

## **2005 White House Conference on Aging—Day One Opening Plenary December 12, 2005**

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**BARRY C. BLACK, Ph.D.:** —Psalm verse 14 states, "They shall still bear fruit in old age." We should be productive throughout the seasons of life. And one of the purposes of a conference on aging should be to ensure that people have a chance even in life's evening to live productively.

The first command given by the Creator to humanity was "be fruitful"; Genesis, Chapter 1, Verse 28. As we grow older we should bear the fruit of knowledge. The longer we live the more we should learn. As we grow older we should bear the fruit of integrity. There is something about the moral authority that comes from a long life well lived.

I think of Billy Graham after 9/11 in the Washington Cathedral. He personified what Aristotle called *ethos*. The longer we live the more we should bear the fruit of patience. A long life should remind us that life is not a sprint but a marathon.

And the longer we live the more we should bear the fruit of generosity, for the closer we get to the evening the more we should realize that our lives consist not in the abundance of the things we possess and that the Lebanese-American poet Khalil Gibran was correct when he said, "You give

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but little when you give of your possessions; it is only when you give of yourself that you truly give."

And if we bear these fruits, knowledge, integrity; if we bear the fruit of generosity and humility; if we bear the wonderful fruits, ethical fruits, in old age, the fruit of patience, what we will discover is as we and Cullen Bryant put it, we will approach our gray as one who wraps the drapery of his couch about him and lies down to pleasant dreams.

Let us pray. Eternal Lord God, Creator of the seasons of our lives, we thank you for this first White House Conference on Aging in the twenty-first century. We praise you for the opportunity to reflect together and discuss issues that will result in substantive recommendations to bless those in life's evening. Guide and inspire conference delegates and participants. Open our eyes to see the light of your wisdom. Use us to assist the aging in productive and abundant living through the shadow of the night. As we deepen our awareness of the needs of the aging, give us the courage to act. May these efforts lead to an improvement in the quality of living for all people. Bless us today as we honor the memory of champions who have died. We thank you for the legacies of Martha Eves, William Layman, Arthur Fleming, Edward Roibel, Daniel Patrick Monahan, Myrna Lewis, Rosalyn Way, Maggie Kuhn, and Jane Kennedy. May their noble footprints on the sands of our history challenge us when we are too well pleased with

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ourselves, when our dreams come true because we have dreamed too little. May their courage rebuke us when we arrive safely simply because we have sailed too close to the shore. May their vision inspire us to dare more boldly, to venture on wider seas where we will do the impossible by your power. We pray in your Holy Name, Amen.

**JOSEFINA G. CARBONELL:** Thank you, Dr. Black. You may sit down, please. Welcome. Welcome to the 2005 White House Conference on Aging. I would like to begin by acknowledging the Conference Committee and staff for their leadership and hard work in making this conference a reality. I welcome our distinguished members of the cabinet, Secretary Nicholson, Secretary Leavitt, elected officials, and guests, our delegates and observers, and our international colleagues, thank you for participating in this conference. We applaud your interest in the future of aging. I also want to pay special tribute to those of you who serve the elderly people everyday, and express my personal gratitude and the gratitude of the entire nation for your dedication and service to older Americans.

Today represents the culmination of thousands of hours of work that has taken place over the last 15 months and really reflects the input of tens of thousands of people all across our nation. As the first White House Conference on Aging in the twenty-first, we have been given an opportunity to shape the future. We are being summoned by the unique times we live

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in. We are on the threshold of a world that will be very different than the one we have lived in.

We are witnessing firsthand one of the most fundamental demographic shifts in human history. In just 20 days, the first wave of baby boom will begin to turn 60, and long-term living is now a reality. At the same time, we are seeing advances in science and technology that are transforming the way we live our lives, conduct our business, and experience the world around us, including the way we interact and communicate with one another. And we are seeing fundamental changes in the way we think about and deliver health and long-term care. These are exciting times. These are historic times we are living in.

Major initiatives and opportunities are underway that hold the promise to modernize and improve the future of aging and transform the world around us. Over the next two days, we will be developing strategies to help our nation transition into that future. Our strategies must involve every sector of society, every level of government, every business sector, every community, and yes, every individual across America.

Each generation has an opportunity to leave its mark on the world. Today it is our turn. The future of aging cannot be defined as a matter of chance. It is a matter of choice. Thank you. [Applause] Now it is, indeed, my distinct honor to introduce to you my boss, the Secretary of the Department of

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Health and Human Services, Mike Leavitt. He comes to the Department with extensive experience in efficient management and in addressing the most significant health and human services challenges before us.

As a former Governor of the State of Utah, the former EPA Administrator, a businessman, and a dedicated family man, he brings a seasoned experience, compassion and values, and a commitment to developing collaborative solutions to the Department of Health and Human Services. The right man to lead the Department that touches the lives of every American man, woman, child, and elder.

With the vast responsibilities he has leading the largest civilian department in government, he is not only a man who has a mission but is also a man on a mission. For instance, he has redefined bus tours in this country with more than 50 Medicare tour stops since the end of June, stops like in Las Vegas, Nevada where he sang with the Barbershop Quartet, and Cincinnati, Ohio, where he ate a bowl of famous Skyline chili. In fact, he even did a little bit of salsa dancing at Little Havana Centers in Miami. Yes, he is, he is a man on a mission.

And let me attest to how effective he is. He charged all of us over the Thanksgiving Holidays to help enroll our own family members in the new Medicare Prescription Drug Benefit, and I understand that he did the same thing. The result, I

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hear is that Dixie and Ann Leavitt will be saving thousands of dollars a year. I would say you did pretty good, Mr. Secretary. Mike Leavitt is a dedicated public servant who is clearly committed to the mission given to him by the president to help Americans live longer, healthier, and better lives and to do it in a way that protects our economic competitiveness as a nation. Please join me in welcoming to the stage the Honorable Mike Leavitt. [Applause]

**MIKE LEAVITT:** Good morning, ladies and gentlemen. I am delighted to be with you. Josefina, thank you for that kind introduction. I also want to thank you for the remarkable job you do and your leadership as Assistant Secretary for Aging in this country. [Applause] I would like to welcome and acknowledge two of my predecessors who are here today, Margaret Heckler who served as the secretary of Health and Human Services from 1983 through 1985, Madam Secretary [applause] and also Dr. Louis Sullivan who served from 1989 to 1993 [applause] both continue to make remarkable contributions to the healthcare community.

I would also like to thank Dorcas Hardy for her chairmanship of the committee this year, what a remarkable job she has done, and my colleagues as well who are on the Policy Committee, the members of the Advisory Committee who have served so ably. I might add I am delighted to know how many members of our tribal nations are represented here at the

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conference, and the staff at the White House Conference on Aging who have worked literally for months to prepare for this day. The volunteers and the thousands of Americans who have provided input in the dozens of listening sessions, the solution forums, and the many conferences that have lead up to this debate.

As has been mentioned, this is the first such Conference in the twenty-first, the fifth overall. I am told that over the course of the life of the White House Conference on Aging over 130,000 people have been involved. I have had a great many opportunities, as Josefina indicated, during the last year to be with seniors as we build up towards this day and this conference. Some of them continue to remind me that they never lose their sense of humor.

I ran into a man in a small town out west and I said to him, "So have you lived in this small town all of your life?" He said, "Not yet I haven't." [Laughter] That's a line I hope to use some day. I bumped into some of my colleagues in the State of Utah, and when I was Governor of Utah we had an event I loved every year. We called it the Centenarian Event. Once a year we would invite everyone who was 100 years of age or older to come to the Governor's residence. Out on the front line w would bring in large tables and umbrellas. They would bring their families and we would celebrate. They would sing and we would recite poetry and we would award them a little

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memento acknowledging their age, and we would celebrate the contributions that their families had made to their lives as well as to their families.

There was a man there who was 101 years old. His wife was 99. I said to them, "So how long have the two of you been married?" He said, "77 years." I said, "That's remarkable." He said, "It is remarkable but we are going to get a divorce." I said, "You are going to get a divorce after 77 years, why now?" His wife said, "Oh we thought we would wait until the kids were dead." That's a line I hope to use someday as well.

Well we are in the Christmas season. With Christmas and Hanukkah comes the New Year. New years are important. They create a point in our lives where we can pause and ponder. We can look to the past and learn. We can also look to the future and plan and prepare. The challenges of the future can be prepared for, and it's that sense of confidence that I find in your theme, the booming dynamics of aging from awareness to action. I like what the theme implies. Meeting a challenge requires not just awareness of the problem, but also it requires action.

We all become aware of the challenges of aging in our own way. I have observed that nature sort of breaks it to us gradually. I well have remembered the times some 10 years ago when I reached up and could not see the numbers on the thermostat as far back as I could get. It was just one of

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those subtle signs of nature. Last night—well my parents have been in town they came out from Utah to spend some time with us—and we were sitting around the kitchen table talking about the Christmas when they moved into their first house. It was the first Christmas I could remember. I was only FIVE years old and we moved in the night before Christmas. We didn't have any furniture, but we did have carpet. And a man from a furniture store that was a friend of my father's brought in a sofa that we could borrow and let us use the tree from the furniture store. And as we reminisced and laughed about that, suddenly my father said to me, it's just impossible for me to imagine that I have a son that's 55 years old. It's just another one of those gradual, break-it-to-me-easy moments.

I have begun to feel in some respects like on this topic like a friend of mine reported. He said his mother who was in her early 90s walked up to a mirror in their home and he said, "I watched her; she was looking at herself very carefully," and he said, "I heard her say out loud to herself, Alice, what's a young girl like you doing in a wrinkled up body like that?" [Laughter]

Well there are challenges, but there are remarkable opportunities for this period. The six tracks that run through this program, in my mind, reflect those challenges. Planning along the lifespan, communities for the aged and the aging, healthcare, civil engagement, and technology, all subjects that

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I believe are at the heart of not just the challenges but the opportunities.

On January the 1<sup>st</sup>, scarcely three weeks from now, the new Medicare Prescription Drug Program will become effective. Now it's a new benefit, and it is very good news for anyone who is 65 years of age or older or who would have qualified for Medicare because of a disability. For the first time, they will have access to prescription drugs as part of their Medicare. It is an achievement that is squarely in line with the principles of the White House Conference on Aging to promote the dignity and health and economic security and for current and for future generations.

The benefit is going to be of immediate help, immediate help to older Americans now and those who will be coming in the next very rapidly growing group of aging Americans, the baby boomers. By having medicines that they need, seniors will have the ability to live longer lives. They will save money. They will stay healthy, and they will have the peace of mind of knowing that their savings will never be eroded because of prescriptions drugs.

I have had a chance to meet with seniors all across the country. I have met seniors who spend \$1000, \$2000, sometimes \$3000 a month on prescription drugs. Having the ability to not have that worry is a significant improvement in their lives. As you pulled up to the parking lot today, you may have seen

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the Medicare bus, as Josefina indicated, that bus has become very familiar to me. We have been throughout all of the states virtually, and I have personally been to, I think 55 different cities in 38 states. It's been a remarkable time, a great experience. One of the memories I will have from it was not only eating chili in Cincinnati or dancing with Josefina in Little Havana, but we went to the Truman Library in Independence, Missouri in July. It was the anniversary of the 40<sup>th</sup> signing of the Medicare Bill. We went to the Truman Library because Harry Truman had been an advocate for healthcare for the seniors for his entire public career. Linden Johnson wanted to sign the Medicare Bill with him. He signed the bill and he handed to Harry Truman Medicare Card Number 001 and he handed the card 002 to Bess Truman, and made clear, Mr. President, he called him, we are here because you have become such an advocate.

There is another advocate and it was the White House Conference on Aging and a great celebration was held on that day for that accomplishment. About that time, we began asking the question why is it that we don't have a prescription drug benefit. And for nearly 40 years it was debated until President Bush and the Congress succeeded in putting forward the prescription drug coverage. It will in fact save seniors money. It will keep them healthy, and it will, in fact, take away that worry that their savings will be eroded. [Applause]

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It's not just a new benefit. It is a change in the way we think about healthcare because it's about keeping seniors healthy. We are changing from thinking about healthcare from just treating people after they are sick, to keeping them healthy so that they never get sick. As the President has pointed out many times for years, the seniors have been receiving healthcare through Medicare. We pay for heart operations that will cost \$100,000 but we haven't been able to pay \$1000 for prescription drugs that would have prevented the operation in the first place.

This is an important milestone, not just in Medicare, and it is not just among the most important things that has happened in healthcare, but it's a fundamental change in the way we are thinking about healthcare for all of us. [Applause]

As Josefina indicated over the Thanksgiving Holiday, I had a chance to sit with my own parents and to help them enroll in the Medicare Prescription Drug Benefit. Actually, we are reaching out not just to seniors. We are reaching out to their families hopeful that they will be part of what I believe is a national conversation. It's a conversation that is taking place at prescription drug counters as seniors walk up to that counter and they ask the pharmacist to help them. It's happening at that clinic and at hospitals. It's happening at churches and at senior centers as people explore how best to make this benefit for them.

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One of the places we are hoping it will happen all across the country is at kitchen tables where parents sit down with their children and talk about their prescription drug needs. I will report to you that my experience was a very positive one. I asked my parents to bring their Medicare card and to bring all of their prescription drugs and to set them on the table. We spent one hour in what was a very productive conversation between us. Frankly, I learned some things about my parents that I should have known as a good son before about their health.

We simply went to [www.medicare.gov](http://www.medicare.gov) and under plan finder I was able to put in their prescription drugs, and then it sorted through the available plans and presented to me and to them five different options. We talked about the five, sort of narrowed it down to three, and then asked it to do a side by side comparison. Within seconds, the side by side comparison was there, and it became evident that one plan was better than the others. We pushed the enroll button and they were enrolled, both of them, within an hour. Not only are they enrolled, but I learned as their son some important things about their healthcare. This is an opportunity beyond that, of simply getting people enrolled. It's an opportunity for families to talk about the health of their parents, and one I hope children all across the country will participate in.

Now while I am on the subject of technology, I had a

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chance to walk through the technology exhibit. I understand that this is the first time that the White House Counsel on Aging has had a technology exhibit. May I encourage you to take some time to take a look at that. I know it will be talked about a little later, but I believe that technology provides an opportunity for this generation of older Americans and those who come beyond to fundamentally change the nature and quality of their lives, not just their healthcare but beyond.

My mother has discovered E-mail. Now she used to call us on the phone a lot, but my brothers and I get what she calls—or what we call—low overhead lectures. It's a blast E-mail giving us all advice at the same time. Not long ago, I was traveling in—I guess it's been some years ago now—I was traveling in Europe, and I got on the computer to check out the score of a basketball game I was interested in. And up on the screen popped an instant message from my son who at the time was about 7 years old. It went something like this, "Dear Dad, I just stapled my thumb, love Weston." [Laughter] Now I knew instantly what had occurred. I could visualize him in my study and at the time he liked to take little stacks of paper and he would draw pictures and he would like to staple them into books, it became evident to me that he had stapled his thumb. So I instant messaged back, "Dear Weston, go to the cupboard in the hall, find a Band-Aid and some Neosporin. I am so sorry

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that you hurt your thumb. Are you feeling better?"

Well I realized that here I am literally an ocean and continent away, and my son is reaching out to me as his parent for some assurance at a time he needed me, and I was able to interact with him. I am seeing the same kind of interaction happening between my parents and my children. My mother constantly instant messaging with her grandchildren and having a sense of contact with them in a way that's very healthy for both of them. Now they love to be together, but they are together almost everyday in that way. I am seeing it benefit my father's life. He uses a medical device that usually would have required him to go to the doctor to be checked. He is now able to simply plug it into his phone and it can be checked on an ongoing basis to monitor his health.

It can change the lives of seniors in a powerful, powerful way. Technology isn't always the easiest to learn. I remember when I was first learning the use of the computer I was kind of a gadget guy and I decided while I was on vacation that I was going to do something on the inside of my laptop. It was a very big mistake. I went to a laptop computer store and I got a kit, and I tried to put it back together. And when I couldn't I called the computer store. By this time it's about 7:00 at night and I am desperate to get it back together and it rings and rings and rings. Finally, a man answered. He said, "Hello?" I said, "I am so glad you answered the

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telephone.” I said, “I just took my computer apart and I put the slide”—he said, “Mister, I am the janitor here, and when I told you hello I told you all I know.” [Laughter]

I believe that the most significant and largest growing sector of the technology movement needs to be seniors. They can learn it. They can interact with their doctor. They can interact with their grandchildren. They can interact with each other, and we need to make that a priority and I am so pleased that it is a priority at this conference.

I would like to talk just for a moment about the Older Americans Act and its result in extensive benefit that it can have for seniors. The Act has played an instrumental role in our nation’s commitment to ensuring the health and dignity and independence of people as they age. One of the greatest achievements of the Act has been the development of a nationwide network of state and local community based agencies and organizations rallying around the common mission of enabling older people to maintain the residence in their homes and in their communities as long as possible.

The network has been an invaluable resource for seniors and their families to help them navigate complex health and long-term care systems. As the health and long-term care environments become increasingly more complex and the need for the Older Americans Act is needed to become nimble and efficient because of the critical needs that they have, and I

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am looking forward to working with Congress to reauthorize the Older Americans Act in a way that will build on the success and that will leverage it's opportunity [applause] and mission. The Act needs to empower individuals to make informed decisions about long-term care and support options. It needs to include planning ahead and helping them to be able to assure that they have long-term care. We need to enable older people to reduce their risk of disease and disability and injury. We need to help moderate and low-income individuals who are at risk or at nursing homes to be able to stay at home if they choose to. Our hope to modernize the Act will be guided by those values and the values of consumer choice and control as well the principles of flexibility and accountability.

The Medicare Drug Benefit and the Older Americans Act offer real benefits for real people. Prevention as I have talked about today can lead to help and hope and perhaps even to happiness. The challenges ahead of us aren't easy. I have talked today about how we are responding in these areas, but I want to recognize that there are many others. And this Conference and the framework that you have helped developed will help us forge ahead to a bright future. And the challenges that we face and the plans that we need to make, and the preparation that needs to take place so that we can achieve that very important goal.

And as we do so, and as we move from awareness to

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action, we will also move from anxiety to hope. And I am delighted to have been with you today and thank you very, very much. [Applause] Thank you. Thank you. That is very kind. I wasn't standing here just to enjoy your applause. [Laughter] It's my privilege now to introduce Claude Allen who is a former deputy at the Department of Health and Human Services and now serves President Bush at Domestic Policy Council as the President's Domestic Policy Advisor. Mr. Allen. [Applause]

**CLAUDE A. ALLEN:** Good morning. Good morning.

**ALL:** Good morning.

**CLAUDE A. ALLEN:** That's much better. I wanted to make sure you were still alive. I understand that as the Secretary, as he talked about earlier, we need to make sure that we are also alive and well and active and being a part of this new generation that is truly transforming America. Mr. Secretary, I want to thank you for your leadership at the Department, but also in our nation and indeed around the world as you have addressed many of the issues that are not only confronting our nation whether it's in terms of healthcare, but actually confronting the globe, the world community. And so we want to welcome also those who are here from other nations as a part of this conference. We hope that you will participate, provide information to us that we can learn from you, but also take something away from this Conference as well.

As the Secretary talked about, aging is an issue and

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has implications for all generations. It's not just the baby boomers, those who will be moving into—in the next 20 days—into that period of life but actually for the generations that are following and those that have preceded. Some of the themes that we are talking about today, technology, the importance of technology and how it is connecting families and keep families connected. How it keeps a person who might otherwise be isolated as a part of a global community or a community where they are in touch with their families and loved ones. Also, it's about healthcare keeping them in touch with the decisions that impact their lives that technology works.

As we went through the technology exhibits downstairs, I was very impressed by the diversity of technology that existed. No longer is it just hearing aids and wheel chairs, but it's technology that can be used that dispenses your medication on time, flashes messages to you throughout your home, throughout whatever means you use whether it's the telephone, whether it's a prompter like this that is often designed for individuals with visual impairments that all of us can benefit from. And the universality of technology has an impact on all of us. These are themes that run through this White House Conference on Aging.

We also need to be prepared for the boomer generation and the coming of that generation by some very broad themes and actually some very guiding values. And those values that

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should be guiding us in terms of as we address the aging of our country, our values such as individual responsibility, individual ownership, personal choices, and independence. We see this in healthcare where individuals are able to now because of the amazing growth in technology have designer drugs essentially that takes your very specific needs and can help you live longer. These are issues that we face everyday.

I was struck by the Secretary's comment about what's going on right now in terms of the next 20 days as well that we are moving into a new period in terms of the Medicare Modernization Act of providing a prescription drug benefit to millions of seniors in this country who, many of them before, have not had access to a stable supply of medication to maintain or help prevent disease in their lives. And just as the Secretary did with his family, we with our family, have generations extending both directions and we will be actually during our holiday season as I visit with the aunts, the uncles, the grandparents will be taking with me applications and sitting down and actually making a part of my time with them to talk about enrolling them in the prescription drug benefit.

I want to challenge you to think about doing the same. Reaching out and using your time effectively and wisely to give the gift of life. A gift that may protect the life of one of your loved ones by making sure you are enrolling those loved

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ones as well in this Medicare Prescription Drug Plan.

The Secretary talked about long-term care. This is another area that the White House is very interested in and focusing on. For far too long, we compartmentalize life. We look at individuals in their season of life and we fail to realize that there is actually a continuum of life, and that we need to be making sure that whether we are using technology or whether it's family involvement that we are looking at that continuum of life and helping to keep people in their homes closer to their loved ones, to their communities, to familiar surroundings, so that they can benefit from the relationship is so critical.

In my own family I am very struck by the privilege that I have had to grow up with my grandparents, grow with my parents and see our family grow that way. We have one living—our children have one living grandparent, their grandmother. They call her me-ma and she comes from us out of the country usually every six months and spends a month with us. Well she is here right now during the season. She comes from the Caribbean and so a very warm climate, so for her this is a very challenging time but because she wants to be close to her grandchildren she comes. And I came home from work the other night and I saw our four children, our oldest 13, Lila is 9, Christian is 5, and Julie is 21 months, and I saw them all in me-ma's bedroom and they were all kind of piled on top of her,

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and I kept thinking what in the world is going on. Well, me-ma had had a backache, and so they were all in there caring for me-ma. Little Julie had the hand lotion, massaging me-ma's feet. Christian was rubbing me-ma's back and Lila was brushing her hair, and Alexander was kind of standing around, that's not cool, but I have to get into this somehow to show my love for me-ma. We need to have intergenerational connections because that is the key to not only helping those who go before us, our seniors, but those who actually come to follow.

I had the privilege of growing up with my grandparents, three grandparents living. All of them lived to be nonagenarians and indeed, two of them were centenarians. My grandmother lived to be 104 and my grandfather, he was a man who was 1 of 25 children, the first in his family born free. He lived actually to be 114 years old, and so I have grown up [applause] thank you. I have grown up in a family that understands the importance of honoring our elders and respecting them and being a part of them. In fact, I was always reminded that you are always called to rise before the gray-headed and give your seed to one of older years. Well, I am starting to get a little gray here too, so I kind of remind my kids to do that because it benefits me when I get to be a senior, be an elder; but community is vitally important.

And so my challenge to you today is twofold. One is what we can do in terms of community and how important

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community is. We come from different traditions. In the African American community respecting one's elders is very important, vitally important. In the Native American community where I traveled many, many years into Indian country and marveled at the relationship and the respect that elders were given in those communities. It is a vital lifeblood, and so the decisions we make with regards to technology, with regards to healthcare, with regards to the benefits that are available, we need to understand that they do have a role and have a place, but they need to fit within the culture of those communities.

We have many immigrant communities coming here, and we need to make sure that they too are valued in our society, but also they maintain to be valued within their community structures. And so the policies that will come out of this Conference, we at the with House Domestic Policy Council will look at them, consider them, and look forward to working with implementing them; but we need to also recognize and always recognize that the family is the key, the community is key and we need to recognize broadly how we can provide access to greater technology, greater use of information, but we also need to be respectful of those traditions and cultural differences that make us such a wonderful mosaic of the American people.

Other areas. America is on the verge of a broad

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demographic shift as we have already talked about with more than 77 million members of the baby boom generation that will be coming of age, poised to move into retirement years. Baby boomers who include the President and Mrs. Bush are the largest, the healthiest, most energetic and well-educated group in our society. And yet, we need to make sure that they are not just going off into the sunset. Many of you are traveling, many of you are engaging in more rigorous activity than you have done before. In fact, you are probably at greater risk for injury because you are doing rock climbing, you are doing scuba diving, you are doing things that you did not do necessarily in your youth, but because you are able to live longer, healthier lives, you engage more.

Boomers in particular have a unique opportunity to meet the needs of our society. They can be tapped to become teachers, they can be tutors, they can be stewards of the environment, they can also help members and young members of our society who are at risk for gang violence. We need your help. In the wake of the 9/11 tragedy, the President issued a call to action for all Americans to engage in volunteer service and to help answer that call, the President called upon the United States USA Freedom Corps., an office of the White House to work to rally the troops of compassion.

Americans have responded in record numbers. We learned on Friday that approximately 65.4 million people in the U.S.

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engaged in volunteer activities in 2005, and the year is not over yet. An increase of more than 6.5 million volunteers since the President issued the call to action. Many of those volunteers are older Americans. We are proud of that half a million seniors who have served in the Senior Corps., are participating in foster-grandparents programs indeed [applause] participated in senior companion programs, participated in the RSVP programs, and the millions more who are using their skills to serve their fellow citizens.

I personally have benefited from the work of volunteers. Growing up right in this city, my dad, as he aged, I was apart from him. He suffered a stroke and he was homebound for a season, and it was because of a very local Meals On Wheels Program [applause] that someone went by—indeed. To not just provide a meal for my father but to provided companionship. In fact I was always fascinated. I would go there and I would see these meals stacked up in the kitchen and I would say, "Dad, why do you keep getting these?" And he would say, "For the friendship, for the relationship." So to those volunteers who are giving in the community thank you, for caring for my family and for my community. [Applause]

We believe that capturing the experience and engaging boomers and helping to solve critical social problems and social issues must become a priority for all Americans, and by volunteering boomers not only help meet critical needs, but

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they also stay active and are able to enjoy a healthy longer life because it continues to keep you engaged in giving back. At the White House, we see volunteerism as an important piece of our compassion agenda. Through President and Mrs. Bush's example and through USA Freedom Corps, we will continue to find creative, meaningful ways to engage boomer generation in terms of their longevity, their prosperity, their continued health.

We have a challenge before us, ladies and gentlemen, and that is how do we take the vast resources, the vast wealth of this nation, the prosperity that we continue to enjoy and use that for the good of those to follow. I told you about my children and how they have grown to love their me-ma. I know that in each community there are abuelitas and nana's and whatever the name is that you give to that loved one, but seniors have a lot to give to that generation. Our kids love and crave being with their grandmothers. It's something that mom and dad, they can't relate to us but they can relate to grandma and they can relate to granddad.

You need to give back not only to your own families, but I want to challenge you to give back to a community beyond yourself. Find a way to stay engaged. Find a way to contribute to this mosaic of the American dream. We look forward to working with you at the White House. All of us have an important role to play. That includes government at all levels, but each of us has a privilege and a responsibility of

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ensuring that we are doing all that we can do to care for others, to care for our loved ones, and particularly to care for those who have gone before us who have given such greatly to this nation, who provided the backbone of our defense system, our education system, who have taught all of us in this room.

So I commend the baby boomers and challenge them, but to those who have gone before I want to thank you for your citizenship, your service to our great nation. God bless you, and God bless America. Thank you. [Applause]

**BARRY C. BLACK, Ph.D.:** 2005 White House Conference on Aging, the Honorable Dorcas R. Hardy. [Applause]

**DORCAS R. HARDY:** Thank you all, and thank you to Secretary Leavitt and Mr. Claude Allen. We are delighted that you were able to join us. It's my privilege next to introduce to you an esteemed colleague and friend, David Walker. He is Comptroller General of the United States. Mr. Walker began his 15-year-term in 1998 as the Head of the U.S. Government Accountability Office, better known as GAO. It's a legislative branch that was founded in 1921. And the long tenure of the Comptroller General gives GAO and Mr. Walker a continuity of leadership and independence that is rare within government.

Mr. Walker has earned a reputation for professional, objective, fact-based, and non-partisan reviews of government issues and operation. He has earned the respect of his

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colleagues and is frequently quoted on a range of government and management issues. His thoughtful and critical presentation about our country's future is one that I would like you to be very mindful of because we need to be thinking about our fiscal commitments and how they affect our collective futures and our retirements.

Before his appointment to the GAO, Mr. Walker was involved in many opportunities in the private sector at the Pension Benefit Guarantee Corporation, the Department of Labor; but most importantly, David Walker is straight shooter, and he's an individual who understands and clearly presents the issues. Just the facts. So we need to think about what he has to say. It's an honor for me to welcome David Walker, comptroller general of the United States. [Applause]

**DAVID M. WALKER:** Folks, it's a pleasure to be with you, thank you very much. I had the pleasure of being at the 1995 White House Conference on Aging when at that point in time I was a trustee of Social Security and Medicare. Just to give you a few numbers that might help you before I go through this presentation, I am 54 years old. I am a baby boomer. I got married at 19. I have been married 34 years to the same woman. [Applause] I have two children, 32 and 28; two grandchildren, 4 and 2; and one on the way. And I am also a member of the Sons of American Revolution, having members of my family who fought and died in the revolution. [Applause]

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So with that, I really appreciated having the opportunity to hear the prior two speakers, but I am in the fact business. And so what you are going to hear from me is a little bit about some of the challenges and opportunities that we face with our aging society. And let me say at the outset, I don't go for the term older Americans. I would rather use the terms seasoned Americans [applause] because I think we have to keep in mind that as each of us age throughout life that young gets older every year. Personally, I am always young and I hope you feel that way too, so it's something we can all deal with.

If I can let me share with you some information on two things I think you need to be aware of as you are going through your activities in the next couple of days. Number one, the current financial condition of the United States of America and the projected long-term fiscal position of our country; it's a sobering message. Secondly, some of the challenges and opportunities that we have, hopefully we can capitalize on given our aging society, longer life spans, our knowledge-based economy, and recognizing that our most underutilized resource in this country represents seasoned citizens; so if we can let's go with the first one.

Let's start by looking back then we will talk about where we are, and then we will look forward. In 1964, a little over 40 years ago, almost half of the federal budget was spent

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for defense. Fast forward 40 years, it was down to 20 percent. It would have been 17 to 18 percent but for Iraq and Afghanistan. Where did the money go? Social Security, Medicare, and Medicaid. You will notice that there is nothing in the red for '64 because Medicare and Medicaid came into effect in 1965. If you look in 1964, you will see 7 percent of the budget was for interest on the federal debt. That's what it was in 2004, but not for long because we are adding debt at near record rates and interest rates will go up over time. The past cannot be pro logged.

Looking at it differently, in 1964 when your elected representatives came to the capitol they got to decide how two-thirds of the budget was going to be spent. In 2004, it was down to 39 percent and going down every year. A significant majority of the budget is on autopilot. What is in discretionary spending? Such things as national defense, homeland security, the judicial system, education, the environment, transportation, GAO, and other important activities. Needless to say, the past cannot be pro logged here as well.

If you look at trends in deficits, and this is as a percentage to the economy so inflation is taken out. The red representing the on-budget deficit, the blue representing the off-budget surplus, which largely is the Social Security surplus, and the black line representing the so-called,

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"unified" or "consolidated" surplus or deficit, you will see that our trend has not been positive of late until the last year. And one must keep in mind that yes, there are so-called "trust funds" for Social Security and Medicare, but there are not real trust funds. They are sub accounts of the general ledger. If you look at the financial statements of the U.S. government, you will not find a liability of the U.S. government to the bonds that are in the trust funds because the left hand owes the right hand and you eliminate it on consolidation.

And don't get me wrong. There are bonds. I have seen them. I have touched them. They are backed by the full faith and credit of the United States government. They are guaranteed as to principle and interest. They have legal, political, and moral significance, but they have no economic significance whatsoever. When those bonds have to be cashed in, you will either have to raise taxes, cut other spending, or increase debt held by the public in order to pay benefits on time. And when you increase debt held by the public, it probably means more borrowing from China, Japan, Korea, and OPEC nations because they supplied over 90 percent of the funding for our new debt last year and it's going up every year.

If you look in the last two years, and these numbers are in billions so you have to add nine zeroes behind these

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numbers. We had a 567 billion on budget deficit in 2004; fortunately it went down about \$100 billion. However, only about 100 billion of that has anything to do with Iraq, Afghanistan and incremental homeland security costs, and this is before we have hit the demographic tidal wave. Another way to look at it is if you look at how much our liabilities as a nation and our unfunded promises for Social Security and Medicare have grown, in the year 2000 they were \$20 trillion—by the way there is twelve zeroes behind trillion. They have gone from \$20 trillion in 2004—to 2000, I apologize—to the end of 2004 over \$43 trillion. More than doubling in just four years, and of that 43 trillion plus, 8.1 trillion was the new Medicare Prescription Drug Bill.

Yes, we need prescription drugs for seniors, but we were already in the hole \$15 to \$20 trillion for Medicare before that bill was passed; and 8.1 trillion is more than the entire debt of the United States outstanding since the beginning of the republic in 1789. At 8.1 trillion is almost two times the Social Security in balance. Medicare is 7 to 8 times greater a challenge as Social Security as we look forward.

Looking at it differently because I don't know about you, I am barely getting used to billions much less tens of trillions, if you look at it differently, the entire estimated net worth of very American in the United States including

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Warren Buffet, Bill Gates, every billionaire and including all accumulated home equity, which has risen dramatically in the last several years in many parts of the country, the entire estimated net worth of every American was recently estimated to be 48.5 trillion. Therefore, if you just go on the 2004 numbers, which by the way are going to get higher later this week when I announce the 2005 numbers which are going to be about \$46 to \$47 trillion, we would have to confiscate the net worth of virtually—most of the net worth—of virtually every American in order to close the hole between what we have already built up in liabilities and what our unfunded promises are.

We are not going to do that. That would be confiscatory, but frankly it wouldn't solve the problem because these numbers are going up everyday. It's 150,000 roughly per American including each newborn, and it's over \$350,000 per full-time worker; and the average annual compensation in the United States is \$50,000, roughly.

It's not just spending, it's tax preferences. The largest single tax preference in the Internal Revenue Code is healthcare, and if you add the fact that nobody pays income or payroll taxes on the value of employer provided and paid healthcare, it's over 150 billion a year and growing rapidly; but yet tax preferences are largely off the radar screen even though they amount to \$700 to 800 billion a year in forgone

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revenue. By the way, your government spends about \$2 trillion a year.

Now part of the problem that we have is the way we keep score in Washington. I am not the one that decides how we keep score, the Congress does and/or other regulators, but if you look at this, this is a simulation of what the future looks like. The bars represent spending as a percentage of the economy, the line represents revenues as a percentage of the economy—this is only at the federal level so inflation is taken out—if the bar is above the line then that is a deficit. You can see based upon this simulation, which is based upon current law and the Congressional Budget Office assumptions, that it looks like we have a problem going out past 2015 growing over time, but what the heck, some of us may not be here then, that's a long way out. You know, why worry about it because obviously there are variances in projections.

There is only one problem with that and that is if this simulation, which is required by law and which is the basis under which decisions are made in Washington, are required to assume four things, none of which are realistic. Number one, no new laws will be passed in the next 35 years. Number two, discretionary spending which includes all of the vital items that I talked to you about will only grow by the rate of inflation. Number three, that all tax cuts that have been enacted in recent years will expire and will not be extended in

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whole or in part. [Applause] And I am just giving the facts ladies and gentlemen; you have got your opinions. And number four, that the alternative minimum tax that bait and switch surtax that I have had an opportunity to pay in two of the last three years, and I feel confident I will have the opportunity soon again, that that will not be fixed.

Well quite frankly, I don't know many people that believe that any of those are valid much less all four; and therefore, this is a false and misleading view of where we are and where we are headed. Let me give you an alternative scenario. There's only two differences between this scenario and the first—and I am not advocating for or against I am just giving you the numbers—you know there may be red and blue states, but the facts are purple. If you look at this going forward there are only two differences. Number one, discretionary spending grows by the rate of the economy and that's why the green portion stays about the same size over time, and all tax cuts are made permanent.

Ladies and gentlemen, this is an Argentina scenario—and for those of you who do not know what I mean by that—Argentina defaulted—the largest in history. Ladies and gentlemen, many people talk about Social Security's trust funds having adequate assets to pay benefits at 100 percent until 2041. Under this scenario, we are going to have to be worried about paying our bills period in 2041. One cannot look piece

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by piece. You also have to look at the full puzzle as well.

So what is the bottom line? The status quo is not an option. Faster economic growth can help, but there is no way we are going to grow our way out of this problem. Anybody who believes we are going to grow our way out of this problem has two problems. Number one, they have not studied economic history. Number two, they probably wouldn't pass math. The sooner we get started the better because when you are a debtor, which unfortunately the nation is, debt on debt is not good. The compounding works against you rather than for you, and we need to educate the American people as to where we are and where we are headed because very tough choices are going to be required by our elected officials. And they are not going to be in a position to make those choices unless and until the American people understand that they have to be made.

So what are some of the things we have to do? We need to re-impose budget controls and be more realistic about the affordability and sustainability of both spending and tax actions before laws are passed. It also would be great if people actually read the bills before they voted on them.

[Applause] We need to improve how we keep score, and we need to have some metrics to understand which federal government programs and policies are working and which ones aren't.

Believe it or not, over half the federal government programs cannot demonstrate that they are making a difference. Over

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half on an outcome basis, and quite frankly, it would probably be that or more on the tax side.

In the final analysis we are going to have to do three things. We are going to have to restructure Social Security, Medicare, and Medicaid and frankly Social Security is going to be a lot easier than Medicare; and we can exceed the expectations of every generation of Americans if we go about it the right way. We are going to have to look at the base of discretionary and other spending, and we are going to have to look at tax policies.

Believe it or not, a vast majority of your government is based upon conditions that have existed in the United States and in the world of the 1950s and 1960s and has not been updated since then. And while nobody likes tax increases—including me—in the final analysis we have got to restructure entitlement programs, look at the base of discretionary spending, but in the final analysis over the longer term you have to have enough revenues in order to pay your current bills and deliver on your future promises. [Applause]

Ladies and gentlemen, let me tell you, I am not worried about myself, but I am very concerned about my children and grandchildren because every dollar of additional deficit today is a dollar plus the additional taxes for them tomorrow unless something changes. This is a document that is on our website, [www.gao.gov](http://www.gao.gov) again [www.gao.gov](http://www.gao.gov). It raises over 200 illustrative

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questions to support the hypothesis that I made that a vast majority of your government is based on the 1950s and the 1960s. I would encourage you to take a look at it.

These are a few of the questions which I won't cover that deal with broad ranges of issues such as Social Security, the Pension Benefit Guarantee Corporation, the need to encourage savings and to preserve savings for retirement, the need to encourage a senior citizen or seasoned citizens to work longer, the need to be able to look at how to restructure Medicare and Medicaid, and also how to restructure our entire healthcare system because it is fundamentally broken; and it needs comprehensive and fundamental reform. [Applause]

When you look at economic security in retirement, you must look at the full picture, as well as the individual pieces. For adequate retirement income Social Security, private pensions, personal savings, and for an increasing number of Americans, earnings from continued employment, it's affordable healthcare through Medicare and retiree healthcare for those who are fortunate to have it. It's long-term care which is a hybrid, and there are a number of players who have to contribute to make sure we are successful in this area.

When you look at the cash flows moving forward for Social Security and Medicare, the graph speaks loudly. We face large and growing structural deficits in those programs as well as overall. When you look at the increasing burden of Social

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Security, Medicare, and Medicaid to our economy and to our budget, you can see how it is projected to grow over time. And we need to recognize that we face something that is unprecedented in the history of this country. It's called a demographic tidal wave or tsunami. It is the retirement of the baby boom generation which is followed by a baby bust.

You can see the tsunami in this graphic. It starts at about 2011 when the first baby boomer reaches 65 and is eligible for Medicare and it grows. Unlike most tidal waves which recede, this one will never recede and we are not prepared. These are some of the key dates for Social Security. Don't be deceived by the 2041 or 2052 date. Cash is key and we start running a negative cash flow in 2017.

There are things that need to be done in order to reform Social Security to make it solvent, sustainable, and secure for current and future generations. We have done a lot of work on it. This is just one slide; others are available on our website. We clearly have to reform our private pension system. It is broken. Companies are not delivering on their promises, and federal law allows them to evade their promises. That must be changed. [Applause]

We need to make sure that we have got incentives and safeguards to make sure that sponsors have to fund their plans to deliver on their promises. We have got to hold them accountable for doing so, and we have got to improve the

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transparency and timeliness of information available to workers and retirees to make sure that they are doing so. A number of reforms are necessary. These are some examples, but candidly, time does not allow me to go into it. Although this presentation will be posted on our website under the *Comptroller General's* section this afternoon. So those of you who want to look at will have an opportunity at your leisure.

These are the key dates for Medicare Part A. We are already in a negative cash flow situation. We went into negative cash flow in 2004, and obviously the date of projected insolvency is much quicker than it is for Social Security; and as I mentioned before, the Medicare problem is 7 to 8 times greater than Social Security. This is the trend in the Part B premium as a deduction from your Social Security check if you are having that done. You can see it is starting to rise, but what most Americans don't understand is that when Part B SMI (Supplemental Medical Insurance) came about in 1965, it was supposed to be a 50/50 cost split. 50 percent for the taxpayers, 50 percent for the individual. It's now 75 percent for the taxpayers and 25 percent for the individual. That may or may not stay that way over the long-term.

In the final analysis for any system to work, a pension system, a healthcare system, a government system, you name it; you have got to have three elements present in order to be successful and sustainable over time. First, incentives for

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people to do the right thing. Second, transparency to provide reasonable assurance that people will do the right thing because somebody is looking. And number three, accountability if people do the wrong thing. We need to incorporate these principles into a number of major federal programs and policies including pensions, including healthcare, including other elements that are vital to millions of Americans.

And as far as healthcare reform, the next two slides have a few ideas, but time does not allow me to ultimately cover them. I will say this. We are going to need to answer a fundamental question. What is it in our broad-based societal interest that every American irrespective of your age, irrespective of your income and net worth, and irrespective of your geographic location, it is in the broad-based societal interest in this nation to make sure that everybody has, and then to focus our efforts on that and to provide mechanisms for people to get more than that if they want, but they will have to do that through their employer and/or on their own because if there is one thing that could bankrupt America, it's healthcare, and it is out of control.

In summary, we also face a workforce, slowing workforce challenge, and this is an opportunity. This is how our workforce growth is slowing. We are in a knowledge-based economy. Therefore, it's brainpower not brawn power that matters. We have a society that is healthier and living

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longer. Our most untapped and underutilized resource in this country are our seasoned citizens. We need to encourage Americans to work longer. [Applause] And we need to provide them with means and mechanisms to do so. This can help our economy, it can help the budget, and it actually can help individuals because studies show that the longer that an individual is active, both mentally and physically, the longer they are likely to live; all other things being relatively equal.

There are cultural barriers, there are employment barriers, there are legal barriers to being able to get to where we need to be. These must be addressed and changed, and just within the last month, we have issued this report—GAO has—on our aging workforce and some ideas about potential ways forward in order to be able to get us from where we are to where we need to be.

Last slide. We live in the greatest country on the face of the earth. I have had the good fortune to travel to 90 countries and all 50 states, and I deal with my counterparts around the world on a recurring basis. We face many shared challenges. We have much to be proud of and much to be thankful for, but we have some serious challenges ahead of us, and I have showed you a few.

We need more leaders in the public sector, the private sector, and the not for profit sector, including those of you

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in this room who have three attributes; courage, integrity, and innovation. The courage to state the facts, to speak the truth, to tell it like it is, to do the right thing, even though it may not be popular; the integrity to practice what you preach and to lead by example, and the innovative ability to see new ways to address old problems and to help others see the way forward. Let's work together to make America even greater in the future and to give more opportunities for our seasoned citizens. Thank you. [Applause]

**DORCAS R. HARDY:** I wish we had time for questions, but Mr. Walker we thank you very much. He is a straight shooter—told you. Now we are going to hear from someone who is going to discuss some very innovative and creative solutions. Craig Barrett is chairman of the Board of INTEL Corporation, and he is—his name and his company is synonymous with the words leadership and vision. He has been with INTEL since the 70s when he became their fourth president in 1997, chief executive officer following that, and chairman of the Board this past year.

He has brought innovative new ideas and has started new business for INTEL, and [skip in audio] under the forefront in aging services technologies starting The Center for Age Service [skip in audio] Clearinghouse by the Association of Homes and Services for the Aging and their exhibit is downstairs. Their focus cutting edge research designed to [skip in audio] life

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for older adults. Mr. Barrett travels the globe to promote the impact, knowledge, and education in healthcare and RND, and based on his knowledge and leadership he is eminently qualified to speak to us regarding technology, it's implications for our future, for our vision of the future, and straight from a trip to Asia, please join me in welcoming Craig Barrett. [Applause]

**CRAIG R. BARRETT:** Well, I guess I am the oldest speaker today. [Laughter] I have worked 66 years to get up here, and I do want to talk a little bit about technology, but what I really want to do is talk on behalf of the IT sector. I think you have heard the issues we face, and I can put them in a different [skip in audio] baby boomers [skip in audio] their need from 18 percent of PDP [skip in audio] to 20 PDP is [inaudible] to me. The healthcare [skip in audio] employee in the United States will be more than the total [skip in audio] a simple choice [skip in audio] to hire that individual on that basis. [Skip in audio] about it [skip in audio].

And I would like to propose a little bit to you that technology will have [skip in audio] I [skip in audio] the numbers this morning. I have seen the number of retirees, the ratio of workers to retire [skip in audio] one to one, the cost of that [skip in audio] with that. [Skip in audio] to provide better healthcare [skip in audio] a lot of work [skip in audio] immature. There are a ton of [skip in audio] right now [skip in audio] United States is not the most active nation in this

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[skip in audio].

Many generations that are promoting the development of these [skip in audio] elsewhere rather than here. [Skip in audio] opportunity of healthcare. [Skip in audio] clinics [skip in audio] homes, their own homes.

If I can use a crummy piece of technology [laughter] fortunately, they always give you a backup. I would like to use the analogy that today's health is a little bit like the mainframe [skip in audio] health. Dealt with [skip in audio] you went and kind of wrote a program [skip in audio] punch card and you handed your card to somebody [skip in audio] [laughter] [skip in audio] and you don't do anything until you go to the hospital. You don't do [skip in audio] have no care [skip in audio].

What transformed the computer industry was in fact personal computers [skip in audio] individual control, and we all know that [skip in audio] processing, but that was the first two programs [skip in audio] everything on the PC and the internet, you can communicate. You heard some of that from Secretary Leavitt. You can buy things, access [skip in audio] information, [skip in audio]communication and [skip in audio] revolutionized [skip in audio] that made it in the individual [skip in audio] cheaper and cheaper and cheaper so that you look today [skip in audio] communications [skip in audio] nothing compared to what it used to be.

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Just imagine [skip in audio] healthcare [skip in audio] a key piece [skip in audio] that we could use [skip in audio] the hospital to ward off the unexpected onset of disease to help treat seniors, to let them live in dignity in their own homes. You could all imagine [skip in audio] what this is meant in terms of [skip in audio] your own funds. [Skip in audio] can manage all of your funds on a PC today. You don't have to have a financial advisor to do that. You can do it on your own PC by yourself. Imagine if you could just transpose the health system into this same format.

So the real issue here is personalized care, age in place, moving treatment from a generic mode to [skip in audio] mode, I mean because we can use [skip in audio] your personal three issues [skip in audio] race background on a universalized basis. We have been doing [skip in audio] for the last years [skip in audio] best to bring technology into their industry. [Skip in audio] have been doing a good thing.

I mentioned [skip in audio] travels around the world [skip in audio] specifically going to Chennai, India in 1998. the reason was we were inaugurating a video conference system [skip in audio] doctors Children's Hospital in Chennai, Children's for heart disease, heart defects, video conferencing between Chennai [skip in audio] advising the doctors in Chennai [skip in audio].

I went back to India just last week. They are putting

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up a satellite system to enhance that sort of communication and also to enhance telemedicine throughout the country [skip in audio] except when I come back to the United States [skip in audio] a doctor in California advising in Nevada or New York or Florida or anywhere else in the United States.

I was in South Africa [skip in audio] telemedicine is a big deal there [skip in audio] medicine not a deal here because rules and regulations get in the way, but we will get back to that in a moment. What can you do with technology that is interesting?

You can help prevent disease. One of the ways you do that is you entice people to exercise. You put a pedometer on them which has a wireless connection to a PC or some other monitor and you encourage them—as the president and the administration has done—to walk 10,000 steps a day. I think that's about four miles. You take about two feet per step if you are relatively old. What you can do with that is enhance people to exercise because you can give them goals and let them monitor their performance to those goals in a real-time fashion.

You can detect the onset of diseases or the worsening of diseases, very simply with monitors, sensors. You can put sensors today in the home and sense if individuals are walking around, if they are opening their refrigerator doors, if they are turning the stove on, if they are taking their pills, their

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medication, what are they are doing on a daily basis. You can do this sensing from a remote standpoint so the caregivers, the rest of the family can check up on their parents or their elders on a real-time basis.

You can use this for all sorts of monitoring, whether they are eating, whether they are exercising, their social behavior. People who have memory problems often times don't want to answer the telephone because they are afraid they might not recognize the other end. They don't want to answer their door because they are afraid they might not recognize who comes to their door.

What if you give them a very simple, enhanced call monitoring system rather than just showing the number that is flashing up show them the picture and the relationship of the individual when they last talked to that individual. Very simple technology, you can see that in the demonstration downstairs, and I do hope you go downstairs to see the demonstration. But that sort of remote support given to individuals, they interact in an active social way to give them a better lifestyle simply done with technology.

And you can worry about enhanced living with chronic diseases. Constant monitoring of diseases whatever they might be. Early warning, detection if the diseases are worsening. Everything from does my step get worse on a daily basis when I am walking, or when I am laying on a bed at night do I get a

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good night's sleep or is it restless sleep. What's my heartbeat. What is my breathing regularity. All of these things are easily determined by sensors that we have today. There are examples in the demonstration you can see when you leave this hall this morning.

These are very simple aspects of technology. Very early in their development stage, not being applied for a whole variety of reasons which we will talk about in a few moments, but there are a number of companies who are actively investigating these technology advances; not just here in the US, but around the world. There are a number of trends which are promoting these.

One of the trends is something we call convergence, and that is basically making user-friendly devices. User-friendly devices like cell phones which can double as a glucose monitoring system if you have diabetes being trialed in Korea today. Not being trialed here because it's not allowed, but as simple a thing as a cell phone to monitor a chronic disease.

And we can make consumer-friendly standard medical devices, defibrillators, which are sale today; but making a whole variety of devices capable of monitoring and reporting information about diseases to caregivers, to doctors, to family members, to the individual.

Wireless broadband. You can communicate any bit of information today what you need is good bandwidth to do that.

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Those of you who access the internet realize that. As a country gets more and more broadband, the connectivity between homes and offices, individuals it becomes easier, more useful. United States does not rank very well in this area. We are about 15<sup>th</sup> in per capita broadband penetration today. Countries like Korea have major programs to give every citizen in the country broadband capability.

There is sensors, lots of different types of sensor today; blood sensors, skin chemistry sensors, respiratory sensors, all sorts of sensors, physical motion detector sensors. Is the individual moving around. Is the individual up. Is the individual active. There is personalized software, and by personalized software there is software that meets the needs of the individuals that they are not afraid to use. This is tailoring the software to get maximum interaction with the individual, maximum information transferred, for medication dispensing, to motivate exercise, a whole variety of topics.

And the lastly, there is collaboration, and collaboration is really collaboration between the major participants in the healthcare exercises, the individual patient, person you are monitoring, the doctor, and family caregivers. You want to have a communication channel between all three of those parties open and available, and we can do that with the sort of broadband connectivity we are talking about.

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What I want to do is just show you a very short video. You can get a full copy of this video if you go down and visit the cast demo booths across the hotel floor. We are just going to show you a two-minute segment of it. There is a lot more detail in the full video that you can get a copy of, and I encourage you to go down, but let's just roll that video.

[Start video]

[End video]

[Applause]

**CRAIG R. BARRETT:** There is a bunch of Dick Tracy type of stuff associated with this and I brought my Dick Tracy watch which I want to show all of you today. This is not an ordinary watch. This is called a spot watch, something that Microsoft put out that our researchers have been working with Microsoft to enhance for healthcare delivery. What this watch does is it accepts radio signals today to give you stock prices, news, weather forecasts, and other little bits of information. Wherever you are, you get the program information you want to come to it, but that's not very exciting from a healthcare standpoint.

What is exciting from the healthcare standpoint is you can also program this watch to give you alerts when to take your medication, and more interestingly than that, in fact, it does have location sensors in it relative to some sensors you put in your home. So what it does is it detects where this

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watch is on a routine basis in the house. If you are walking around and tracks where you are walking, if you are going to the refrigerator, to the stove, if you are laying down in bed. So it allows someone else to remotely monitor your physical activity at the same time, all just with that watch and all related back to a PC or some other device related over the internet to a third party caregiver. That's the sort of gee whiz, Dick Tracy stuff you will see downstairs. It's real. It works. It's not on the market, and we will talk about why it's not on the market in a moment.

There are a couple of things that are really important here. There's a lot of technology involved in this. The baby boomers who are aging are one of the most tech savvy groups in the world. About 50 percent of them have bought stuff on the internet. They are not afraid of the PC. This sort of technology can be used as generation ages going forward. The net result is not that they use the technology, not that it's cool, the net result is that it provides preemptive, preventative medicine and cuts the total cost of healthcare.

And when you go downstairs to the pavilion just ask all the people there what they anticipate the savings in the trials that they have done so far are using that technology. That's the only rationale for this technology. It provides better healthcare at lower cost, and if you listened to Mr. Walker's comments, I think you recognize the precarious state we are in;

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and if you don't listen to his comments listen to my comment, that if it costs more to buy someone healthcare coverage in the United States than their total loaded salary than healthcare cost in some other country they will be hired in some other country and not in the United States.

So what do we need to do? Not just about the technology, it's about bringing the technology into the market. It's about providing the RND dollars to bring the technology into market. It's about providing fast track approval for this technology to bring it into market. Currently in the United States, we don't have fast track approval to do any of this. Europe does, and if you look to see where most of the trials are going on today they are not going on in the United States. There are license and regulatory issues, issues of reimbursement.

Many of you I am sure aware of the issue, why don't we use email to communicate with doctors, doctor/patient interaction. Why do we have to go to the doctor's office? Very simple. The doctor doesn't get reimbursed in insurance unless you go to his office. He doesn't get reimbursed for giving advice over the internet. It makes a lot of sense to somebody; unfortunately it doesn't make any sense.

There are many, many issues of that type including the liability issue, which is why many people don't even want to run trials in the United States because of liability concerns,

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but if we get coordinated, if we can have a uniform method by which to get research and development dollars into developing technologies which can help people live better lives in their homes at lower net cost to the medical system; I think we have got a chance to reverse some of those curves you saw in the earlier presentation.

The healthcare industry is an industry, which has underinvested in information technology, not just here in the United States but generally around the world. It creates some great pieces of stand alone technology—and those of you who have had CAT scans or MRI scans or any of these very sophisticated pieces of technology, we do a great job at introducing expensive pieces of equipment in this system, but we don't do a very good job about automating the database and automating the communications between patient and doctor and family. And that's what we are talking about here today is how to use that communication between those three parties using very simple and straightforward technology to provide better care at lower cost.

I think the need is obvious. You have seen all the numbers. We are looking at the distribution of older people over the next 10 or 20 years. We have to do something different. The current method is not sustainable. If you have to do something different then you have to think differently, and what we are suggesting is to think differently by using

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technology in an entirely different way. About 85 percent of the medical costs are associated with 15 percent of the people, 15 percent of the people who are old and have chronic diseases. If we can figure out how to provide that 15 percent with much better care and much lower costs with the use of technology, we will all be farther ahead; not just for that 15 percent but for our country and the next generation growing up behind us.

Thank you. [Applause]

**DORCAS R. HARDY:** Thank you, Mr. Barrett, and thank you again for your vision and your support. I am very glad that you are here. Are you all ready? On behalf of the Policy Committee, I would like to formally welcome you and thank you for your enthusiasm, your energy, and your commitment to be part of this decennial effort to address all of the issues that we have heard about today and that you are knowledgeable about, and have looked at and thought about over the last 18 months.

The reality for better or worse is that we will all age. The graying of America is upon us, and our nation will soon look like the wonderful State of Florida. The question for all of us [applause]—that's true—and our society is, how can our twilight years be as promising and as exciting and as rewarding as possible? Can we make the fountain of youth last longer? How can we look forward to being happy, being healthy, and contributing? And what should we prepare for and address, and how do we do that our longevity? Can we avoid isolation?

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Can we avoid the chronic illnesses? How can we assist those who need our help?

These kinds of questions are the ones that were raised throughout the last 15 to 18 months throughout this country with the more than nearly 150,000, 140,000 people who participated in some way or another, if just talking to us on the phone or for attending one of our many sessions. From the time that the Policy Committee began its outreach for solutions at the Annual Meeting of the Florida Council on Aging in 2004 to the last conversation that we had in the historic city of San Antonio just in September. We have heard what are considered the challenges and the opportunities for seniors of today and tomorrow, and we have heard suggested solutions.

Throughout this effort, members of the Policy Committee have worked diligently and have provided thoughtful input, and I would like to ask them to stand and to recognize and to thank them for all they have done. We have Senator Craig on the Policy Committee. We have—I can't see everyone—Gail Hunt, Bob Loncotto, Tom Gallagher, Clayton Fong, Dr. Al Aparecio, Mel Wood, Barbara Kinelli is someplace out here and they have just been terrific. [Applause] Thank you gentlemen. We also have the Advisory Committee under the leadership of Mike McClennan who had been of great counsel to us and I would also like you to stand and be recognized. They are a solid 20 plus group right here. Thank you very much. [Applause]

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The Administration on Aging under the Offices of Assistant Secretary Josefina Carbonell and Deputy Assistant Secretary Edwin Walker, we could not have gotten this far without them, and we also extend our appreciation. [Applause]

In several venues over the last year, I have been asked why have a White House Conference on Aging? Can you make a difference? And I have optimistically and very passionately answer them that I believe that we can make a difference. Our conversations will address challenges faced by current seniors, as well as those who fit into our theme of the booming dynamics of aging from awareness to action. The theme reflects the demography of our future.

We have heard a lot about that this morning, and I believe you are well educated about the generation of us baby boomers who have already changed the landscape from new schools in our youth, to our diverse political views to our music, and I believe we will continue to define the character of this country, our country from business to technology to EBay.

We have rejected longstanding social morays and demanded more and better, and we have gone beyond demanding to inventing and solving. And just as it's been in other stages of our lives, it's up to us to revolutionize the way in which this nation's elders are perceived and embraced. As Assistant Secretary Carbonell said earlier, on January 1, 2006 the first of the boomers born in '46 will turn 60, and a 60<sup>th</sup> birthday for

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a boomer will continue to occur every 7.7 seconds for a very long time. And the 2005 Conference has a statutory mandate, that means that Congress told us to address the issues and interests of the aging today and tomorrow which includes the 78 million of many of us here now aged 39 to 59, and that's three out of every ten Americans.

By 2015, the leading edge of the boomers who turn 60 coming up in '06 will be turning 70, and half of the nation's boomers will be over the age of 60; so what do these demographic changes portend? I think as Mr. Walker told us that the three ingredients that are needed to address these challenges are courage, integrity, and innovation. We need to have the courage to make tough choices, and we need to have the integrity to do that which we know in our hearts is right and fair. And we must pursue innovative approaches that will make the coming decade a decade of positive aging, and we must work together.

We have the ability in this Conference, I believe, to impact future political discourse. The Conference has always been asked to make recommendations to the President and the Congress. We are not being asked to totally resolve issues. We are being asked to identify issues that are important to older persons and boomers and to suggest how these issues be resolved and to identify who else besides the federal government or in addition to the federal government can take

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ownership of the solutions. That's state, local, tribal governments, business and industry, the non-profit sector, communities, and/or the individual. And I believe, and the Policy and Advisory Committees believe, that our conference will be a resounding success. If we can frame these issues so they are accepted by both ends of the political spectrum that is where our real contribution lies; and the broader that agreement the more likely the issues will be addressed and addressed well.

Just like the bipartisan Policy Committee has done since we first met in July '04, I know that we can do this. We can be articulate. We can share our thoughts, and we can respect each other's opinions. We can develop fiscally responsible ideas that should be implemented sooner rather than later—if we don't have a fire—and we can make a difference in the lives of current and future senior Americans. After all, especially this will be of interest to the insiders in Washington, probably many people thought [pause] I don't know if that's for real, but I guess that's what they are telling us.

Assuming that we do not get back here, you need to vote shortly between 11:00 and 1:00 and you need to come back here at 1:00 and we will keep talking and listening. Thank you.  
[Applause] That was well timed.

[END RECORDING]

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