodd administration. This goes to the heart of our economics. It goes to the heart of who we are as people. It goes far beyond the issue of sort of one set of issues. The danger in forums like this is because we have a tendency to stovepipe the issue. We're here talking about health care. What I tried to say early on to you is that what happens in the workplace in terms of job possibilities, income, salaries, retirement benefits all contribute to the health care issues as well. Energy policy, environmental issues contribute to the health care policy. So when I understand the importance of having this discussion, it's important to realize it's far-reaching in its implications. So to me I would want to see us have a universal program begin, far sooner than, with all due respect, four or eight years.

I think with leadership in the country that makes this important, that makes this important. If you can have, if you get rid of these permanent tax cuts to the top one percent of income earners, get the war ended in Iraq that we're spending \$2 million a week, \$8 million a month, we can provide the resources to really move in this direction. So I would make it a top priority in my administration. I wouldn't want to put a time frame on it because I think it's too important but for us to get there as soon as possible.

KAREN TUMULTY: Great. Thank you very much.

CHRISTOPHER DODD: Thank you all very, very much.

KAREN TUMULTY: Next we're going to hear from Congressman Dennis Kucinich.

DENNIS KUCINICH: Good afternoon. Good afternoon. It's wonderful to be here with you. And as I'm listening to this discussion today it reminds me that you are the ones who have to insist that America reconnect with its greatness and its goodness.

Yesterday in the House of Representatives Americans were told that we can't have peace. We have to keep a war going for another year or two in order to have peace. I voted against that because I believe that we have to take a new direction which says if you want peace, you vote for peace and you have a plan for peace.

We're being told in this state and other place that you can't have kindergarten care or universal pre-kindergarten care, and yet when you accept that then you don't get it. Efforts are made to just cut short a movement. Today at this forum the sub-message is that you can't break the hold that the insurance companies have. Not a single candidate up here has challenged the underlying problem with our health care system, and that is

insurance companies are holding our health care system hostage and forcing millions of Americans into poverty with unconscionable premiums, co-pays, deductibles.

So I ask you, is it constant with America's greatness that candidates step away from the one solution that could change it all? A not-for-profit health care system is not only possible, but HR 676, a bill that I introduced, and a number of Congressmen, the Conyers-Kucinich bill, actually establishes Medicare for all, a single-payer system and it's a not-for-profit system. It's time we ended this thought that health care is a privilege. It is a basic right, and it's time to end this control that insurance companies have not only over health care but over our political system.

Think for a moment if Lincoln had decided, well, you know, there's just too much resistance to this idea of emancipation. Think if the suffragettes had decided, well, you know, we can't take on these men who are determined not to include women in the political process. What if Martin Luther King [Jr.] had said, you know, we can only push so far for civil rights, or Cesar Chavez had said well, you know, no [unintelligible]?

What if we buy into this logic that says can't have peace? We're being told here today to buy into a view of the world which says that, well, you know, but the insurance companies run the system. We'll have people, you know, we'll work out competition between the insurance companies and maybe we'll have government subsidize the insurance companies. Where is our call for greatness? What if FDR said, well, you know, we can't really do the New Deal?

I'm talking about a real deal for the American people, a universal single-payer not-for-profit Medicare for all, and it's good to be here with you to talk about it. It's already into legislative form. Sixty-two members of Congress have signed onto the bill. Over 14,000 physicians have signed on to the bill. The people of California voted for a plan just like it. The senate of New Hampshire endorsed it the other day. The legislature in Kansas put their name on it and endorsed the idea. We can do this. Yes, we can. Break the hold of the insurance company on our health care system and lift the American people out of poverty. That's what my presidency is going to be about. Thank you. Thank you. Thank you. So let's talk. Let's have a conversation.

KAREN TUMULTY: Congressman, you are the first advocate we've heard today of the single-payer health care system, essentially Medicare for everybody. However, the last time my understanding is that it was on the ballot was in Oregon, which is, you know, except for Vermont probably, you know, the most liberal state in the country on these issues and it didn't pass. Where do you find the political will for a single-payer system?

DENNIS KUCINICH: I traveled this country in the last election, came to an understanding that health care is one issue that unites everyone. Where does the support come for a not-for-profit health care system? It comes from all over the country. But it's waiting for a candidate for president who will lead the way, and I've already done that. The Conyers-Kucinich bill, HR 676, is the vehicle. Now, how can you break the hold that insurance companies have? Because, let's face it, in Oregon they pumped millions of

dollars into doing everything they could to try to defeat the initiative. This is really simple.

You need a president who doesn't have strings attached. Someone who is ready to confront these insurance industries. Someone who isn't owned by the interests.

Look, right now on Wall Street the hedge funds are coming together to pour millions into campaigns of candidates for president. We're looking at a system that people are telling you the words you want to hear, but when you're looking for specifics in a plan, they're not developing it.

Why can I do it and other candidates can't? Because simply I don't have strings attached. I've been in politics 40 years. I've been a councilman, a clerk of courts, a mayor, a state Senator, a six-term U.S. Congressman. I'm known for having integrity and the willingness to take a stand and for changing the outcome when others say it can't be done. This is the moment that I call upon you and the SEIU and the American people to say, let's join this movement that already exists, call upon the power of our hearts and our intellect.

What are the animating forces? How is this: Half of the bankruptcies in America right now are directly connected to people not being able to pay their hospital bills. And of that amount, 75 percent of the people are working, have jobs. People's whole lives are on the line here. So the question is will the American people be given a real choice in this election. You know, this isn't "American Idol" here, I mean, really, you know. I mean, I could come up here and, you know, do a little dance about, well, you know, we're going to take on those insurance companies. Oh, really? Are you going to take away their profits? Are you going to remove the fact that, you know what, 31 percent of the money that's in the system right now of \$2.2 trillion a year goes for the activities of the for-profit system?

If we take that money away from the insurance companies and use it for the American people, well, guess what, we have enough money for vision care, dental care, mental health, prescription drugs and long-term care. I'm going to call on the American people to stand up for their rights. Health care is a right, not a privilege.

KAREN TUMULTY: Congressman, we have an email question from James in Patterson, California who wants to know why are health care costs going up so much and what can we do to stop these increases? And can I just add a question to that, because in the framework of a single-payer system people say the consequence of trying to contain cost in a single-payer system would ultimately be rationing. So could you take us through first how a single-payer system would address costs and also what you say about these sorts of concerns that people raise about it?

DENNIS KUCINICH: You know, think about it. The insurance companies, when they look at a single-payer system, a not-for-profit system, they'll say, my God, you're going to end up with rationing. What do we have now? Forty-six million Americans don't even

have coverage. Talk about rationing. They're not even in the line, okay. Give me my portion. No. Another 50 million people are underinsured and the rest are paying these high premiums, co-pays and deductibles. We've got to break the hold the insurance companies have. And their public relations operations would say, well, rationing. The fact of the matter is this plan I'm talking about covers everyone.

How do you reduce costs? Let's look at the costs that are involved in the system rights now. Corporate profits, stock options, executive salaries, advertising, marketing, the cost of paperwork. All this takes about 31 percent out of the health care dollar. Now, what does all that have to do with health care? Zero, zip, nada. I'm talking about creating a system which, by the way, is similar to that in every other industrialized nation in the world. We take the profit out of medicine. Health care is a right, it is not a privilege.

So how do we control costs? By having everyone in the same pool, everyone, having everyone covered and having the benefits be available to everyone whatever their income, no means testing, and by creating a movement. I want to add something to an earlier question you raised, and that is that good friend Senator Edwards, who he and I campaigned together four years ago, he raised this question, which is a very, you know, which is the question in Washington.

Well, it's just not feasible to take this plan for not-for-profit health care. Senator Clinton, talking about charging the insurance companies but doesn't really get to the ultimate challenge of who controls health care in American. Senator Obama, still developing his plan. This plan that I'm talking about, I co-authored this plan. I'm one of the ones that wrote the plan. I know the way the system is set up. The area that I represent, Cleveland, people are losing their homes because they can't pay the doctor bills. And so the question is what it ultimately comes down to is who has the courage and the willingness to take a stand and can reach out to the breadth and depth of the American people and call for that greatest to say we're going to change this.

We're not going to be strapped by these insurance companies who give us diminishing returns who insist on higher premiums, co-pays and deductibles.

KAREN TUMULTY: Congressman, you're kind of an urban kind of guy. And Ashley Osborn, who is a labor and delivery nurse in Elko, which is a rural county in northern Nevada, has a question for you about how you would address concerns in people who are in her situation.

ASHLEY OSBORN: Good morning. As you know my name is Ashley Osborn and I'm a labor nurse in Elko, Nevada, which is a rural area up in northeastern Nevada. And commonly I see moms come in to my department with pregnancy induced, severe pregnancy induced health care issues that could be eliminated or caught early with fetal care. Unfortunately they're unable to get that. What are your plans on improving health care in the rural areas in the U.S.?

DENNIS KUCINICH: Well, first of all, this plan covers everyone, rural as well as urban areas alike. Rural areas tend to be underserved. I'm looking also at creating an infrastructure program to create millions of jobs for building America's infrastructure, which would build hospitals in rural areas. And rural people would then have access because access is a huge question in rural areas. And when you talk about women being able to get the care they need, this system, prenatal care, postnatal care, I have a plan for child care.

This system of not-for-profit health care doesn't try to stop women from getting the care they need because there's not an insurance agent telling a doctor, you know, OB/GYN doctor that we just can't do this, you're asking for too much. This system will meet the health care needs of the American people. We're being told we just can't have those needs met. We've got to start thinking differently.

Does that answer your question? Thank you.

KAREN TUMULTY: Thanks. And now I would like to turn to a public health student here at UNLV, Megan McCormick, who raises a pertinent point if there's any place where you're interested in outcomes it's in health care. Megan?

MEGAN MCCORMICK: Hello, I'm Megan McCormick and I'm a junior at UNLV here. We're spending an increasing percentage of our gross domestic product on health care while we continue to have poor outcomes than those countries who are allocating a lower percentage of their GDPs towards their own health care. How does America plan to stay globally competitive with increasing health care costs?

DENNIS KUCINICH: You know, that's a key question. I mean, in my own congressional district we have auto plants that have been threatened and others throughout the country have been threatened because the high cost of health care is causing Ford and GM to pay billions of dollars in health care, in health care costs. Now, Canada, on the other hand, has a much stronger industry because they have a health care plan for their people. This plan that I'm talking about is going to help American business. It's going to strengthen the economy. It's going to make it possible for individuals to be able to hold on to more of their money.

It's true that many families right now are spending in excess of \$10,000 a year for health care. With this plan only a fraction of the money that is being spent right now would have to be part of the financing of the system. I mean, do you know that 60 percent right now of the money that's in health care is spent by the government? The government has 60 percent of the spending right now. If you eliminate administrative costs, if you purchased bulk purchase of drugs, just the way veterans do, you start to come due, you start to come up with the money that you need to provide coverage for everyone, and that is major help for small businesses and large businesses alike.

This patchwork proposal that you've been given here today by other candidates locks us into insurance companies who then take their pound of flesh, and generally it keeps

people from being able to have any control over their own budgets. I want to go back to what most American people are experiencing: Economic uncertainty because the way the health care system is set up.

People are aware no matter how much money they have that if they have an illness in the family, it could wipe them out. Who isn't going to make the choice to take care of a loved one? You do what you have to. But why, I would ask you, should someone have to lose their home in order to ensure the health of a loved one? Why should someone not be able to get the long-term care they need for a loved one or have to sign on the dotted line to give away everything, you know, you work for a lifetime in order to get the long-term care you need?

See, what I'm talking about is real transformation. I think the American people are ready for that, but they need someone to be not just a messenger but someone who knows this issue, is ready to stand up and speak out. Yes, we can improve our economy and save our businesses, large and small, and I'm dedicated to do that and I'm able to do it too. Thank you.

KAREN TUMULTY: Congressman, earlier Senator Edwards pointed out that there is a single-payer Medicare like option built into his plan. And it would be, you know, one of the things that people could consider in making their health care choices. And he raised the possibility that if that were out there as an option and people started choosing it and found out that they really liked it, that the country could almost, you know, evolve towards a single-payer system. Do you see this as a real scenario, given the other interests that are out there, or do you think that, in fact, you know, it's going to have to sort of come down in one fell swoop if it's ever going to happen?

DENNIS KUCINICH: Well, I think you just answered the question, and that is that if you have competition between insurance companies, everyone knows what happens. That doesn't drive down costs, it drives up profits. That's a fact. If you say, well, you're going to give people a choice, either be on a private plan or be with the government, what happens is that the private companies start cherry picking the best, you know, the people in the best health, and then you end up with what's called adverse selection, those as far as the most medically compromised end up on programs that the government is paying for, and then the government program starts to go down. You end up in an insurance death spiral, which is what it's called in the industry.

Now, think about it. Candidates up here advocating that government provide subsidies to the insurance industry. What's that about? I mean, didn't we have enough with subsidizing the pharmaceutical companies with that phony Medicare D program that President Bush had? How are we any different as Democrats? Think about that.

Do you know what, universal health care, oh, everybody is for it. Almost resonant with that fellow in the Music Man who said, There's trouble in River City. Universal health care. You know what, even the insurance companies are for universal health care,

especially the insurance companies if the government is subsidizing them. What a deal that is for the insurance companies, but what a rotten deal for the American people.

We've got to have not-for-profit health care, get the insurance companies out of the picture. Health care is not a privilege; it is a right and it is a human right. Universal health care, right. I mean, come on. You need a president who didn't fall off the Christmas tree. You need a president who will be involved in straight talk straight from the shoulder, and you need a president who doesn't have a key in the back being wound up by special interests to come before the American people and tell them what the interests want. I'm telling you what the American people want and I'm ready to take that message all across this country and I'd like your help in doing it. Thank you.

I have four seconds left. Buzzer shot. You want not-for-profit health care, I'm the candidate who can deliver. Thank you very much.

KAREN TUMULTY: Thank you very much. And now we are going to move on to our final candidate of the day, former Alaska Senator Mike Gravel.

MIKE GRAVEL: Hi, all. I just want to give my condolences to all of you who realized that something sad happened last night: The Rebels lost by four points. I know what that means to you. I also want to point out that, Andy is sitting over there. Andy, I have to tell you, you speak good English. I don't understand why candidates don't understand you. I want to thank you for getting me here. It's better than what CNN is going to do to me in New Hampshire by censoring my voice. But I also want to thank John Podesta. But let me say that Andy pointed out one thing right in the beginning is that we do have a problem, and I don't want to take your time when you know as well as I do. We've heard a lot of anecdotal experiences and deep emotions about the problem. That's not a solution. That's not a solution. What's wrong with health care in this country is that we saddle the business community with carrying it, and they can't do it because it's going to cost you your jobs, it's going to cost -- it's going to damage you internationally.

Why? Karen was alluding to it. Historical accident. In [the] second World War when wages were frozen, the only way you could get people to come into your company and work was to give them a lot of health care benefits. The war is over and we don't have this freeze on wages, so we don't need that system to go ahead and carry. And if you heard all of the blame, they essentially, except for Dennis, they were all involving employers and employees. That is a non-starter and it's a Band-Aid that is not going to work.

Now, what can we do? Oh, well, real simple. We can turn around and say let's have a health care program that establishes equality. And I'll give you the name of it. It's called the universal single-payer -- by single-payer I mean all Americans pay for it regardless of the system you have now but the system you're going to get, single-payer Health Care Voucher plan.

Under the plan we would issue vouchers to every single American. And the vouchers, you don't pay for them, they're issued to you. You sign up every year for them. And the vouchers will have a very modest co-pay, a very modest deductible, but that's it. Everybody gets the same product universally in the United States of America. And then if you want more than the product you got, you pay for it.

There's no magic in this whole process. Somebody is going to pay. You know who pays, it's the average American, one way or the other, particular under our present system. And so to want to trash the business community and trash our tax system, which is already corrupt, with greater corruption as a way to solve the problem is a non-starter. When they tell you about oh, you know, I've done this, done that, keep in mind Harry Truman was the first to raise this issue with the Democrats, and they didn't do it and we haven't done it since, and so it's been a little Band-Aid one on top of the other.

Now, with these vouchers you'll be able to have choice: Choice of doctors, choice of hospitals, free choice. Now, you'll be able to also have a choice of maybe no more than five or six plans, insurance plans. Now, I have my suspicions with the predator[y] activities under our present mercantile system where you have your lobbyists, 30,000 in Washington, go out and make sure that they take care of their clients.

So there's going to be some changes made in the future, depends on how this is enacted into law. And it's not going to be enacted by the Congress. Don't hold your breath on that please. Never will happen, for the very simple reason that there's too many interests, 30,000 lobbyists. Who do you think is bundling all these millions of dollars to the presidential candidates? It isn't coming from the Holy Trinity. My God, it's coming from vital special interests, whether they're for Democrats or Republicans, that's what you're faced with.

So now you're going to have a voucher. You got the freedom of choice. You got the freedom of choice in plans. Now, you might have a public plan if we don't see the insurance industry and the pharmaceutical industry shaping up. So now you got public assistance. But let's have like public assistance, let's have a central body called a health care board with regional boards that they would then define what the various vouchers are for.

And the vouchers are set up for risk on an individual basis, not on a collective this fits all, because if you're young, you probably don't have a cost of more than \$3,000. When you're my age, it could be \$150, \$180 thousand in one year, which is what I got hit with and I went bankrupt as a result of that.

So make no misunderstandings, I know the system. I get my meds from the VA and I get the rest from the Medicare. So I know the system up front and personal, and I don't have to tell you about somebody in Benton, Iowa crying on my shoulder. Let me point out to you, so what will happen, when I'm talking individually designed, we're going to have electronic records. Hell, that's nothing. We have to have your entire history computerized, and every penny that's spent on your health care computerized all the time

so that when we're really redesigning next year, we're going to turn around and project that oh, you spent 3,000 last year, we're going to give you a voucher for 3,000 the next year. But suppose you've got colon cancer so it costs you \$150,000 next year?

That's going to be the size of your voucher. You begin to see the dynamics of this. And by putting in, and with only having five or six plans, and the plans would determine and there will be no lemon-dropping. There will be no, well, you don't qualify, you got a preexisting condition.

That is history under this plan. So this plan can work. All we need to do as they say, oh, you've got to bring the people in. My God, bringing people in. They're not bringing people anywhere. They're just trying to create an attitude of that, my God, we're going to do something great for the people. Hell, the people are not empowered to do anything. In the United States more than half of the American people make laws at a state, local level.

Why can't we do that at the federal level? If you did then of course you decide what is the health plan you want to have or if you want to continue to put up with the mandates that we're experiencing. So how are we going to pay for my health care will get done, and I want to thank my advisors, Dr. Fuse and Dr. Politnocooff as both experts in the field that have been advising me. They'd be ashamed the way that I presented it, but I think not. I think not.

And so I would just say that if we empower you, then you could make the decision and not try to -- it's what they're saying. They're saying we want you people to use the government for your benefit, okay. Why don't you just -- why do you have to do that? Why can't you do it directly? You can't. There's a way to do it. Go to Gravel08.us and you'll see the process to be able to do it. Thank you very much.

KAREN TUMULTY: Thank you, Senator. It sounds like the plan that you're describing about your standards right have some of the elements of single-payer but also some of the elements of a medical savings account. It's not a sort of traditional, pure single-payer plan. And you described this as something that would never come from Congress. And so can you describe again this process by which -- what kind of process are you talking about here?

MIKE GRAVEL: I'm talking about using the National Initiative. First for this to happen, and I've got to tell you you're not going to have an alternative because 10 years from now, 15 years from now you're going to have the problem getting worse. You're all right about that. It's getting worse all the time. But don't worry about that. You think that that's going to cause him to solve, the Congress to solve the problem? Look at this country. We're literally bankrupt. We're literally bankrupt and nobody pays any attention to it. We've got these crazy wars. We have a nation that's controlled by the military industrial conflict that dictates what's happening to your lives, and the Americans are just whistling walking through the cemetery. So I don't know if I've answered your question.

KAREN TUMULTY: This National Initiative, how does that work?

MIKE GRAVEL: How does it work?

KAREN TUMULTY: In terms of the petition and it starts as what?

MIKE GRAVEL: Well, I don't want to take the time to go through this whole process, but understand what I've done is I've copied the procedures that are used in the Congress and every legislative body in the world and I've put them into a law called the National Ballot Initiative. And that is to equip every single American to become lawmakers to come into the operation of government as lawmakers and partners with their elected officials. Now, this is revolutionary. This is out of the box. You know what it means is we trust the American people. Isn't that revolutionary? We trust the people, rather the other politicians say trust me, I'll get elected, I'm going to do the job for you.

I've got news for you, can't be done that way. And we have historic precedence to show it. And if that doesn't convince you that we're not going in the right direction electing various personalities president and thinking that's going to make the change, I've got to tell you, the change lies with you, not the leadership. The leadership has been screwing up by the numbers for the last 50 years. Have you had enough yet? Please.

KAREN TUMULTY: Senator, there was a question that I had in my mind about this, and it's addressed by one of our questioners in the audience, and interestingly enough at this very moment a question over email popped up that addressed the same issue. You described these vouchers as addressing the specific conditions you have. You need a heart bypass, you get a voucher that would cover it. But Michelle in Iowa asked how would you increase the role of prevention in the American health care system? And I'd, in fact, like to turn to Becky, and I apologize in advance, is it Estraya or Estralla, who's an RN at UHS Valley Hospital. Are you here, Becky?

BECKY ESTRAYA: I have been a nurse for 37 years and I have seen patients come into the hospital with medical problems that could have been prevented if a doctor had seen this patient early on. As president how will you ensure that more efforts for preventive and wellness care is provided nationwide?

MIKE GRAVEL: First off, there is a role for the president in his leadership capacity, or her leadership capacity, and that is to change the culture, to really energize people to exercise. Now, people say at my age that, you know, I'm a good example. I've had two major operations, several major operations, but I'm in good shape because I exercise. I try to eat the right foods.

And so I have a lady on the plane that showed me that she could have got this junk bar for 50 cents but they were asking for a dollar 25 for the apple which she was holding up about to eat. Doesn't that tell you something about the dynamics of what's going on? I mean, we're all patriotic, whether it's in business, whether it's in labor, we're all patriotic.

But we need a leadership that sets a tone, that sets a tone to demand from us the best that's in us. We recognize these problems. We know the problem of obesity. I try to diet all the time, sometimes successfully, sometimes not so successfully. But when all you've got in your field of vision is junk food, you got problems. And that's the problem that the president can bully but not giving you. He's going to regulate all this. I got to tell you, look what happened with Katrina. You know, you heard the joke, I'm from the federal government and I'm here to help you. Well, that doesn't work.

The government is a tool. The people can use it. But if the people have the direct power to use it, now you get to see government as a real tool, not the tool you have where the special interests determine how the tools of government is handled by the lobbyists and the bundling to pay for the people who pay for their campaign to manipulate you to vote for them. That's the process that we live under and that's process that has to change.

KAREN TUMULTY: Next I'd like to turn to Fabiola, is it Pavol? Pavel? Who's a janitor in Clark County. Fabiola, are you here?

FABIOLA PAVA: Pava.

KAREN TUMULTY: Pava, I apologize. I didn't even come close, but I have a hard time with Tumulty so I understand the issue.

FABIOLA PAVA: My name is Fabiola Pava and I'm an SEIU member. I work for Clark County as a janitor. I'm also a primary caregiver for my 78-year-old mother. My mother has Medicare and the problem lies in that the providers will not use diagnostic tests and treatments that will diagnose her sooner and treat the problem faster. The question is what is your plan for providing preventative and diagnostic services for health care for our seniors, people with disabilities and all Americans?

MIKE GRAVEL: One of the facets of the plan would be to keep in place Medicare and Medicaid and phase them out over time. Because plans to put everybody on Medicare aren't going to fly financially and just can't be met. And so they can tell you they can, but they can't be met. We are in deep economic difficulty and in debt. So when you talk about the seniors, this is where you have these health regional boards where in that region they'll be defining what goes into these various vouchers. And they'll change every year depending upon your personal history as you get older.

And we know it costs less for young people and it costs more for old people. That's just the nature of the situation. So I don't have any magic to take care of the seniors. All I can say is I can set up a structure that will have checks and balances where they'll have a better say, they'll have a better say than they have today. Seventy-seven million people are going to be retiring in the next 25 years. Those are the baby boomers. That's twice the amount of people, the adult, the senior people that exist today. If there's a group that's going to benefit from the National Ballot Initiative, it's going to be the seniors, because they'll have more clout to be able to vote for programs that they feel will address their particular needs.

That's the answer that I would offer to you, not a magic wand from Mike Gravel as president, it's from the people being involved directly with the power to make laws on policy issues that affect your lives. That doesn't exist today, and there's nobody running for president, Democrat or Republican, that's even suggested that. Oh, they talk about big changes. They're cosmetic changes and they're Band-Aids to the problems we face in this country.

KAREN TUMULTY: Could I ask a follow-up that I think is to the premise of Fabiola's question, if I'm understanding correctly, which is that, and have you found that in your own experience as a patient and also as a policymaker that elderly patients in particular that the medical system doesn't seem to have the same aggressiveness and the same sort of curiosity? Is that sort of what you were getting at here in terms of diagnostic testing and the kind of treatment that elderly patients receive?

MIKE GRAVEL: Maybe I didn't answer her. Doctors do a lot of testing today to cover their backside, you know, because they don't want to be sued. One of the features of these regional boards is we're going to do away with what we see that the attorneys love, and that is to go sue doctors or raise the costs where they can't even stay in business. The same thing with nurses. That's got to go. Now, you want to see how much money the trial lawyers are pouring into the presidential campaign? Just as a couple of young people out there doing their blogging and putting that data up, look at that data, that answers the whole question.

So we can't have everything. You cannot have everything. And so you can have a basic plan that will cover. And the way the plan is designed, it won't raise costs, because the 30 percent that they're talking about is paper cost. If you took that and put it into some real costs in health care, we'd cover everybody without raising any costs. But you do have to recognize that you can't have everything you want. You can't have a burp and run to the doctor. You got to be responsible as citizens. And that goes back to this whole preventative medicine where we change the culture. That will help to lower the cost, but also until we're totally in a new culture in that regard, we have to have some discipline on what the basic package will be.

And that is a decision -- and you want to raise the basic package and you're a lawmaker, put an initiative up. Let's say we're going to raise the cost, rather than seven percent for the package, the basic package, we're going to raise it to 10 percent. Let the people decide. That's the slogan of my campaign, let the people decide. Why should the politicians be also on the mission in this area and they know it all when they can't even produce a decent plan. I hope that addresses your follow-up question.

KAREN TUMULTY: We have about one minute left, and so I wanted to ask you your slogan, let the people decide. What's your plan from here on out? You come into this race without a lot of name recognition, without a lot of money, without big organizations. Where do you go from here?

MIKE GRAVEL: Well, the problem with not a lot of money can be solved by the people who hear my voice. It's not going to be the lobbyists bundling money for me. It's not going to be the corporations that are going to be giving me money through their executives giving me the money. It's going to be if my voice can be heard. And I don't need the 50 million, 100 million dollars -- or a million dollars that they're going to spend. All I need is a modicum of money, around \$10 million and I'll win. I'll win because I'll be able to get to the American people and say the solution is with you. It's not with the leaders.

And if I can become president, and lightning would have to strike for that to happen, but, you know something, you know something, lightning has struck all the time in presidential elections, all the time. Anything is possible in politics, and I could be your next president. I could be your next president. And if you're worried about my age, don't.

We can get a young man who's vice president. There's a few around. I hope I've answered your question.

KAREN TUMULTY: Thank you very much, Senator. I think anything is possible, and politics is a terrific way to end today.

MIKE GRAVEL: Thank you.

KAREN TUMULTY: Thank you. Thank you very much. This is the end of our forum, and we want to thank again the University of Nevada, Las Vegas for hosting us. And, Rebels, there's always next year. Thanks.