

1 NATIONAL GOVERNORS ASSOCIATION  
2 \* \* \*  
3 WINTER MEETING  
4 \* \* \*  
5 PLENARY SESSION: CREATING HEALTHY STATES  
6  
7  
8 J.W. Marriott Hotel  
9 1331 Pennsylvania Avenue, NW  
10 Saloon III  
11 Washington, D.C.  
12  
13 Saturday, February 25, 2006  
14 1:30 p.m.  
15  
16 The meeting commenced, pursuant to notice, at J.W.  
17 Marriott Hotel, Saloon III, on Saturday, February 25, 2006,  
18 in Washington, D.C., at 1:30 p.m., Governor Mike Huckabee,  
19 Chairman, presiding.  
20  
21  
22

1 PROCEEDINGS

2 *(Time noted: 1:30 p.m.)*

3 GOVERNOR HUCKABEE *(presiding)*: If  
4 everyone would take his or her seat, we are going to  
5 get underway. Please find your way to your  
6 designated chair so we can get started this  
7 afternoon.

8 Ladies and gentlemen, I would now like to  
9 call to order the Healthy America Forum in the 2006  
10 Winter Meeting of the National Governors  
11 Association.

12 The chair would entertain a motion of the  
13 adoption of the rules for the meeting, the rules of  
14 procedure. Somebody out there sure will move that.

15 Does anyone second it?

16 VOICES: Second.

17 GOVERNOR HUCKABEE: I'm sure they are.

18 *(Laughter.)*

19 GOVERNOR HUCKABEE: Therefore, there was a  
20 motion and second and a complete disinterest in any  
21 discussion of it whatsoever. All in favor would say  
22 aye.

1           *(Chorus of ayes.)*

2           GOVERNOR HUCKABEE: Any opposed would sit  
3 there silently not knowing what we are voting on.

4           *(Laughter.)*

5           GOVERNOR HUCKABEE: Therefore, the rules  
6 of procedure are ruled passed.

7           Part of the rules require that any  
8 governor who wants to submit a new policy or  
9 resolution for adoption at the meeting will need a  
10 three-fourths vote in order to suspend the rules to  
11 do so. If you do have an interest in that, those  
12 proposals will need to be submitted in writing to  
13 David Kwan no later than 5 p.m. on Monday, February  
14 22nd.

15           We want to also take a moment to welcome  
16 our newest colleagues. Let me see if they're here.  
17 Governor Corzine from New Jersey, is he here? But he  
18 will be. All right.

19           And Governor Tim Kaine from Virginia; is  
20 Governor Kaine with us yet? *En route?* Okay.

21           We want to mention this, tomorrow is  
22 Governor Kaine's birthday. So, please, don't let me

1 forget. How often is it that you have 48 governors  
2 singing to the 49th governor happy birthday on his  
3 birthday. Not often. We will try to do that  
4 tomorrow.

5 I want to thank all of our distinguished  
6 guests, but especially my fellow governors and  
7 particularly funders who have brought us here today.  
8 We are going to be dealing with a very, very serious  
9 issue that is affecting every age group, every ethnic  
10 group, every state. This is an issue that is not  
11 going to be one that puts a few folks to sleep, and  
12 others are going to be very alert to it because every  
13 single one of our states are being confronted with an  
14 extraordinary crisis as well as epidemic.

15 We fear that there might be a flu epidemic  
16 of avian flu--a pandemic. But we already indeed have  
17 an epidemic of chronic disease the result of three  
18 basic lifestyle choices of Americans: overeating,  
19 under exercising, and smoking. The fact is, it's  
20 creating enormous problems for us. If the average  
21 American could simply not smoke, exercise regularly,  
22 and maintain normal body weight, that average

1 American would live an additional 13 years. But not  
2 just longevity is at issue, but also the quality of  
3 life for those individuals.

4       Poor diet, lack of exercise, and tobacco  
5 use are contributing to the deaths of some 700,000  
6 Americans. And let me put it this way: if I were to  
7 get up to the podium today and say, ladies and  
8 gentlemen, I have just been handed a note that 2,000  
9 of our fellow citizens have died today in a tragic,  
10 tragic incident. There would be a collective gasp go  
11 up from this room. Everyone of us would be rushing  
12 to our cell phones and Blackberries to see what major  
13 event has transpired over America that took the lives  
14 so suddenly of 2,000 of our fellow citizens.

15       We would be in the same level of shock  
16 that we were on September 11th, the same level of  
17 shock that we were when we saw the events of Katrina  
18 unfold on our television sets. But the fact is,  
19 2,000 Americans will die today and tomorrow and the  
20 next day and the day after that. They will die not  
21 because there is some calamity, they will die because  
22 of cultural and lifestyle choices that we can really

1 work on.

2           Someone has said that America is a lot  
3 like an NFL football game. Twenty-two people out on  
4 the field who desperately need some rest. Seventy  
5 thousand people in the stands who desperately need  
6 some exercise.

7           *(Laughter.)*

8           GOVERNOR HUCKABEE: Perhaps the reason we  
9 are here today is because we hope that we can change  
10 those percentages and the imbalance of the number of  
11 Americans who are taking care of themselves versus  
12 those who aren't. This is not just a health issue.  
13 This is what I think is so important. By the way, it  
14 may be the reason that we had a record number of  
15 registrants for this NGA convention and conference  
16 and 49 governors who have signed up.

17           The level of interest in this topic has  
18 frankly stunned and overwhelmed all of us. But it  
19 really shouldn't come as a big surprise when you  
20 consider that the price tag of chronic disease is now  
21 some \$117 billion a year to our national economy.

22           In 2015 the health care spending total in

1 the country is expected to be some \$4 trillion, half  
2 of that funded by consumers and half of it funded by  
3 the government.

4       There is not a governor in this room that  
5 doesn't understand the one-way growth of this  
6 Medicaid budget. There is none of us who is unaware  
7 that at least 10 percent of those costs are due to  
8 obesity alone. We have been able to do some tracking  
9 in our own state. Just today we began to realize  
10 that among our state employees the \$160 million that  
11 we spend in health care alone on state employees--just  
12 in the small state of Arkansas--24 million or 15  
13 percent of that is directly related to inactivity,  
14 obesity, or smoking. Imagine, if you could trim 15  
15 percent of that expenditure, if we could somehow take  
16 that \$24 million and put it into scholarships for  
17 kids or teachers' salaries or into building roads, or  
18 into paying the governor \$24 million a year, that would  
19 be a great idea.

20       *(Laughter.)*

21       GOVERNOR HUCKABEE: That's the one idea  
22 that probably will never happen. But the other ideas

1 could. The point is, it's not happening right now  
2 because we are spending an enormous amount of money  
3 on health care.

4       One of the things we want to focus on in  
5 the course of this meeting is to realize there is a  
6 real distinction and there needs to be a greater  
7 distinction among those of us in public policy  
8 between simply wringing our hands over the cost of  
9 health care and really looking at health as our  
10 focus. Helping people to realize that their real  
11 goal is not simply to find more dollars to spend on  
12 the diseases, it's to find ways in order to prevent  
13 those diseases in the first place. That requires a  
14 lifestyle and cultural change. It is an acute  
15 crisis.

16       Fifteen years ago Arkansas Children's  
17 Hospital, one of the largest pediatric hospitals west  
18 of the Mississippi had not seen a single case of Type  
19 II diabetes in a preteen. It simply didn't exist.  
20 There were no diagnoses of a preteen with Type II;  
21 type one, yes, Type II, no. Today, as many as 10  
22 cases a week of Type II diabetes are being seen in

1 preteens. Let me translate that into lifestyle  
2 impact. The kid who is diagnosed in his preteen  
3 years as a Type II diabetic is a kid who is going to  
4 have vision problems in his 20s, he'll have heart  
5 disease by the time he's 30, he'll have renal failure  
6 and be on full kidney dialysis by the time he's 40.  
7 He will never live to see his 50th birthday.

8         This is the first generation of young  
9 Americans who growing up are expected to live a  
10 shorter lifespan than their parents and grandparents.  
11 That's why this issue simply can no longer go uncared  
12 for, unattended.

13         Over the course of the last few years this  
14 has been not only a policy journey for me but also a  
15 personal journey. If someone had told me a few years  
16 ago even sitting at one of these meetings that I  
17 would be up here talking about healthy lifestyles,  
18 people would say, yeah, you could, everything what  
19 not to do. My own personal journey, though, has  
20 mirrored a journey that I am convinced that as  
21 Americans we have to make a run at.

22         Speaking of taking a run, I want to say

1 thanks to all the governors and the first ladies who  
2 came out this morning to join with us for the 5K  
3 run/walk. It was a great experience. The only  
4 unfortunate thing was there were twice as many first  
5 ladies as there were governors.

6 *(Laughter.)*

7 GOVERNOR HUCKABEE: They put us to shame.  
8 There are a number of things happening around the  
9 states that are making an impact. I have a wonderful  
10 group of governors who have agreed to serve on a task  
11 force with me to look at the healthy America agenda.  
12 All of them are doing some very innovative and  
13 creative things in their states.

14 For example, the South Carolina governor,  
15 Mark Sanford, and I toured an African American church  
16 program that is improving the health of nearly a  
17 quarter of the state residents. An amazing  
18 opportunity just to touch people where they feel  
19 comfortable.

20 Governor Tom Vilsack and I toured the  
21 Goodville Middle School, which instituted a fitness  
22 report created by the Cooper Institute of Dallas, and

1 Dr. Kenneth Cooper will be with us tomorrow.

2       On a personal level, let me say a special  
3 word of thanks to Tom Vilsack, who, one year ago next  
4 week on finding out that I was going to run in what was  
5 then my first marathon ever, came to Little Rock and  
6 in an incredible show of support, friendship, and  
7 bipartisan sense of adventure came to Little Rock and  
8 ran the Little Rock marathon with me. I thought that  
9 was a remarkable gesture. Tom, I appreciate it very,  
10 very much.

11       *(Applause.)*

12       GOVERNOR HUCKABEE: There's no truth to  
13 the rumor that we are running mates in any other  
14 fashion.

15       *(Laughter.)*

16       GOVERNOR HUCKABEE: I wasn't going to  
17 point that out, but Tom insisted that I did.

18       In Tennessee, my neighbor, Governor Phil  
19 Bredesen, has partnered with Weight Watchers to  
20 enroll obese Medicaid recipients in a weight  
21 management program. Within two days 700 recipients  
22 enrolled in the program.

1           In California Governor Schwarzenegger, who  
2 knows a few things about fitness, encourages low-  
3 income seniors to be healthy by providing coupons  
4 that can be redeemed for fresh produce at farmers  
5 markets statewide.

6           And in Arizona Governor Janet Napolitano  
7 honors public, private, and tribal organizations that  
8 have improved the health of their citizens.

9           All of us here today realize that there is  
10 a tremendous challenge that we face as Americans, and  
11 the challenge is not just spending more money. I  
12 don't know of a single governor here that has as his  
13 or her goal to just say, let's find more money and  
14 let's spend it on sick people. The reason we  
15 gathered this weekend for this Healthy America Summit  
16 is so that we can begin to find ways that instead of  
17 simply spending money on sick people, we can help  
18 them from ever being sick by pointing them to healthy  
19 lifestyles brought about by a cultural shift as a  
20 result of changing attitudes, the atmosphere in which  
21 we live, and ultimately the actions that we as  
22 government officials can take.

1           We have seen it historically in this  
2 country. We saw it with litter. We saw it with the  
3 use of seatbelts. We saw it with the act of smoking  
4 and smoking habits among our citizens. We have seen  
5 it also with an attitude, an atmosphere, and actions  
6 toward drunk driving. When people say, but you can't  
7 change people's lifestyles. Of course we can. We  
8 can't force people to do things they don't wish to  
9 do, but we can help shape attitudes.

10           We can create the atmosphere and we can  
11 take actions that will help create the incentives so  
12 that people will want to make those choices.

13           We are going to be talking this weekend,  
14 not simply about the problem but about the solution  
15 and how we can find ways to make that happen.

16           There are a number of people to say a  
17 special word of thanks to. I'm going to begin by  
18 saying a word of thanks to Nike as well as to the  
19 America Running Association for their wonderful  
20 support, sponsorship and coordination of the 5K this  
21 morning. Please join me in giving these great  
22 partners a hand today.

1           *(Applause.)*

2           GOVERNOR HUCKABEE: I also want to say  
3 that there are a number of ways in which we are  
4 seeing tremendous efforts on the part of both the  
5 public and private sector to make a significant  
6 difference. Often it's easy to demonize people out  
7 there in the industry. But if you are familiar with  
8 some of the efforts that are going on--General Mills,  
9 for example, doing all whole grain products now in  
10 every cereal they make; PepsiCo spent over \$60  
11 million of their own money, not because the  
12 government told them they had to, but because they  
13 wanted to remove trans fat from every one of their  
14 snack foods in the Frito-Lay product family. They  
15 have done that. Again, not because it was a  
16 government regulation that said they had to, but  
17 because they felt that it was a responsibility to  
18 move in that direction.

19           The Gerber baby food company has made a  
20 concerted effort to take sodium and sugar out of  
21 their baby foods to be able to present the parents a  
22 product that can be more trustworthy and that would

1 be healthy and more nutritious. These are example of  
2 companies who are taking the initiative, and I'm trying  
3 to say there are many, many others throughout this  
4 country who are also taking this step.

5 I toured the Kraft Kitchen of the Future  
6 in Chicago. It was an amazing visit. Do you have  
7 any idea how hard it is to get the trans fat out of  
8 an Oreo? Frankly, I didn't. I thought that would be  
9 an easy thing. They spend millions of dollars,  
10 attempt after attempt, hundreds of them with their  
11 scientists and chemists trying to figure it out.  
12 They finally found the one they thought would work.  
13 They put the product together, it had a nice taste,  
14 they put on the store shelf in the test market. A  
15 week later all of the filling turns to goo and is  
16 running down the shelves. So it had to go back to  
17 the drawing board. Some things sound easy, but maybe  
18 they're not.

19 The good thing is, there are many, many  
20 partners out there in industry who are diligently  
21 working to try to make a significant difference. We  
22 have a great forum, not just today, but throughout

1 this conference for healthy America, and I'm sure very  
2 glad you're here.

3         With that, it's my pleasure to turn the podium  
4 over to Governor Tom Vilsack for a very special  
5 introduction to a remarkable guest that we have here  
6 that I know you are going to be excited about. And  
7 her visit is most timely in light of the fact that we  
8 have the Olympics going on. With that, let me  
9 introduce your colleague and mine, Governor Tom  
10 Vilsack of Iowa.

11         *(Applause.)*

12         GOVERNOR VILSACK: Mr. Chairman, thank you  
13 very much. What Governor Huckabee was kind enough  
14 not to point out about that Little Rock, Arkansas,  
15 marathon was that he beat me by a considerable amount  
16 during that race. So I am looking for a rematch.  
17 Boston, New York, you name the place, Mike. I'll bet  
18 you Governor Romney could work out an exemption for  
19 us in Boston in about a month or so, right?

20         Seriously, Governor, I want to thank you  
21 for the spotlight you've placed on such a critical  
22 issue that impacts every single American and impacts

1 every single aspect of our society. This is an  
2 extraordinary opportunity for us in the next couple  
3 of days to learn more about how we can make our  
4 states and our country healthier. I want to thank  
5 you for your leadership.

6         Our next guest is, as Governor Huckabee  
7 suggested, a nationally recognized expert on health  
8 and preventative medicine, specifically in the area  
9 of chronic disease, especially cardiovascular  
10 disease, obesity, diabetes, and cancer. He has  
11 authored or coauthored six books. He writes a monthly  
12 column for O Magazine, which is Oprah Winfrey's  
13 magazine.

14         Dr. David Katz is the Director of Medical  
15 Studies and Public Health at Yale and has co-founded  
16 and directed the CDC fund at Yale Prevention Research  
17 Center where he oversees diverse studies in disease  
18 prevention and health promotion. We are certainly  
19 fortunate to have Dr. Katz.

20         I also acknowledge Mr. Secretary. Thank  
21 you again for being such a great partner. I  
22 appreciated you coming to my state to talk about the

1 avian flu epidemic and how we can be better prepared  
2 for that. So it's great to see you again.

3 But, ladies and gentlemen, please join me  
4 in welcoming Dr. David Katz.

5 *(Applause.)*

6 DR. KATZ: I am now wondering about  
7 Governor Huckabee's introductory remarks, something  
8 about "her and the Olympics." I'm bound to disappoint  
9 on both counts, folks. I don't meet the gender  
10 requirement, and I have nothing to do with the  
11 Olympics other than the fact that I have been  
12 enjoying them on TV.

13 Governors and distinguished guests, I am  
14 honored and privileged to be here this afternoon to  
15 address you. I am particularly pleased to be here at  
16 the invitation of my friend Governor Huckabee. Mike,  
17 you talk the talk well. You walk the walk. And you  
18 even run the marathons. By any standards of  
19 governance with the possible exception of California  
20 where those standards are unreasonably high, you are  
21 one lean, mean, sexy hunk of governor, and I'm proud  
22 of you.

1           *(Laughter.)*

2           DR. KATZ: And I'm proud to be here at  
3 your invitation.

4           On to the business at hand to discuss the  
5 rising tide of the dietary tribulation, what we all  
6 face and must overcome.

7           *(Presentation of slide show.)*

8           DR. KATZ: We are in fact adrift in a sea  
9 of dietary troubles. These maps are courtesy of the  
10 CDC.

11          *(Slide.)*

12          DR. KATZ: Characterize the prevalence of  
13 obesity in the United States. They use a color  
14 scheme, and initially the maps will go from light  
15 blue to bright blue as the prevalence of obesity  
16 rises. I don't need to encourage the governors to  
17 look at some state in particular and watch the  
18 trends. 1985, '86, '87, '88, '89, '90, '91, note the  
19 addition of a new color, '92 '93, '94, '95, '96, '97,  
20 note the addition of a new color, '98, '99, 2000,  
21 2001, note the addition of a new color, 2002, 2003,  
22 2004, and the overview. Epidemic obesity is

1 arguably the gravest public health crisis we face in  
2 this country, and inarguably the least well-  
3 controlled; in fact, it seems the only question is  
4 whether we will get a handle on this epidemic before or  
5 after Crayola runs out of colors to give the CDC to  
6 keep making these maps. These regrettable trends in  
7 adults are reflected in children and adolescence as  
8 well.

9        **(Slide.)**

10       DR. KATZ: We've seen tripling in the rate  
11 of obesity in children and adolescents over the span  
12 of just a couple of decades. If you take note of the  
13 particular numbers on this slide, I will tell you  
14 shortly, I think they are wrong. I think there's a  
15 serious underestimate of the actual prevalence of  
16 childhood overweight.

17       **(Slide.)**

18       DR. KATZ: We all care about what we see  
19 when we look in the mirror. But this is not a crisis  
20 of cosmetics. This is a *bona fide* health crisis. In  
21 part because of the intimate connections between  
22 obesity and diabetes.

1           *(Slide.)*

2           DR. KATZ: Here we have more maps. The  
3 same color scheme. Now the prevalence of diabetes by  
4 state, 1990, '92, '94, '96, '98, '99, 2000, 2001,  
5 again the overview. The more recent trends continue  
6 in this direction. The maps were a bit user-  
7 unfriendly so I couldn't include them.

8           *(Slide.)*

9           DR. KATZ: So if we take stock of the  
10 current state of nutritional tribulation in the U.S.  
11 --

12           *(Slide.)*

13           DR. KATZ: -- it looks like this in  
14 adults. Some 65 to 80 percent of American adults are  
15 overweight or obese. As a result of that they have  
16 an epidemic of insulin resistance affecting some 80  
17 million of us. As a result of that we have an  
18 epidemic, as we've heard, of Type II diabetes in  
19 adults. How serious is that?

20           There's an organization called that  
21 National Cholesterol Education Program whose adult  
22 treatment panel issues recommendations to clinicians

1 such as me about how to identify and treat cardiac  
2 risk factors in our patients. They tell us--when  
3 your patient has diabetes--assume heart disease and  
4 treat accordingly because the links between the two  
5 are so strong.

6       Therefore, after decades of decline in  
7 cardiovascular mortality among adults in this country,  
8 the explosion of Type II diabetes threatens to arrest  
9 that progress and may in fact increase rates of  
10 cardiovascular mortality into the future.

11       Is this an adequate characterization of  
12 the sea of dietary troubles in which we are afloat?  
13 It is not. To characterize it adequately--

14       *(Slide.)*

15       DR. KATZ: --we must look here with  
16 epidemic overweight and obesity in our children. The  
17 official statistic from the CDC is that roughly 20  
18 percent of kids nationwide are overweight. I told  
19 you a few minutes ago I think that figure is wrong.

20       First, why is it wrong? Because we have  
21 willfully chosen a definition of "overweight" in kids  
22 that is specific rather than sensitive. We would

1 much rather fail to label some overweight children as  
2 overweight than ever dare to label a child as  
3 overweight when they are not well and truly so. Why?  
4 Because obesity is the last bastion of socially  
5 acceptable prejudice in our society, and that has got  
6 to stop. But until it does, the stigma attached to  
7 it is so severe that we dare not apply the label  
8 without a great deal of caution.

9         Now, how do I know the definition of  
10 overweight in kids is unduly restrictive? Because I  
11 have five of them, two of them in the elementary  
12 school age group. And what that means is  
13 periodically I get to go to the elementary school to  
14 watch a talent show, God help me; and although the  
15 definition of talent on display is very questionable,  
16 what is not is the fact that you've got a lot of kids  
17 up there in tights and leotards and there ain't no  
18 way just 25 of these kids are overweight. It's  
19 easily half, maybe two out of three. And this is a  
20 reasonably affluent Connecticut suburb.

21         I can just guess what's going on in some  
22 of the places that you are governing. It isn't 20

1 percent, but--whatever it is--we have an epidemic of  
2 insulin resistance in children and adolescents. That  
3 has been demonstrated.

4       We have an epidemic of Type II diabetes in  
5 kids. This is a case where we should experience  
6 shock and awe.

7       When I went to medical school I learned  
8 about two kinds of diabetes, juvenile onset and adult  
9 onset. In the span of my clinical career of less  
10 than a generation, what was a disease of overweight,  
11 sedentary, middle-aged adults has migrated down the  
12 age curve and is now routine, as Governor Huckabee  
13 told us, in kids under the age of 10. This has  
14 happened on my watch, this has happened on your  
15 watch. We must share in the shame.

16       What will come if current trends persist?  
17 I just told you about the intimate links between  
18 diabetes and cardiovascular disease. There is no  
19 reason to think that relationship is anymore  
20 respectful of the age curve than diabetes itself.  
21 Having never before routinely seen cardiovascular  
22 disease in adolescents and young adults, might that

1 not be wrong? When an 18-year-old has had adult  
2 onset diabetes now renamed Type II because the old  
3 name is an anachronism. When an 18-year-old has had  
4 adult onset diabetes for 10 years, they may very  
5 well start turning up in emergency rooms with angina  
6 pectoris, and myocardial infarction.

7 My response to that grim projection is,  
8 not on my watch! If we band together we can prevent  
9 this trend from fulfilling this grave destiny.

10 *(Slide.)*

11 DR. KATZ: Why are we in this mess? Why  
12 would a putatively intelligent species do this to  
13 itself? And the answer is, we live in a modern  
14 environment very much at odds with our native  
15 adaptations. If you take the native habitat of *Homo*  
16 *sapiens*--

17 *(Slide.)*

18 DR. KATZ: --and switch to this, you will  
19 wind up with this.

*(Slide of polar bears.) (Laughter.)*

21 DR. KATZ: In much the same way, if you  
22 take these polar bears and add this, you get this.

1           *(Slide.)*

2           DR. KATZ: We are, in essence, polar bears  
3 in the Sahara. Polar bears are beautifully adapted  
4 to one of the harshest climates on the planet, but  
5 specifically adapted to the cold. They soak up and  
6 retain heat with remarkable efficiency and that  
7 fosters survival in a place where heat is scarce.  
8 Put them on the burning sands of the Sahara they may  
9 well continue to soak up and retain heat. Polar  
10 bears can do nothing else, but all of a sudden what  
11 was a survival trait will now foster nothing but  
12 their premature demise.

13           Human beings are well adapted to a world  
14 where physical activity demands are high. When you  
15 think about the technology you use every day, isn't  
16 it amazing that 100 years ago there were no cars.  
17 What is 100 years in the historical scheme of things?  
18 An eye blink, no cars 100 years ago.

19           We live in a world that is as at-odds with  
20 our native adaptations as the Sahara Desert is with  
21 the native adaptations of the polar bear. We're  
22 designed for high levels of physical activity, scarce

1 calories; and instead we float in a sea of ubiquitous  
2 calories with technology doing everything our muscles  
3 used to do.

4 I submit to you that *Homo sapiens* have no  
5 native defenses against caloric excess or the lure of  
6 the couch. They never needed them before.

7 Well, we have one native defense. Great  
8 big *Homo sapiens'* brains. We are smarter than the  
9 average bear. Can we put that to use?

10 **(Slide.)**

11 DR. KATZ: One might say, okay, the going  
12 gets tough, the tough should just get going. I  
13 think they would if they weren't quite so lost and  
14 confused. They are. We'll attempt to rectify that.  
15 We offer guidance. Here we have the USDA dietary  
16 guidelines. They make good sense. But there's a  
17 good deal of smoke in the way.

18 **(Slide.)**

19 DR. KATZ: People are befuddled. For one  
20 thing you've got food pyramids. You have the  
21 venerable USDA food pyramid. . . .

22 **(Slide.)**

1 DR. KATZ: . . . that was contradicted by the  
2 Mediterranean food pyramid, and that of course we  
3 fixed that with the new, improved, vertically striped  
4 pyramid.

5 *(Slide.)*

6 DR. KATZ: The problem is, people aren't  
7 quite sure which of these icons is the best way out  
8 of the sand dune.

9 *(Slide.)*

10 DR. KATZ: So we have confusion. This man  
11 is saying, I'm confused. Does level red mean severe  
12 risk of terrorist attacks or eat more food?

13 *(Laughter.)*

14 DR. KATZ: The correct answer, of course,  
15 is both.

16 *(Laughter.)*

17 DR. KATZ: I've only found one pyramid  
18 that my patients consistently understand, and it's  
19 this one here. Finally, an understandable food  
20 pyramid: "Eat Less, Fatso." It might not be  
21 politically correct, but it's certainly  
22 understandable.

1           *(Slide.)*

2           DR. KATZ: People are bombarded with what  
3 seems like conflicting information from the experts  
4 and, of course, a propagation of confusion by the  
5 media which logged the one study in 10,000 that  
6 refutes everything we thought we knew. Instead of  
7 just last week with the dietary arm of the Women's  
8 Health Initiative which befuddled one and all.

9           *(Slide.)*

10          DR. KATZ: How do we fix this? We fight  
11 this on all fronts by taking common sense action.  
12 And I'm in schools frequently, that's the place we  
13 ought to start. When I talk about the importance of  
14 physical activity, then the school board idea about  
15 no-child-left-behind--which unfortunately leaves phys  
16 ed behind--there's just no time. I believe this is a  
17 round hole/square peg problem, and human resources is  
18 up to the task of drilling a new hole or whittling  
19 the peg.

20          We can find another way. Let me tell you  
21 a brief anecdote. Recently I was speaking at  
22 Dartmouth, my *alma mater*, in the evening to families

1 including my own. My girls were old enough to behave  
2 themselves, but at the time my son Gabriel was five.  
3 And as my wife was sitting in the front row trying  
4 heroically to pay some attention to me, Gabriel was  
5 doing what five-year-olds do when they're supposed  
6 to be sitting still, squirming and fidgeting,  
7 fidgeting and squirming. Katherine said, "Gabriel  
8 cut it out, sit still. I'm trying to listen to your  
9 father. Gabriel, could you stop doing that.  
10 Gabriel."

11 I said, folks, excuse me. "Gabriel, for  
12 crying out loud, get up, stop torturing your mother.  
13 Here's what I want you to do. I want you to run up  
14 the stairs, out the door, down the corridor, in the  
15 other door, down the stairs and come back and sit  
16 next to your mother and behave yourself."

Gabriel gave me a look like I was slightly out of my mind.

18 "Do you really mean this, dad?"

I said, yes. He took off. He came around, sat down next to his mom,  
20 gave me an impish kind of look and took off for lap two.

22 *(Laughter.)*

1 DR. KATZ: Came around on his third lap.  
2 Didn't sit down, two kids got up and followed him.  
3 Then four of them came around. Nobody sat down.  
4 Every kid in the audience got up and took off. By  
5 this time you've got a big group of kids running laps  
6 around the adults trying to pay attention to me.  
7 They're aghast thinking my talk has been disrupted.  
8 I said, "Now, I feel a little badly for you. You may  
9 need scopolamine patches to avoid motion sickness,  
10 but other than that, let us heed the lesson. We take  
11 natural kinetic kids, bolt them to chairs all day  
12 long so they can grow up to become adults who can't  
13 get off couches with crowbars. They're telling us  
14 something very important here. This should not be  
15 treated with Ritalin."

16 *(Applause.)*

17 DR. KATZ: How about ABC for fitness.  
18 What if we say, fitness instructors have trained  
19 elementary school teachers to guide school kids  
20 through five or six or seven or eight minutes of  
21 aerobic activity during each session of the day. But  
22 accumulate that 40 minutes, use that time to

1 dissipate the native restless energy of the little  
2 buggers. Teachers are spending that much time  
3 disciplining them anyway, and I'll bet you, you  
4 improve fitness, you improve weight, you improve  
5 attention in the behavioral environment in the  
6 classroom and you enhance academics. We don't have  
7 enough of it in school, but what we have says kids  
8 that are physically active during the school day  
9 perform better academically. Zero sum game, we are  
10 giving nothing up, there's nothing but gain here.

11           Just yesterday in the *New York Times* Alice  
12 Waters said we ought to turn the cafeteria into a  
13 classroom. I agree.

14           **(Slide.)**

15           DR. KATZ: There's a program in Broward  
16 County, Florida, which has just that. They have a  
17 prepackaged lunch kit that meets high nutritional  
18 standards, includes action figures that kids can play  
19 with and a comic book in which these action figures  
20 are featured having an adventure that shows the  
21 benefits of physical activity and eating well. At  
22 their own expense, Broward is anteing up \$150,000 to

1 expand this to 120,000 metro school children. Palm  
2 Beach County, Florida, has also expressed interest.  
3 We're hoping it takes off from there. It can use a  
4 little help from some of you governors. Let's talk  
5 afterwards.

6 Another program I feel very good about  
7 addresses the fact that kids, like adults believe it  
8 or not, have heard that fruits and vegetables are  
9 good for them. That's not the information they need.  
10 They need to know just like their parents, how do you  
11 get there from here?

12 *(Slide.)*

13 DR. KATZ: With the help of my fellow  
14 Katzes--and this is my brood--we've developed a  
15 nutrition detectives program to teach them just that.

16 *(Slide.)*

17 DR. KATZ: We teach them about food  
18 industry deceptions and how to see past them. These  
19 are the actual ingredients in that particular peanut  
20 butter. When was the last time you saw this stuff  
21 coming out of a peanut shell and where do you see it?

22 *(Slide.)*

1 DR. KATZ: Here we have strawberry Kool-Aid  
2 jammers. Gabriel wants to know where are all the  
3 strawberries and kiwis. This is made from 10 percent  
4 pear juice. It contains neither strawberry nor kiwi.  
5 In fact, I recommend to the kids if they find this in  
6 the supermarket, they might bring it over to the  
7 produce aisle and make some introductions because  
8 they've never had them before. But it has very  
9 lovely pictures of strawberry and kiwis on the cover.

10 We then show kids a food label and tell  
11 them they need to figure this out. You may think  
12 this is unduly intimidating for nine-year-olds. Not  
13 so fast.

14 *(Slide.)*

15 DR. KATZ: They really like this game.  
16 There's Waldo. In fact, they're better at it than we  
17 are because they've got eight-year-old eyesight.  
18 They spot Waldo in a heartbeat. There he is, lower  
19 left, and you tell them this, partially hydrogenated  
20 oil, high fructose corn syrup, that's Waldo. When  
21 you find it, step away from the box and nobody will  
22 get hurt. We then set the kids loose on their

1 parents and they can transform the eating habits of  
2 the entire family.

3 *(Slide.)*

4 DR. KATZ: We give them five take-away  
5 clues shown here. I won't take the time to dwell on  
6 them, but this is in simple, kid-friendly language.

7 *(Slide.)*

8 DR. KATZ: They are certified nutrition  
9 detectives at the end of this.

10 *(Slide.)*

11 DR. KATZ: This program is taking off, and  
12 as a researcher I must say I'm even a little bit  
13 ashamed of how fast it's taking off because we have  
14 not yet done adequate evaluations. Everybody seems  
15 to love it. At least five states have programs. I  
16 have traveled to Missouri and the school district of  
17 Independence, Missouri, is adopting this district  
18 wide.

19 By the way, thinking about resources, we  
20 in Connecticut are now making a group of Yale medical  
21 students; we are training high school students to be  
22 the teachers of the program. They then go into the

1 elementary school to deliver the goods. Naturally,  
2 we are not telling the high school students we are  
3 going to improve their diets as well. We're trying  
4 to fake them out, but we're going to measure change  
5 in both groups. The entire program, although  
6 copyrighted, is in the public domain at my Web site.  
7 So feel free, those of you who are interested, to  
8 check out the whole thing.

9           *(Slide.)*

10           DR. KATZ: Anybody here see either of the  
11 Spiderman movies? Anybody who has culture certainly  
12 has, okay. Then you know that Peter Parker's Uncle  
13 Ben tells him: Peter, with great power comes great  
14 responsibility. We will return to this in just a  
15 couple of minutes when I wrap up. For now, let me  
16 offer a public health corollary. Before we ask  
17 people to take responsibility, we must make sure they  
18 are suitably empowered. I don't think they are. How  
19 many have heard of sensory specific satiety?

20           *(Show of hands.)*

21           DR. KATZ: Most of you not. The same  
22 would be true in a room full of physicians and

1 dieticians. Yet we have all experienced when you are  
2 too full to eat another bite and then someone says,  
3 "What's for dessert?" Not a hollow leg, not an extra  
4 stomach, we looked for those in the anatomy lab in  
5 medical school. Sensory specific satiety--

6 *(Slide.)*

7 DR. KATZ: --the appetite center and the  
8 hypothalamus is hard wired to be turned on by a  
9 variety of flavors. You eat simple wholesome foods  
10 with simple wholesome flavors, you fill up on fewer  
11 calories.

12 *(Slide.)*

13 DR. KATZ: When you eat foods that are  
14 spiked with hidden flavor enhancers, a jumble of  
15 flavors all together, it turns on the appetite. This  
16 has been demonstrated very convincingly. It takes  
17 more calories to feel full. Why does this matter?

18 *(Slide.)*

19 DR. KATZ: Because there is sensory  
20 specific sabotage in every supermarket in the United  
21 States.

22 *(Slide.)*

1 DR. KATZ: Here you have potato chips and  
2 breakfast cereal.

3 *(Slide.)*

4 DR. KATZ: Here you have corn chips and a  
5 chocolate drink.

6 *(Slide.)*

7 DR. KATZ: Here you have the sodium count  
8 for these four items. Highest for the breakfast  
9 cereal next to the chocolate drink and the lowest for  
10 the corn and potato chips.

11 *(Slide.)*

12 DR. KATZ: Anybody eat their breakfast and  
13 do this? What the heck is going on? Oops. Why more  
14 salt in breakfast cereal and a chocolate drink than  
15 chips? Because in both cases the sugar content of  
16 the cereal and the drink allows the salt content to  
17 be masked. You don't effectively taste the salt, but  
18 its presence there stimulates the appetite center in  
19 the brain. Therefore we need more food to feel full.

20 *(Slide.)*

21 DR. KATZ: The same thing with sugar.  
22 Here we have Ragu super chunky mushroom pasta sauce

1 and chocolate ice cream topping, guess which has more  
2 sugar? The Ragu pasta sauce. I don't know too many  
3 people who would pour packets of sugar over their  
4 spaghetti. Goodness knows there's no need, the food  
5 industry has already done it for you.

6 *(Slide.)*

7 DR. KATZ: When they tell you, they bet  
8 you can't eat just one, you didn't realize it was by  
9 design, but it is.

10 *(Slide.)*

11 DR. KATZ: There was an expose on this  
12 topic in *The Chicago Tribune* less than two weeks ago  
13 suggesting that there has long been collaborate  
14 research into mechanisms in brain excitation, brain  
15 stimulation, appetite stimulation, even addiction  
16 between food industry scientists and tobacco industry  
17 scientists.

18 *(Slide.)*

19 DR. KATZ: This is a problem. Those of us  
20 in the nutrition field, we speak of vitamins and  
21 minerals, of energy density, and nutritional quality.  
22 But we expect Americans to choose wholesome breakfast

1 fare just feet away from rack upon rack of items that  
2 are loaded up with sugar, salt, partially  
3 hydrogenated oil, and aimed directly at the appetite  
4 centers in their brains. You want meat, not that.

5 Do you want the truth? I hope so.

6 *(Slide.)*

7 DR. KATZ: I've written about it. My  
8 latest book discloses sensory specific satiety's role  
9 in appetite stimulation and manipulation of the food  
10 supply to stimulate appetite and what people can do  
11 to make suitable adjustments. If we want people to  
12 take responsibility we must empower them with the  
13 kind of knowledge that is truly useful.

14 By the way, governors, as a token of my  
15 appreciation for this opportunity today, you will all

16 return home to find a signed copy of this [references book *The Flavor Point*  
17 *Diet*, NY: Rodale Press, 2005]. *(Slide.)*

18 DR. KATZ: There are many programs that  
19 can be implemented that can empower the public. I'm  
20 very pleased to be working with an enlightened  
21 company called Eat Right America. We are developing  
22 a project called EQSPOS, Exposing the Quality of

1 Supermarket Products to Optimize Selection. We will  
2 be able to identify objectively the overall  
3 nutritional quality of products on supermarket  
4 shelves, create an interactive and engaging means to  
5 provide that information at the point of purchase.  
6 It's coming soon to a supermarket near you.

7 *(Slide.)*

8 DR. KATZ: There has long been an impasse  
9 with regard to the role of clinicians in combating  
10 obesity. That said, we can't counsel for weight  
11 control. We aren't reimbursed. Third-party payers  
12 very reasonably say, we can't reimburse. We don't  
13 know if your counseling is any good.

14 We and others have developed models of  
15 counseling that are good and have been evaluated and  
16 can be reduced down to 97 increments that actually  
17 fit within those very unreasonably short clinical  
18 engagements.

19 What if we did this? What if we built an  
20 on-line training program and offered continuing  
21 medical education units for it? What if every doctor  
22 or clinician who finished it had their name dropped

1 into a database of somebody who has been suitably  
2 trained to offer state-of-the-art counseling? What  
3 if we then asked third-party payers to reimburse for  
4 those docs who have been credentialed to do the job  
5 well? And what if we then conducted a cost  
6 effectiveness analysis of this kind of counseling  
7 versus business as usual?

8 Well, we're working on this back in my  
9 lab. But I think it deserves more widespread  
10 attention. Once you prove this works, it's a web-  
11 based CME program that can be disseminated nationally  
12 in a heartbeat.

13 *(Slide.)*

14 DR. KATZ: No matter what we do in the  
15 clinical encounter though, the clinical encounter is  
16 a very brief portion of people's lives. We want them  
17 to see us all the time. I'm working with a company  
18 that has created a system of cell phone that communicates  
19 wirelessly with pedometers, bathroom scales,  
20 glucometers, almost any medical device you might  
21 want. It relays information to a server, and your  
22 cell phone rings and says, your glucose isn't quite

1 what it should be, your step total is lower today.  
2 It can ring and talk to the patient and coach them--  
3 the person--whether they entered data or not. It may  
4 go off and say, you are supposed to enter a glucose  
5 measure today and you did not.

6         We are running an NIH-funded study right  
7 now on Type II diabetes. We are very interested in  
8 its application earlier in the spectrum for weight  
9 control and disease prevention. I guess I'm  
10 periodically hitting this inadvertently. This can be  
11 done in the worksite, in the hospital where my lab is  
12 located and actually adopted flavor point hospital-  
13 wide. The cafeteria has converted over to this  
14 because the nutrition is very healthy. They also  
15 have borrowed something from CDC's play book.  
16 They've taken one stairwell, carpeted it, put music  
17 and aroma therapy there and lined it with inspiring  
18 prints. I haven't yet talked them into putting  
19 bedpans in the elevators as further inducement to use  
20 the stairs. But we are working on that.

21         But we can make changes in every  
22 workplace. Those will end up in a massive sea of

1 change.

2 *(Slide.)*

3 DR. KATZ: We, of course, need to get out  
4 into the communities as well. I'm inspired by the  
5 statement that the best way to predict the future is  
6 to create it. We have a project called, Partners  
7 Reducing the Effect of Diabetes Through Initiatives,  
8 Collaboration and Team Work mediated to African-  
9 American churches in Bridgeport, Connecticut. We are  
10 taking the teaching principles of the diabetes  
11 prevention program working with community partners,  
12 finding community health advisors to be the teachers,  
13 and disseminating that message through the churches.  
14 Early results are very encouraging.

15 *(Slide.)*

16 DR. KATZ: I want to predict the future  
17 where epidemic obesity is behind us. I want to  
18 predict the future where children no longer get adult  
19 onset diabetes. That's why I am so pleased to be  
20 here this afternoon to talk to you because you can  
21 create it. We need policies and programs that will  
22 empower people.

1           It's reasonable to ask people to take  
2 responsibility for themselves and their families. It  
3 is not reasonable to ask polar bears to flourish in  
4 the Sahara Desert.

5           With enlightened policies and programs we  
6 can create a way home. And once we lead people  
7 there, there will do a far better job of taking care  
8 of themselves.

9           Governors, distinguished guests, public  
10 health officials, policymakers, business leaders,  
11 ladies and gentlemen, parents and grandparents, for  
12 our sea of dietary troubles, this displaced creature  
13 is an emblem. But we are much smarter than the  
14 average bear and unified against the rising tides of  
15 dietary tribulation; we can fortify the levies unified  
16 against the rising tides of tribulation. We may by  
17 opposing end them.

18           *(Slide.)*

19           DR. KATZ: So it is that I conclude these  
20 brief remarks on health and food and do so hoping to  
21 have taught or served at least some food for thought.

22           Thank you very much.

1           *(Applause.)*

2           GOVERNOR HUCKABEE: Dr. David Katz, thank  
3 you very much. I knew his message would be  
4 illuminating and provocative and certainly he has not  
5 disappointed. Speaking of disappointment, I have  
6 disappointed myself. My staff tell me I rarely ever  
7 make a mistake.

8           *(Laughter.)*

9           GOVERNOR HUCKABEE: I pay them to tell me  
10 that. My critics tell me I never do anything but  
11 make a mistake. Today they may be right.

12          A few minutes ago when I introduced  
13 Governor Vilsack, I somehow inadvertently introduced  
14 him thinking that he was going to introduce the guest  
15 that I'm about to introduce. But he did the right  
16 thing by introducing Dr. Katz. I simply changed the  
17 order in the program today. Just to keep all of you  
18 guessing, it was a purposed thing. And if you can  
19 believe that, you would probably vote for me anyway.  
20 Thank you very much.

21          *(Laughter.)*

22          GOVERNOR HUCKABEE: Earlier I was speaking

1 of the Olympics and a remarkable person. Today we  
2 are incredibly blessed and honored to have with us  
3 someone who knows something about the Olympics beyond  
4 sitting on the couch and watching with amazement as  
5 it unfolds. This is a person who in 1984 made  
6 Olympic history by becoming the first woman to ever  
7 win a gold medal in the marathon, 26.2 miles. It's a  
8 challenge to the human body, and for people like Tom  
9 Vilsack and me and others who have run marathons four  
10 and a half or five hours or so we think that's pretty  
11 incredible. Imagine doing it in just a little over  
12 two hours.

13       To put that in perspective, that's  
14 averaging five minutes every mile. That's a sprint  
15 level for 26.2 miles. I'm not sure people like that  
16 are real, except that we've seen it and we know it  
17 is.

18       I want to say a special word of thanks;  
19 Joan Benoit Samuelson won the first gold medal in the  
20 women's Olympic marathon in 1984. She has broken  
21 U.S. records, has been an inspiration for literally  
22 millions of Americans including a wonderful

1 inspiration to me.

2 This morning she ran with us in our 5K.

3 It wasn't the first time I had run with Joan. Back

4 in 2004, the first time I ever attended any kind of

5 footrace in my life, I was in it, a 5K in Little Rock

6 called the Fire Cracker 5K. It was intimidating

7 enough to be out there not knowing where to stand,

8 what to do, how to put the bib on, any of that stuff.

9 But even more so that you had an Olympic gold

10 medalist there for the day.

11 This is a photo of Joan and me, and I am

12 going to present it to her. Please join me in

13 welcoming--courtesy of Nike--Joan Benoit Samuelson,

14 1984 Olympic gold medal marathoner. Joan.

15 *(Applause.)*

16 MS. SAMUELSON: Thank you, Governor

17 Huckabee, Secretary Leavitt, honorable governors,

18 first lady. It's a real honor for me to join you

19 this afternoon.

20 As you mentioned, in my home state a sign

21 reads: Welcome to Maine, The Way Life Should Be.

22 Well, perhaps not exactly when you consider the

1 following: 61 percent of Maine adults are overweight  
2 or obese; between one quarter and one-third of  
3 Maine's school-age students are overweight, or at  
4 risk of being overweight; nearly one-fourth of Maine  
5 adults do not participate in any leisure-time  
6 physical activity. These statistics are startling  
7 and similar to those experienced in many of our  
8 states.

9         Since 1980 obesity rates doubled amongst  
10 adults. Overweight rates have tripled among  
11 adolescents. Obesity is a serious public health  
12 threat in our nation and linked to 112,000 deaths per  
13 year according to the CDC in Atlanta. Not to mention  
14 the direct health costs attributable to obesity was  
15 estimated at 75 billion in 2003.

16         What can we do about this? Regular  
17 physical activity plays an important role in overall  
18 health. It is associated with decreased risks of  
19 diseases including obesity, heart disease, diabetes,  
20 and colon cancer.

21         Thanks to Governor Baldacci, I've had the  
22 privilege of co-chairing the governor's council for

1 physical activity, sparks health and wellness in  
2 Maine. Our council is comprised of 24 health and  
3 fitness professionals with a mission to promote  
4 wellness for Maine people through physical activity  
5 and other healthy practices. Without a doubt, our  
6 most successful initiative has been working with  
7 schools, businesses, and senior populations to  
8 promote fitness through walking.

9       To date 3,500 pedometers have been  
10 distributed through the Maine governor's council,  
11 Maine in Motion program together with the Maine in  
12 Motion guide. This guide provides simple steps to  
13 follow to increase physical activity levels. The  
14 program has included Governor Baldacci's  
15 participation as well as that of his cabinet members.

16       Through its kickoff in September 2004,  
17 our goal was to get Mainers to check their pedometers  
18 like they check their watches. We also coordinate  
19 other initiatives statewide including contests for  
20 communities which recognize that the businesses and  
21 communities were effectively mobilized with  
22 populations within their communities to physically

1 active.

2 Eleven children exercising simultaneously  
3 are ACES and that unites 25,000 participants across  
4 the state of Maine to be physically active on one day  
5 in Maine. Last year this number included 102  
6 schools.

7 Our legislative wellness day, which was  
8 just held on Valentine's Day, provided free fitness  
9 and health screening as well as nutritional  
10 information to Maine legislators. Governor Baldacci  
11 was an active participant. Our goal is to train  
12 Maine legislators who will serve as active  
13 participants in wellness so they can explain the  
14 importance of this effort to their constituents.

15 I am here to encourage you to bring about  
16 policy and environmental changes that support healthy  
17 lifestyles for the residents in your state. Without  
18 a sound and healthy environment and without a  
19 population of people who aspire to optimal health  
20 standards, new educational social and economic  
21 policies will be less effective.

22 Change in behavior must be population

1 based and driven from community initiatives. Maine  
2 has created a unique infrastructure for implementing  
3 physical activity and nutrition initiatives in  
4 schools, communities, health care settings, and work  
5 sites called Health Maine Partnerships. These  
6 partnerships are a result of funding from the tobacco  
7 settlement funds in Maine that enable initiatives in  
8 31 communities, reaching close to 60 percent of the  
9 state's population.

10       Maine has continued to dedicate 100  
11 percent of its tobacco settlement funds to health  
12 care and health promotion. Catchy and frequent ads  
13 are beginning to convert a high-risk segment of our  
14 population. And I'll tell you, we have a brand-new  
15 anti-smoking campaign on television that has been  
16 hugely successful.

17       Here are seven additional suggestions for  
18 initiatives that you can support to improve the  
19 health of your residents and reduce the cost burden  
20 associated with chronic disease.

21       One, enable state resources, such as state  
22 parks to be more accessible and welcoming to

1 recreational activities.

2           Two, challenge the Department of  
3 Transportation in your state to implement smart  
4 growth objectives and make all communities more  
5 walkable.

6           Three, improve the use of federal- and  
7 state-funded programs such as the Food Stamp Program  
8 through education in the purchase of healthier food  
9 choices.

10           Four, look at initiatives for youth that  
11 create positive changes in their environment to  
12 support healthy lifestyles. For instance, replacing  
13 soda in school vending machines with water and  
14 healthier alternatives like I did in my own community  
15 of Freeport.

16           Five, have kids earn PE credits for  
17 walking, biking, or running to school. They  
18 certainly are more apt to learn about lifelong  
19 fitness doing this rather than attending PE classes  
20 begrudgingly. Also, providing turnkey bike racks  
21 close to storefronts similar to handicapped parking  
22 spaces thereby rewarding people for exercising.

1           Six, promote private, corporate, and  
2 school partnerships that build fitness facilities in  
3 public schools or local public spaces that could be  
4 utilized by community members. For instance, the  
5 Nike Go program donates equipment and provides  
6 training for teachers to get kids physically active.  
7 Students would undoubtedly establish better  
8 communication and networking with adults in their  
9 communities by working out in the same facilities  
10 where they are motivated to do so because of good  
11 equipment and instructors. Thus developing a mutual  
12 respect between both populations.

13           Seven, in Maine a program called Winter  
14 Kids--and we finally got some snow--has reached 100  
15 schools and over 27,000 Mainers to increase physical  
16 activity through winter activities like alpine and  
17 cross-country skiing, snowshoeing and skating. You  
18 can bet Maine's fifth-, sixth-, and seventh-graders  
19 with free ski passes have dragged many a parent to  
20 the ski slopes every winter. This is a time when  
21 many seniors are hibernating, not like the polar  
22 bears, I guess.

1           However, I must confess, this is not so  
2 for my father who at 85 years of age is currently in  
3 Colorado for two weeks of skiing at altitude with his  
4 comrades from the 10th mountain division. I have  
5 been lucky enough to have parents to serve as my role  
6 models.

7           As you know, as governors, you too are role  
8 models for your states. As a group, your bipartisan  
9 Healthy America initiative is a wonderful start.  
10 Congratulations.

11           You can also lead by personal example.  
12 Thank you for giving me the opportunity to join you  
13 this morning in the Healthy America 5K run/walk. It  
14 was great to see so many of you out there. When  
15 adults take regular exercise and fitness seriously,  
16 there is a significant impact on their children and  
17 grandchildren as well as on generations to come.

18           Nine years ago, along the same roads that  
19 I ran as a young aspiring athlete, I founded the TD  
20 BankNorth Beach to Beacon 10K road race along with  
21 Nike as a major sponsor. The race now attracts many  
22 of the world's top road runners including Governor

1 Baldacci, who truly wears the pants in this event and  
2 I hope will take them off some day before he succumbs  
3 to heat stroke.

4 *(Laughter.)*

5 MS. SAMUELSON: The biggest winner in this  
6 race, aside from the children's charities that benefit  
7 from the proceeds of these events, are the spectators  
8 who become inspired and motivated by the runners  
9 passing before them and start running to improve  
10 their own health and wellness. Hundreds of these  
11 people have since been to the race and continue to  
12 incorporate running into their daily lives. Simply  
13 stated, people learn by example.

14 Take a moment to consider your own  
15 lifestyles and present these pictures. OCT \*\*\*

16 Kudos to Mike Huckabee for the legislation  
17 he has instituted in Arkansas. He has set the bar  
18 high with his personal accomplishments, recognizing  
19 that simple changes will have a significant impact on  
20 his health and the residents of his state. For me,  
21 Governor Huckabee and for all Americans, there is no  
22 finish line. Fitness is a daily activity. It must

1 be sustainable, fun and easily incorporated into  
2 one's daily routine like brushing your teeth or  
3 combing your hair.

4       In Maine, there are four seasons that lend  
5 themselves to different activities such as shoveling  
6 snow in the winter, tilling the soil and seeding in  
7 the spring, mowing the grass in the summer, and  
8 raking leaves in the fall. Physical activities  
9 aren't hard to find. If you want to take it one step  
10 further, I would encourage everybody who wants to  
11 ride in an S-U-V to take a walk with a G-O-V instead.

12       As governors you can create an environment  
13 which supports opportunities for physical activity  
14 that are consistent with the culture and resources in  
15 your state. In recognition of Governor Huckabee's  
16 personal accomplishment and leadership, I would like  
17 to acknowledge him with an honorary Maine in Motion  
18 medal.

19       *(Applause.)*

20       MS. SAMUELSON: Thank you very much for  
21 your time and attention. Together we can all make a  
22 difference. Thank you.

1           *(Applause.)*

2           GOVERNOR HUCKABEE: Thank you, again,  
3 Joan. It's a pleasure to have you here. We  
4 appreciate your inspiration to all of us. This is as  
5 close as I'll ever get to an Olympic gold medal, I'm  
6 pretty sure.

7           By the way, speaking of the Olympics,  
8 breaking news story today. Many of you who have been  
9 watching had to have seen the sort of tension between  
10 Chad Hedrick and Shanty Davis. It was just announced  
11 today that they have made up, things are going great.  
12 They have decided to become big pals. And in fact,  
13 Hollywood now has a wonderful movie that will be  
14 coming out about the story called Broke Back Skate  
15 Rink. It will be out in theaters next year.

16           *(Laughter.)*

17           GOVERNOR HUCKABEE: If you want better  
18 humor, Jay Leno comes on--on Monday night.

19           *(Laughter.)*

20           GOVERNOR HUCKABEE: I'm not going to make  
21 a mistake about the next introduction. It's an easy  
22 one to make one that I find great pleasure in. It's

1 been my job over the past several months to be able  
2 to work with Governor Janet Napolitano of Arizona,  
3 the vice chairman of the NGA, also a member of the  
4 task force for our effort. She has been a terrific  
5 partner. We had a wonderful NGA regional forum in  
6 the Phoenix area just a few months ago and brought  
7 together folks from all over the country to talk  
8 about ways to actually implement better health  
9 policy.

10 She is going to come for the introduction  
11 of our next speaker. Please join me in welcoming our  
12 vice chair, Governor Napolitano.

13 *(Applause.)*

14 GOVERNOR NAPOLITANO: Thank you, Mike. I  
15 am delighted today to introduce our keynote speaker,  
16 another Mike, Mike Leavitt. Many of you will  
17 remember his days in the governor's office in Utah.  
18 The people of Utah were wise enough to elect Mike  
19 Leavitt governor three times. Prior to leaving the  
20 state house to work in the Bush administration he was  
21 the nation's longest-serving governor.

22 During his 11 years of service, Utah was

1 recognized six times as one of America's best managed  
2 states. He was chosen by his peers to serve as chair  
3 of the National Governors Association because of his  
4 ability to solve problems and to solve them across  
5 partisan lines.

6 Mike Leavitt is that 20th Secretary of the  
7 U.S. Department of Health and Human Services and  
8 leads the national efforts to protect the health of  
9 all Americans and provide essential human services  
10 for those in need. He manages the largest civilian  
11 department in the federal government with more than  
12 66,000 employees and a budget that accounts for  
13 almost one out of every four federal dollars.

14 In January, Secretary Leavitt visited  
15 Arizona on his national tour of states to prepare  
16 local governments and communities for a catastrophic  
17 health care crisis. Arizona is proud to be leader in  
18 these efforts. We look forward at the NGA level to  
19 continuing to work with Secretary Leavitt to prepare  
20 for a pandemic flu or whatever else may arrive.

21 Please join me to welcome to the stage  
22 Secretary of HHS and former governor of Utah, Mike

1 Leavitt.

2 *(Applause.)*

3 SECRETARY LEAVITT: Thank you, governor.

4 It's a delight to be with you. I must tell you,

5 David and Joan, those were remarkable presentations.

6 I was glad I was here for a number of reasons, both

7 professional and personal. It provided a good

8 reminder for me on both counts. I will tell you one

9 of the reminders I had.

10 Many of you, while I was governor, had a

11 chance to get to know my children. We have four boys

12 and one girl, and they all seemed to go through a

13 period of time when they're around 14 years of age

14 when they just ask a lot of provocative questions.

15 And they seem to be questions that are designed to

16 test our value set in odd things. I remember one day

17 my son saying to me, if you had--"How much money,"

18 he said, "would it take for you to shave your head

19 into a Mohawk?"

20 *(Laughter.)*

21 SECRETARY LEAVITT: Frankly, I had never

22 thought of that.

1           *(Laughter.)*

2           SECRETARY LEAVITT: Another day he said to  
3 me, "All right, you're governor. I want to know if  
4 you absolutely had to one day, would you have a nose  
5 ring or a tongue stud?" There's another one I hadn't  
6 thought of.

7           *(Laughter.)*

8           SECRETARY LEAVITT: So one day I'm out  
9 mowing the lawn at our ranch and I came in sort of  
10 dirty and I got in the shower and I was just toweling  
11 off in the shower, he's standing there. My wife is  
12 in the other room. He says to her, "So, what do you  
13 think the neighbors would say if they saw dad mowing  
14 the lawn dressed like that?" She said, "They'd say,  
15 I married him for his money."

16           *(Laughter.)*

17           SECRETARY LEAVITT: Somehow that story  
18 came to my mind today --

19           *(Laughter.)*

20           SECRETARY LEAVITT: -- while we were  
21 having this conference. May I say, this is a topic  
22 of extraordinary importance. Important enough that

1 it is a focus of our research at the National  
2 Institutes of Health. So much so that it has become  
3 a crusade at the Centers for Disease Control; so much  
4 that we have begun to focus on it, obviously, at the  
5 President's Council on Physical Fitness; so much that  
6 our minority health office has begun to focus on a  
7 unified campaign on particular populations, various  
8 ethnic groups that have significant needs in this  
9 area. It is an area where we can in fact change  
10 behaviors. There is a patter in our society of  
11 success. We have changed patterns in smoking. We  
12 have changed patterns in seat belt use.

13       How many years ago was it when no one ever  
14 used a bike helmet? Today they do. We are changing  
15 habits in drugs. This is an area of our society  
16 where we can succeed.

17       At HHS we are organizing a unified  
18 campaign across our various operating divisions. Our  
19 desire is not to go it alone here. We want to  
20 partner with you.

21       The kinds of programs that I've seen  
22 illustrated today and I know that many of you are

1 engaged in we look forward to partnering with you in  
2 this very important effort.

3       Today in the amount of time we have there  
4 are so many things that we could speak of together  
5 that are of importance and common interest. I would  
6 like to take part of our time to talk about some of  
7 the public policy tools that are available to all of  
8 us to begin molding a society and culture of health.

9       On Monday we will all meet again at the  
10 White House, and we'll have a chance to talk in some  
11 detail about Medicaid and about our TANF  
12 reauthorization. I don't want to take a lot of time  
13 today, but I do want, while we're together in public,  
14 to acknowledge the fact that some 10 years ago the  
15 National Governors Association began working to  
16 achieve the kinds of reforms necessary to allow  
17 states to innovate, allow states to change, and to  
18 improve their systems. It's been 10 long years, but  
19 because of the work of this association and, I might  
20 say, this particular leadership among the National  
21 Governors Association, it has now been achieved. And  
22 we will have new tools that will be available to us

1 to assure that we can in fact make Medicaid the  
2 blessing in the lives of millions that it can be.  
3       We cannot consider ourselves complete  
4 until we have been able to go further and acknowledge  
5 the fact that Medicaid needs to reach distinctly  
6 different populations in distinctly different ways we  
7 will not have achieved our goal. But we have taken  
8 an important step forward. I would like all of you  
9 to know that we look forward to working hand in hand  
10 with you to achieve that success in the ways that we  
11 have with many of you recently.

12       Governor Romney in Massachusetts, Governor  
13 Vilsack in Iowa, Governor Bush in Florida, Governor  
14 Pataki in New York, Governor Schwarzenegger in  
15 California, all recently signed Medicaid waivers that  
16 allow them to go forward to innovate and offer basic  
17 health care to more people. Soon Governor Huckabee  
18 in Arkansas (OCT \*\*)--I also would like to  
19 acknowledge the assistance you have provided us in  
20 the transition of Part D prescription drug benefit on  
21 Medicare. It's not a secret of any of you that this  
22 is the biggest change that has occurred in health

1 care in some 40 years. It may be among the biggest  
2 that's ever happened in health care. And it is very  
3 much in keeping with the culture of health that we  
4 speak of today.

5         For 40 years Medicare has been paying for  
6 the claims of heart operations, ulcer operations,  
7 thousands, tens, hundreds of thousands of dollars,  
8 but not able to provide \$1,000 or \$500 for a  
9 medication that could have prevented it altogether.  
10 You stepped forward in a very helpful way when you  
11 made this transition, particularly with those who  
12 were duly eligible. I'm very pleased to be able to  
13 report to you today that enrollment is dramatically  
14 up.

15         Nearly 400,000 new enrollments every week.  
16 I am happy to report that our prices are down, saving  
17 roughly a third over what we originally estimated.  
18 The problems are down. The 1-800 lines are still too  
19 long, but we are getting there. This has been a  
20 profoundly important transition, and I want to ensure  
21 all of you as we have privately, but publicly that  
22 your assistance is deeply appreciated and we are

1 going to assure that you are reimbursed by the plans  
2 for the money you have paid on their behalf and any  
3 administrative costs that you have put forward. But  
4 most of all today, I want to make certain that you  
5 know how much we appreciate the help that you've  
6 given.

7         Some years ago while I occupied the  
8 chairmanship of NGA at this very podium, I introduced,  
9 as a speaker at a meeting similar to this, Tom  
10 Friedman who was the author of a recent book called,  
11 *The Lexus and the Olive Tree*. It taught that the  
12 digital age was going to reshape the world. Mr.  
13 Friedman followed with another book, this one he  
14 called, *The World is Flat*. It was a very skillful  
15 illustration of how the digital world has begun to  
16 intensify the global competition. And he essentially  
17 makes the point that economically we have to get  
18 better or get beat.

19         Most of you have been to China, most of  
20 you have been to India. If you haven't, you will.  
21 You need to. We need to see what it is we're facing  
22 in the future. We can and will succeed, but it is

1 our generation's obligation to move ourselves to that  
2 next level.

3         This week my department issued a health  
4 affairs report that we issue every year. This issue,  
5 the report wasn't any more startling than it was last  
6 year, but it's always startling. It reported that  
7 this year we will have surpassed 16 percent of the  
8 entire gross domestic product of the United States in  
9 health care. It forecasted that as we move forward  
10 the trend will only carry us higher, and that by 2015  
11 20 percent of every dollar produced in our economy  
12 will be driven toward health care.

13         One program at HHS, Medicare, currently  
14 occupies 3.4 percent of the gross domestic product  
15 --one program. By 2040, it will be 8 percent. Add  
16 Medicaid on top of that in the current wide path: by  
17 2070 it will be 14 percent.

18         I read the report, I have to confess to  
19 you, it wasn't with amusement. It was with  
20 bemusement. I sort of chuckled, thinking to myself,  
21 this will never happen. It will never happen because  
22 there is no place on the economic leader board for an

1 economy devoting that much to one segment of society.  
2 Any nation in that situation will have long since  
3 changed, or they will have been eliminated from the  
4 competition.

5       There are too many Americans that are  
6 without basic health insurance. And those that do  
7 have it are paying too much. The fact is, the cost  
8 of health insurance is eating us up and we've got to  
9 get better or get beat. What that means is we have  
10 to change. We have to change in ways that will make  
11 transparency of health costs available to consumers  
12 and providers. People need to know what they're  
13 paying for their health insurance. People need to  
14 know what they're paying for their procedures. They  
15 don't today. It's the only major part of our  
16 consumer market basket that people simply don't know  
17 what it costs. We need to change in making the  
18 quality assessments known to those who consume it and  
19 give them a rational basis on which they can make  
20 decisions.

21       We have to change in ways that provide  
22 incentives, not just to consumers, but to providers

1 and to payers and that link them in a way that will  
2 bring rationality to this market. We need to change  
3 in a way that will harness the power of health  
4 information technology. We've got to change in a way  
5 that makes medicine more personalized, more  
6 preventative and preemptive.

7         Health care has to become about keeping  
8 people healthy, not just treating them after they're  
9 sick. This is a very serious matter for the purpose  
10 of people's health. We all take this very seriously.  
11 But there is not just a health imperative here, there  
12 is an economic imperative at play here. Our capacity  
13 to supply health coverage and health care to those  
14 who have it will at some point be threatened unless  
15 we get better.

16         Now, the subject we are talking about  
17 today is in the heart of that matter, chronic  
18 disease. We do in fact have an epidemic of chronic  
19 disease. Seventy-five percent of all health care  
20 expenditures in this country, all \$1.4 trillion a  
21 year, can be attributed directly to chronic disease.  
22 By "chronic disease" I'm speaking of diseases that in

1 large measure can be prevented, and diseases that in  
2 large measure can be managed. We are talking about  
3 chronic disease that in very serious ways added to by  
4 the subject we're talking about today, the point  
5 that's been well made. Among children who are six to  
6 19 years of age, being overweight has tripled since  
7 1980. The point was made very well.

8       There are 90 million Americans who  
9 currently pay a physical price; they pay with  
10 physical pain for chronic disease. There are 300  
11 million people who pay a physical price. Having said  
12 that, let me talk about another subject that is very  
13 much in the category of prevention. I mentioned 90  
14 million Americans suffering with the epidemic of  
15 chronic disease. Ninety million also happens to be  
16 another significant number. It's the number of  
17 people in the United States who would fall ill if we  
18 in fact had a pandemic influenza similar to the one  
19 we had in 1918.

20       Ninety million people, 45 million of whom  
21 would need serious medical attention, either  
22 hospitalization or care by a doctor. Regrettably

1 nearly two million would die. This is a matter of  
2 very serious and significant importance. Important  
3 enough that the president has asked us, all of us,  
4 that we hold state-by-state summits--not to speak  
5 to our public health colleagues. The public health  
6 community has understood about pandemics for years.  
7 It's to reach into the broader community to not just  
8 speak with governors, not just speak with mayors, but  
9 to speak with city councilmen, to speak with school  
10 principals, to speak with corporate planners, with  
11 college presidents, with church pastors, to speak  
12 directly to families and to communities. We have  
13 held 16 of them. They have been extraordinarily  
14 successful. We appreciate the effort. I think 26  
15 others have been scheduled. If we haven't scheduled  
16 one in your state yet, we would ask you to help us do  
17 so. This is a matter of importance.

18       Pandemics happen. It's important that we  
19 begin to understand where this fits. They are part  
20 of the microbial world. They are part of the world  
21 of bacteria and viruses. They are aggressors and  
22 they are constantly mutating, constantly adapting and

1 trying to find new hosts. They are, in essence, like  
2 a biologic forest fire that can spread across the  
3 planet in a very short time. They aren't  
4 preventable, but they can be influenced in their  
5 impact. They happen regularly, but they are not  
6 predictable.

7         The history of pandemics is not so much  
8 the history of public health as they are the history  
9 of mankind. You can go across history and see them  
10 periodically having not just affected the health of  
11 civilization but dramatically changed the societies  
12 and their culture and their prosperity and their  
13 politics. All the way back to 430 B.C. in recorded  
14 history to the city of Athens where 25 percent of the  
15 population died very quickly for reasons we are not  
16 completely sure of, but clearly related to disease.  
17 The most famous pandemic, the black death in the 14th  
18 century: 25 million people across the continent of  
19 Europe died. It redefined history, it redefined the  
20 shape of that continent politically, culturally, and  
21 financially.

22         We have had 10 pandemics in the last 300

1 years. We have had three pandemics in the last 100  
2 years. Many of us will remember something about the  
3 1967, '68 and the 1957 pandemics, though they were  
4 minor events in the context of pandemics. Few of us  
5 will remember the 1918 pandemic, but the echoes of  
6 that pandemic still reverberate across every  
7 community in this country.

8         We have recently experienced disaster in  
9 our country with Katrina and Rita. In a short  
10 succession they showed us and reminded us of the  
11 cruel lesson of nature's fury. I had a chance during  
12 Katrina to walk through medical shelters for weeks  
13 and to sit by the bedsides of those who had been  
14 displaced. I also learned during that period the  
15 difference in a pandemic and any other disaster. And  
16 that is primarily what I wanted to communicate with  
17 you today.

18         There are two basic differences. During  
19 Katrina there were thousands of people who streamed  
20 from their homes in their home states, your states,  
21 to willfully and wantingly help those who are in  
22 need. In a pandemic that would not occur. It could

1 not occur. Why? Because it would be happening  
2 everywhere at one time. Instead of being confined to  
3 a small area, it would be happening in Seattle, Santa  
4 Fe, Sarasota, and in Syracuse all at the same time.  
5 Dozens and hundreds, and perhaps thousands of  
6 communities all across the country the same thing  
7 would be unfolding. In every hometown, it would  
8 affect in this century the same as it did in 1918.

9 I've become curious about what it did in  
10 1918, what life was like. I had a chance to read  
11 about my own home town. I had a chance to read about  
12 some of yours. Governor Rendell's home of  
13 Philadelphia in October of 1918 the week of the 16<sup>th</sup>  
14 . . . 4,597 people died of influenza and pneumonia in one  
15 week. Up until that point in time, 485 was the  
16 average number of deaths from all causes.

17 Governor Douglas from Vermont, governor,  
18 we don't know for sure how many people died in  
19 Vermont. We note in a five-week period in that same  
20 month of October that 23,000 people in Vermont were  
21 struck. I found a journal of a man named Frank  
22 Eastman. He ran a power company just outside of

1 Montpelier. He wrote in his journal on the 27th of  
2 September of that year, nine members of his crew were  
3 sick. The next day, five more. Two weeks later he  
4 wrote this, "Carpenter Willie died this morning and  
5 the switchboard operator this afternoon."

6         In West Virginia, Governor Manchin, on the  
7 same day, September 27th, there was a man by the name  
8 of James Horvath who had been put on trial for a \$40  
9 forgery. They put him in jail. He got the flu while  
10 he was in jail. They held the trial and three days  
11 later three of the lawyers who had participated in  
12 the trial had died of the flu. The judge, the clerk,  
13 and an assistant also caught the flu with their entire  
14 families. Fortunately, they were able to survive.  
15 They suggested in that town, which was Martinsburg,  
16 West Virginia, that only two of 10 people in that  
17 entire community could do what they would normally  
18 do.

19         In Georgia, Governor Purdue, in his state  
20 just like all over, had to take dramatic action.  
21 Augusta used teachers, cooks and clerks, nurses and  
22 they set up a hospital on their fair grounds.

1 Governor Vilsack in Iowa, this was across  
2 the country. In Iowa the first case came on October  
3 the 5th. There were 8,100 that week. The next week  
4 there were 21,000. In Des Moines, like everyplace in  
5 the country, the mayor closed the schools, the mayor  
6 closed the theaters, he closed the pool halls. This  
7 was happening in every state across the country  
8 simultaneously.

9 In Arizona, the same picture. Governor  
10 Napolitano, it was bad enough in Arizona that the  
11 newspaper actually was not able to publish. They had  
12 special police that were appointed in order to  
13 enforce the health rules.

14 I was studying my own home town I found it  
15 kind of a fun thing. A doctor by the name of Dr.  
16 Mack, who was the city health officer, made everybody  
17 wear gauze masks. He said the wearing of the mask  
18 was annoying to everyone, but it was particularly  
19 annoying to members of the community who were  
20 addicted to chewing tobacco.

21 *(Laughter.)*

22 SECRETARY LEAVITT: He said one of the

1 members of this fraternity wore the mask all right,  
2 but it hung around his neck leaving his nose and his  
3 mouth uncovered and so served only to rescue whatever  
4 tobacco juice cleared his chin. The FDA might call  
5 that an off-label use. I'm not sure.

6       My point is this, a pandemic is different  
7 than any other natural disaster we face. We need to  
8 reach out beyond our public health and emergency  
9 management and reach out to businesses, churches,  
10 schools, colleges, and families.

11       I think the main point I wanted to make  
12 today was made well in a news article a couple of  
13 days ago. It pointed out that there are 5,000 health  
14 departments in state and local governments throughout  
15 America. One of the heads of the public health  
16 departments said this: our hospitals and our public  
17 health system are funded at normal levels of  
18 operation, which includes some degree of seasonal  
19 variation. But we have always relied on the federal  
20 government should we need more ventilators, for  
21 example, in the event of an earthquake or a mass  
22 casualty event. What the federal planners are not

1 getting, she says, is that in a pandemic every  
2 community would be asking for ventilators from the  
3 national stockpile at the same time.

4 I need to appeal to you that we do get  
5 that. That's the point. A pandemic is different  
6 than any other disaster that we manage. If it's an  
7 earthquake or a bioterrorism event we can go to the  
8 spot and bring ventilators and stockpile them. But  
9 if it's happening in 5,000 communities across  
10 America, that will not be possible. Not because of  
11 our lack of desire, not because of our lack of  
12 wallet, not because of our lack of organization, it  
13 would be because it would simply be a logistic  
14 impossibility.

15 The message that has to be sounded across  
16 the country is this: any community that fails to  
17 prepare on the assumption that at some point the  
18 federal government can come in to the rescue at the  
19 last moment does not acknowledge the complexity of  
20 this situation and would be sadly wrong.

21 Please help us communicate that to your  
22 public health officials and to your planning

1 officials. That's the purpose of these summits.  
2       The President has rallied the nation.  
3 There's work for all of us to do. He's asked the  
4 Congress for a \$7.1 billion appropriation. They have  
5 responded. We are working on vaccines. We are  
6 developing antivirals, we are doing disease  
7 monitoring all over the world, and most importantly  
8 we are working with all of you to create a sense of  
9 good planning and preparation. But we will not be a  
10 nation prepared until every state, every local  
11 government, every tribe, every school, every college,  
12 every business, every church, every family has a  
13 plan.

14       One might ask the question, is this Y2K?  
15 Is this the little boy who cried wolf? Will a  
16 pandemic happen? We don't know if it's the H5N1  
17 virus that we are now talking about that will spark a  
18 pandemic. We do know pandemics happen. They have  
19 for centuries and they will again. There is no  
20 reason to believe that the 21st century will be  
21 different than the last, and there's no reason to  
22 believe that just because we can't remember 1918 that

1 our nation may not be required to deal with this.  
2       Communications will be an important part  
3 of this effort. We have to learn to talk about this  
4 in ways--well, it's hard. Anything you say before  
5 a pandemic happens seems inflammatory. It seems like  
6 an exaggeration. Anything that's said after seems  
7 inadequate. We have to learn to speak about this in  
8 ways that inform but don't inflame. We need to  
9 inspire a sense of preparation but not a panic. And  
10 we can and we will. The virus is moving across the  
11 world. It's in birds.

12       My friend Dr. Gerberding, who says here, if  
13 you're a bird it's a pandemic. Gratefully, it is not  
14 a human transmittable disease. They worry that it  
15 could be. It's following a pattern. We don't need  
16 to spend a lot on that today except to say, that  
17 preparation is good no matter what. If it isn't now  
18 and it's five years or 10 years from now, we will be  
19 a stronger and healthier nation by your actions. We  
20 will have vaccines that will save millions. We will  
21 have planning that will have been done. We will have  
22 a better prepared nation.

1           When it comes to a pandemic we are overdue  
2 and we are underprepared, but we are a strong nation  
3 and we can prepare. We may be the first generation  
4 that will have the opportunity to do something to  
5 prepare for and to mitigate this part of the nature.

6           I can't resist, Governor Romney, you and I  
7 were in the midst of some reminiscences at the  
8 Olympics. Most of you know that I was Governor of  
9 Utah in 2002 and one of the great things about being  
10 governor during the Olympics is you got terrific  
11 seats.

12           *(Laughter.)*

13           SECRETARY LEAVITT: Only exceeded by the  
14 now governor of Massachusetts, I might add. On a  
15 night a little bit like the night before last I was  
16 sitting at ice level and there was a young skater, a  
17 young woman by the name of Sarah Hughes, you remember  
18 this, who skated out on the ice in fourth place--no  
19 one expected her to win. I don't think she expected  
20 to win--with three world-class skaters ahead of  
21 her. She had been studying for her SAT's apparently  
22 the afternoon before. We were in the large Delta

1 Center where they held the skating events. There  
2 were 25,000 people there all riveted on the 16-year-  
3 old girl, a billion people around the world watching,  
4 the music started and she began to skate. There was  
5 a sense of harmony that came into that performance  
6 that began to engage the audience, and you could just  
7 feel it. The music stopped, her head went back, her  
8 arms went out, she had done exactly what she had  
9 intended to do.

10       The next day I happened to go to a new  
11 conference and there I saw Sarah Hughes. What do you  
12 think about winning the gold medal?

      She said, "First of all, I just want to say, what a privilege it is to  
14 wear the uniform of the United States. Second," she  
15 said, "I just want to say how grateful I am. Not  
16 many people get a chance to skate the performance of  
17 their life, and I did."

      It's been fascinating to see her little sister Emily do it, have a similar  
19 experience, though not win the gold; she had a chance to  
20 skate the performance of her life.

21       Today I would leave us all with this  
22 challenge. We have not just a health imperative but

1 an economic imperative to get better or get beat.  
2 And we can. Let us find ways to become a healthier  
3 nation, a safer nation, and let us each day look for  
4 ways to skate the performance of our life. Thank  
5 you.

6 *(Applause.)*

7 GOVERNOR HUCKABEE: Thank you, Mr.  
8 Secretary. We appreciate your being with us. It's  
9 always great to see you. What a great friend you are  
10 to governors. The only regret is, we wish you were  
11 still among us. But we know that you always carry a  
12 real heart for governors in your position in the  
13 federal government. We appreciate that and are  
14 delighted to have you here.

15 We are only going to have about three to  
16 five minutes. The means probably two very brief  
17 questions. I would like to see if anyone would like  
18 to raise a question. We'll try to get through those  
19 very quickly. If anyone would like to be recognized  
20 among the governors or participants for a question.

21 *(No response.)*

22 GOVERNOR HUCKABEE: These guys have done

1 such a phenomenal job that they have covered the  
2 topic in such a way that we won't have to do that.

3 Thank Dr. David Katz. Also, Joan, thank  
4 you. Thank you, Secretary Leavitt for your being  
5 here.

6 Over the next couple of days you are going  
7 to hear about a lot of innovations you can see about  
8 where you live, where you work, where you learn. You  
9 are going to learn from each other. As innovators of  
10 state policy that's one of the things that I think is  
11 unique about governors is each of us try to solve  
12 problems that we find in our states and then we share  
13 the results with each other.

14 Over the next couple of days the governors  
15 and invited guests are going to be broken into five  
16 specific groups, three breakout sessions each  
17 focusing on one of the three pillars of initiatives,  
18 schools, worksites, and communities. The group  
19 assignments are indicated on the back of your name  
20 badge. So you should be able to determine which  
21 group you are to be a part of. Each of the groups  
22 that is named or numbered there has a moderator and a

1 resource person that will help in the informal  
2 discussions.  
3         One of the things that you will be hearing  
4 about is really how to institute a culture of  
5 wellness. Every one of the participants who are here  
6 will also be getting this toolkit which is, creating  
7 healthy states, actions for governors. In the  
8 documents that you are going to be receiving, 15  
9 specific strategies that governors can take in their  
10 states. One of the things we wanted to make sure was  
11 that governors didn't simply come and again hear a  
12 lot of talk about what the problem is, but what can  
13 you specifically take back to your specific state and  
14 get implemented in the way of action items.

15         There are at least 15 different ideas and  
16 strategies to take back. There are three issue  
17 briefs that highlight the wellness in worksite,  
18 schools, and communities that offer a great deal more  
19 in-depth analysis.

20         On a final note, let me just take a moment  
21 to recognize some special individuals and  
22 organizations that have brought us together today.

1 And I would like to ask Dr. Lisa Lavisio Mouret of the  
2 Robert Wood Johnson Foundation and Dr. Julie  
3 Gerberding of the Centers for Disease Control to come  
4 and join me on the stage. The fact that these two  
5 organizations have been extremely generous funders of  
6 our meeting, of our materials and a great deal of the  
7 work we've accomplished this year, we are very much  
8 looking forward to working with them throughout the  
9 year and in the next year. I want to say that they  
10 have been on the true front edge of dealing with the  
11 issue of the epidemic of obesity and other chronic  
12 diseases and how we can deal with it and how we can  
13 provide a greater level of wellness and truly bring  
14 about healthy America. Not just as a theme for the  
15 conference and summit but really as a reality for  
16 all the citizens in our individual states.

17 I want you to join me in thanking them.  
18 Then we will be dismissed to go to your various  
19 meetings and to breakout groups. But please join me  
20 in thanking the Robert Wood Johnson Foundation and  
21 the Centers for Disease Control.

22 *(Applause.)*

1 GOVERNOR HUCKABEE: Well, be gone.

2 *(Whereupon, at 3:05 p.m., the meeting was*  
3 *adjourned.)*

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NATIONAL GOVERNORS ASSOCIATION

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WINTER MEETING

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CLOSING PLENARY SESSION

J.W. Marriott Hotel  
1331 Pennsylvania Avenue, NW  
Salon III  
Washington, D.C.

Tuesday, February 28, 2006  
10:00 a.m.

The meeting commenced, pursuant to notice, at J.W. Marriott Hotel, Saloon III, on Tuesday, February 28, 2006, in Washington, D.C., at 10:00 a.m., Governor Mike Huckabee, chairman, presiding.

## 1 PROCEEDINGS

2 *(10:00 a.m.)*

3 GOVERNOR HUCKABEE: Let's get underway,  
4 ladies and gentlemen, for the closing plenary session  
5 of the 2006 National Governors Association Winter  
6 Meeting. I certainly thank everybody for their  
7 attendance, and I also want to say thanks for being here  
8 promptly. As we have done our best to start and end  
9 the meetings on time, it looks like we're going to be  
10 able to do that here today. If everyone will come  
11 and gather and get in the seat, we'll get underway  
12 for this final plenary session of the National  
13 Governors Association.

14 Let me first of all welcome a delegation  
15 of young Romanian officials who are here in the  
16 United States on a political study tour that's being  
17 sponsored by the American Council of Young Political  
18 Leaders and the U.S. Department of State. They are  
19 here in the nation's capital for five days. And then  
20 for reasons none of us can figure out, they're going  
21 to go see Governor Richardson in New Mexico for the  
22 rest of the week.

1           *(Laughter.)*

2           GOVERNOR HUCKABEE: They're going to be  
3 studying American government at the national, state  
4 and local levels. I'd like to ask our Romanian  
5 delegation if they are here in the room to stand so  
6 that we may recognize you.

7           Welcome. We're delighted to have you  
8 here.

9           *(Applause.)*

10          GOVERNOR HUCKABEE: For those of you who  
11 were here a year ago, you might remember that the  
12 governors came together on the topic of reforming the  
13 American high school. We issued an action agenda to  
14 improve America's college-ready high school  
15 graduation rate. We were challenged by the stark  
16 words of Microsoft founder Bill Gates, when he stood  
17 before us and said that the nation's high schools  
18 were obsolete.

19          Today we're very pleased that we can  
20 report on significant state progress on the action  
21 agenda. I've asked several of our fellow governors,  
22 starting with Governor Tim Pawlenty of Minnesota, to

1 begin sharing a report with us about the action  
2 agenda. Governor Pawlenty's state is one of those  
3 who received an NGA Center Best Practices Honor State  
4 Grant in order to give us some idea of how it's  
5 working in Minnesota and how it can work for the rest  
6 of us.

7 Let me turn to my esteemed colleague,  
8 Governor Pawlenty.

9 GOVERNOR PAWLENTY: Governor Huckabee,  
10 thank you.

11 Good morning, everybody. Minnesota was  
12 indeed fortunate to be able to receive a grant that  
13 Governor Huckabee referenced, resulting from the High  
14 School Summit that NGA was leading over the last  
15 year. On behalf of all governors, we are grateful  
16 for the support of nine national foundations that  
17 gave the NGA \$24 million to help us implement the  
18 action agenda.

19 The NGA Center Honor State Grant Program  
20 has helped 35 states complete an exhaustive  
21 blueprint. This blueprint is not an easy thing to go  
22 through. It's an exhaustive checklist, but it's a

1 very valuable tool that's helped education leaders  
2 survey existing policies and to develop state-wide  
3 high school improvement standards and initiatives.

4         Since the Summit, a great deal of progress  
5 has been made. Fifty states signed the NGA  
6 Graduation Rate Compact and now have agreed to  
7 collect and publicly report comparable four-year high  
8 school graduation rates and related data. So all of  
9 us need to take this challenge and opportunity  
10 seriously and show that we're making good on our  
11 promise to one another and to our kids for better high  
12 school data and accountability.

13         Today, 29 states are implementing an Honor  
14 State Grant with works that range from comprehensive,  
15 redesign, expanding AP to underserved students,  
16 streamlining educational governance with P16 councils  
17 and early childhood initiatives. Minnesota is very  
18 proud to be part of this Honor State network and  
19 opportunity. And since the Summit in Minnesota, we  
20 passed something called Get Ready, Get Credit  
21 legislation, which expands college preparatory and  
22 college credit opportunities to more and more high

1 school kids in Minnesota. That's a wonderful thing  
2 for them, and it's certainly important to our state.

3       The Honor State Grant also addresses the  
4 competitiveness issues we know are related to  
5 improving math and science achievement and  
6 capabilities. When school starts this fall, there's  
7 going to be 20 high schools with model programs to  
8 improve math and science instruction for all students  
9 as a result of the NGA guidance and leadership and  
10 support.

11       Across the Honor State network, we're  
12 seeing governors and education leaders try these new  
13 initiatives, and they're working. Another governor  
14 who's had experience with this is Governor Carcieri  
15 from Rhode Island.

16       Governor Carcieri, we're hopeful that  
17 you'll spend a few minutes in sharing your experience  
18 and results with us as well.

19       Governor Carcieri.

20       GOVERNOR CARCIERI: Thank you very much,  
21 Governor Pawlenty. It's a little lonely over here.

22       Let me just say that Rhode Island was one

1 of the original 10 states that were selected by the  
2 NGA Best Practices to receive an Honor State Grant, a  
3 two-year grant providing states up to \$10 million, as  
4 Tim said, for high school redesign initiatives. It's  
5 been a key part of implementing a number of things in  
6 our state. I'll touch on probably just two or three  
7 things.

8         One of the things I'm very excited about  
9 is we're right now putting together a Physics First  
10 program and piloting it in five of our high schools.  
11 This is to change the curriculum around from what  
12 we've normally seen in terms of science, typically  
13 starting with biology, with chemistry and physics  
14 last. There's a whole body of scientific knowledge  
15 out there that says we've sort of gotten it  
16 backwards, and beginning with physics, which is the  
17 underlying science behind many of the others, is the  
18 right way to approach it.

19         We've got a lot of enthusiasm for doing  
20 that and a lot of excitement. We had a former Nobel  
21 physicist, Leon Lederman, that came to the state and  
22 spoke to our science teachers and administrators a

1 couple of months ago. He was one of the founders of  
2 this.

3         We are getting quite a good response  
4 throughout the secondary schools in terms of this is  
5 a different curriculum approach to science. It comes  
6 out of really an effort that we started over a year  
7 ago. I put together a blue ribbon panel of math and  
8 science education task forces. This brought business  
9 leaders together with academics, elementary and  
10 secondary teachers as well as higher ed, and asked  
11 them to give me a blueprint for how we could improve  
12 math and science education in our state, and they  
13 came up with a number of things, I think a whole  
14 series of items that we're putting forward.

15         Just to touch on a couple of them,  
16 something that we sort of touched on and off is the  
17 whole concept of adjunct math and science teachers.  
18 There's a whole cadre of scientists and engineers  
19 retiring and so forth with incredible capabilities  
20 who want to do something, who want to help  
21 particularly in education, but we don't have a  
22 mechanism for integrating them. So rather than

1 necessarily alternative certification, which is  
2 another process, one of the things we're talking  
3 about is adjunct teachers, if you will, going into  
4 the classroom, giving their practical experience, and  
5 a lot more hands-on learning for kids.

6       Science lends itself to that. And one of  
7 things we are quite proud of in Rhode Island is we've  
8 built what we've called the Inner Space Center at the  
9 Graduate School of Oceanography, and we can now via  
10 satellite take ocean exploration and research that's  
11 going on in the middle of the Atlantic, bounce that  
12 off the satellite, bring it in and put it out over  
13 the Internet to all of our schools. In fact, a whole  
14 expedition can be driven by scientists on the ground  
15 anywhere in the country or the world. We call that  
16 tele-presence. It's a way to bring that right into  
17 the classroom. We're pushing that now into a number  
18 of our high schools. Dr. Bob Ballard, who spoke last  
19 year to this body, has been leading that effort, just  
20 one example of how you can use science and get kids a  
21 lot more hands-on exposure to the exciting things  
22 that are going on because there are so many right

1 now.

2 Professional development--another key.

3 What we found is if you're going to improve math and

4 science education, one thing, sort of the front end,

5 is preparation of the teachers, which we're

6 integrating. But key is taking the existing cohort

7 of teachers and sort of reprogramming them and giving

8 them exposure to the new and latest techniques in

9 terms of science and math teaching.

10 We've got a whole component there that is

11 eventually going to take all of our particularly

12 elementary and middle school teachers and put them

13 through professional development. You need a

14 curriculum. We have now a state-wide curriculum in

15 the English language, arts, and we have it in math,

16 but we don't have it in science. So part of this

17 funding is going to be to put together a state-wide

18 curriculum in science, increase the level of rigor,

19 if you will, and will require three years of science

20 in terms of graduation. There's a whole host of

21 things we're putting together in terms of investment

22 behind that to get this driven in.

1           What I'll finish with--because one of  
2 the issues that came up I know last year--is  
3 governance. How do we push these kinds of changes  
4 throughout system?

5           I shared a little bit yesterday in our  
6 economic development forum that one of the things I  
7 did a year ago--and Tim referenced it--is a Pre-K  
8 through 16 council. I created that council by  
9 executive order. In our state we've got a board of  
10 governors that control higher ed, a commissioner and  
11 a board of regents that control Pre-K, and elementary  
12 and secondary with a commissioner as well.

13          What I did is pull this all together. On  
14 this council I have the chairs of the two boards. I  
15 have the two commissioners. I have the head of  
16 economic development. I have the chair of our  
17 economic policy team, and I have the head of our  
18 workforce development. The whole idea here is what  
19 we're seeing is a disconnect between what's happening  
20 in either elementary and secondary right into higher  
21 ed. in our economic development strategies.

22          If we're going to emphasize math and

1 science and prepare our young people to take their  
2 roles in the jobs of the future, we've got to  
3 integrate that. This council, which I chair, will be  
4 the body to do the governance and implement each of  
5 these steps as these things come through.

6 In the three years I've been at this, one  
7 of my frustrations is how do you get these changes  
8 pushed through the bureaucracies that have developed.  
9 I've found these people around the table, ensuring  
10 the different perspectives, and then at the end of  
11 the day saying, okay, what are we going to do when  
12 and how are we going to get this done, and it has  
13 been extraordinarily helpful to me in this process.

14 There's a lot of pieces. We're very  
15 excited about what's happening, and thank the NGA  
16 again for their support of our state. I look forward  
17 to some great results from this.

18 GOVERNOR PAWLENTY: Thank you, Governor  
19 Carcieri. I know almost everybody could share  
20 examples from their states, but Governor Easley has  
21 another wonderful example of the Honor State Grant  
22 program and some experiences he wanted to share from

1 his state.

2 Governor Easley.

3 GOVERNOR EASLEY: Thank you, governor. I

4 want to thank Governor Huckabee for the book. It

5 would have been great if you got it to me before I

6 bought my own.

7 *(Laughter.)*

8 GOVERNOR EASLEY: The title, *[Stop] Digging Your*

9 *Grave With a Knife and Fork*, at least indicates

10 there's some manners there somewhere. We appreciate

11 all that you've done.

12 *(Laughter.)*

13 GOVERNOR EASLEY: I don't think the answer

14 is eat with your fingers, but if you read it, it's good.

16 I appreciate the opportunity to share with

17 you what we're doing in North Carolina. As you know,

18 last year we had a lot of discussion about the Bill

19 and Melinda Gates Foundation. And Tom Vander Ark was

20 here, the executive director, who's been extremely

21 helpful to us.

22 We've tried to address the college dropout

1 rates two ways and hopefully accomplish some other  
2 things at the same time. In 2003 and a \$11 million  
3 grant from the Gates Foundation, we started what we  
4 call our New Schools Project. The concept was to  
5 start new and smaller high schools. We have 11  
6 projects in place now. We're opening 22 more in the  
7 fall. The schools are actually no more than 400  
8 population. We build schools within a school. So if  
9 we have a 1200-student high school, we bring it down  
10 to three 400-student high schools so the students  
11 know the teachers and the teachers know the student  
12 population. There's a bonding there so that the  
13 teachers have somebody, and teachers that they don't  
14 want to disappoint. We used it a lot in high-risk  
15 areas. So far the attendance rate has been up  
16 dramatically.

17       Also, we take part of the curriculum and  
18 have the students work in growth industries. So far  
19 we're using things like health care, biotech, we're  
20 moving into international studies and life sciences.  
21 The students will go out and work in the afternoons  
22 and will be in school in the morning. And all of a

1 sudden they see a connection between the job they  
2 want and the courses that they take, and they're more  
3 likely then to stay in school, to go on to college  
4 and graduate. The important thing that we saw in  
5 North Carolina was our college going rate was going  
6 up really well, but only those who graduate from high  
7 school, obviously.

8         As a nation, we're not graduating nearly  
9 enough from high school, especially in manufacturing  
10 states like ours in North Carolina. We've lost a lot  
11 of textiles. We've lost a lot of furniture,  
12 agriculture, things that many of you were seeing in  
13 different forms in your areas.

14         A lot of people determined early on that  
15 they didn't really need to hang around and take  
16 algebra if they were going to work in the mill  
17 anyway, and they didn't finish. Now we're showing  
18 them a reason with this New School Project, why do  
19 they do need to hang around and take science and  
20 math, and those other courses that are so important  
21 as we go forward.

22         The second thing we're doing we call Learn

1 and Earn, based on the simple concept of learn more  
2 and earn more. That also has been assisted by the  
3 Gates Foundation again, and of course, there's some  
4 state money and other monies that we raised.

5 Essentially, what we're trying to do is compact four  
6 years of high school and two years of college for an  
7 associate's degree at the end of five years.

8         We've found that most kids can finish high  
9 school a lot earlier. They take a lot of electives  
10 that they really don't need. Their AP courses can  
11 transfer. A lot of them are already doing college  
12 work. And we're able to tell these kids within the  
13 ninth grade, if you'll stick with me for four years,  
14 I'll give you a high school diploma. But if you'll  
15 stay one year longer, stick with me for five years,  
16 I'll give you a college degree. And with the  
17 two-year degree, they can go out and get a job, and a  
18 good job, and that's what it takes nowadays, at least  
19 an AA to get a good job. Or they can go on to our  
20 other universities and graduate with a four-year  
21 degree, and continue on as far as they like.

22         That has worked for us. The partnership

1 between our high schools, community colleges, private  
2 colleges and universities has worked very well. We  
3 have 13 of these Learn and Earn schools up and  
4 running now. Twenty-three more will come on in the  
5 fall. My goal is to have this available in all 100  
6 counties by '08. We find that if you make that  
7 carrot a little bigger, there's more incentive for  
8 somebody to stay in school and graduate.

9       The way this came about, quite honestly,  
10 was in economic development. Every time I bring in a  
11 new company, something that we wanted, something that  
12 we want to build a future on in North Carolina, it  
13 would be somebody who required at least an AA degree.  
14 Students knew this. They know it before we know it.  
15 And they know what the high school diploma is worth,  
16 and they know what a college degree is worth. That's  
17 why we went to this particular program so they could  
18 get that. I think all of us have to continue to  
19 build on knowledge, talent and skill. We know that.

20       I close my remarks by saying that I know  
21 many of you are doing creative and innovative things  
22 to make sure we do get our skill level up and our

1 knowledge level up in this country knowing that our  
2 competitive edge is based on creativity and  
3 innovation.

4 I just recommend to all of you to embrace  
5 the change that is occurring at warp speed because  
6 those countries who courageously reach to the future,  
7 I believe, will prosper, and those who stubbornly  
8 cling to the past, I believe, will fail. I think each  
9 and every one of you plan to prosper, and I'm  
10 interested in hearing more of what's going on here  
11 today.

12 GOVERNOR PAWLENTY: Thank you, Governor  
13 Easley. I think everybody can share an example or so  
14 from their states on these initiatives, but we need  
15 to move on with the agenda.

16 Just as a quick reminder, Tom Friedman was  
17 here. Bill Gates was here at the Summit a while ago.  
18 Bill Gates declared the American high school  
19 obsolete, which I think was a clarion call for reform  
20 and change in the American High School, and treatment  
21 continues to ring the bell on these same themes. His  
22 quote here and elsewhere has been, "In the future,

1 we'll go to those countries, those states and those  
2 cities, those companies and those individuals who  
3 understand this platform, and both educate their  
4 people to take advantage of it and connect to them."

5       There's a great emphasis on college  
6 preparedness and college credit, which is  
7 appropriate, but I want to commence to you two things  
8 that are on the table in front of you. One is the  
9 result of some new research that's being released  
10 from the ACT organization. It brings an important  
11 balance to the notion that the unique or semi-unique  
12 emphasis should be on college preparedness. That's  
13 really important. We need to continue to make  
14 advances with those initiatives. But the conclusion  
15 here is also that the criteria, the components of a  
16 quality education for college preparedness, are not  
17 different than workforce preparedness, more broadly.

18       So this packet here is an abbreviated  
19 slide show of that research. I hope you would get  
20 the full report and give that to your education  
21 officials, and make sure that we are not just focused  
22 on college preparedness, but that we also include in

1 our rhetoric and our leadership communications that  
2 workforce preparedness is equally important.

3 But interestingly, the criteria, the  
4 components of those two goals, are the same, at least  
5 at the high school level. So please take the chance  
6 to go through that, at least the summary report. And  
7 then the other piece of it is the NGA's Graduation  
8 Pays materials; again, a bullet summary that is  
9 before you in the materials in front of you. The  
10 collection is of data snapshots or bullet listings  
11 you can add to your Web site or to speeches and the  
12 like, which again just reinforces the notion about  
13 the economic and social importance of graduation to  
14 our states, to our people and to our country.

15 Governor Huckabee, I believe that  
16 concludes the overview of these issues and report on  
17 behalf of the Honor State Grant Program.

18 GOVERNOR HUCKABEE: Governor Pawlenty,  
19 thank you very much. I appreciate the good report  
20 from all of you.

21 Governor Easley, I'm sorry that you had  
22 already gone and purchased one of the books. My

1 publisher did tell me we had sold one copy in North  
2 Carolina. So clearly that was yours.

3 *(Laughter.)*

4 GOVERNOR PAWLENTY: Governor Rendell,  
5 would you pass this down to Mike? He can sell two of  
6 these and get his money back.

7 *(Laughter.)*

8 GOVERNOR HUCKABEE: They're going less  
9 expensively these days I understand. We do have one  
10 for each of you. As governors at the table, if  
11 you're in the crowd and you see that one of the  
12 governors is not here and doesn't show up, and you  
13 want to go at the end of the meeting and get that  
14 governor's book and keep it, feel free to do so. We  
15 won't tell him. That's what he gets for not being  
16 here, so there you go.

17 We are very privileged today to have an  
18 extraordinarily special guest with us. I don't have  
19 to tell you that President Bill Clinton served as the  
20 42nd president of the United States, elected in 1992  
21 and again elected in 1996. Prior to the presidency,  
22 he held a job that I'm a little familiar with. That

1 is, he was governor of Arkansas, elected first in  
2 1978, then re-elected in 1982, 1984, '86 and 1988.

3       Some of you are wondering why some of  
4 those were two-year terms and some of those were  
5 four. When President Clinton first started running  
6 for governor, Arkansas had two-year terms. He ran so  
7 often, they thought they'd just make it easier on the  
8 voters and had four-year terms.

9       *(Laughter.)*

10       GOVERNOR HUCKABEE: So they did that in  
11 1986.

12       He served as chairman of this  
13 organization, the National Governors Association,  
14 continuing in 1986 and 1987. Prior to being  
15 governor, he was Arkansas' attorney general. I'm  
16 sure I don't have to tell you that we come from  
17 different political parties. There are times we've  
18 not always agreed on every issue, just like it is  
19 true here in the NGA. But we do have some things in  
20 common. One thing is we both come from a small  
21 little community in the southwest part of Arkansas  
22 called Hope, and we both represented the people of

1 Arkansas.

2 I think it would be fair to say that we  
3 both not only have represented them but we truly love  
4 the people of Arkansas, the greatest people on earth.  
5 But what brings us together today in another endeavor  
6 is a personal commitment to change the culture of  
7 health in America, and particularly to deal with the  
8 growing crisis of childhood obesity.

9 About a year ago, the president called and  
10 asked would I work with him, The Clinton Foundation  
11 and the American Heart Association, on a national  
12 effort to confront the challenge of childhood  
13 obesity. It was an honor to be a part of it. Since  
14 that time, the Clinton Foundation and the American  
15 Heart Association have aggressively worked to try to  
16 not only bring awareness of this situation, but to  
17 take specific steps to address what is not only a  
18 dangerous trend but one that without reversal is  
19 going to truly have a record impact on the economy of  
20 the United States of America, and for that matter,  
21 the world.

22 Perhaps for some of you it's a little

1 unusual that I would be the one who would just insist  
2 that we have President Clinton here today, you might  
3 say. Isn't it true that every election you've ever  
4 had, he campaigned for the other guy? Yes, raised  
5 money for the other guy.

6 *(Laughter.)*

7 GOVERNOR HUCKABEE: It's also true I  
8 probably did the same in all of his elections too, so  
9 that's fair.

10 *(Laughter.)*

11 GOVERNOR HUCKABEE: But politics is  
12 sometimes secondary to the things that really matter  
13 to us. That's one thing I love about the governors  
14 organization. Yes, we're all political. That's what  
15 we do during an election year, but when the election  
16 is over, we also have to get down to the very serious  
17 business of solving problems and confronting the  
18 issues that face us.

19 This is an issue that it doesn't matter  
20 whether there's an R or D behind or in front of your  
21 name, or somewhere in the middle of it. There's not  
22 a person here that's not affected by the growing

1 crisis of the unhealthy state of the American  
2 population.

3       It's a real pleasure, a joy, and a  
4 personal honor to be able to present to you the 42nd  
5 president of the United States and former chairman of  
6 the National Governors Association. Join me in  
7 giving a warm welcome to President Bill Clinton.

8       *(Applause.)*

9       PRESIDENT CLINTON: Thank you very much.  
10 Thank you, Governor Huckabee, Governor Napolitano,  
11 ladies and gentlemen.

12       I was back stage listening to Mike's  
13 introduction, and he talked about how I always worked  
14 against him, he always worked against me. And I  
15 thought, you know, the reason we're both here is that  
16 we were total failures in those efforts.

17       *(Laughter.)*

18       PRESIDENT CLINTON: I have to tell you  
19 that, old friend, based on the work you've done on  
20 this issue, I'm kind of glad I failed. You've been  
21 great, and I think the country owes you a great debt  
22 of gratitude. I wanted to come back here, when Mike

1 asked me to come, to thank you for giving two days to  
2 this whole question on the health of our country, and  
3 to thank Governor Huckabee for focusing his year on  
4 making America a healthier nation.

5 I was thinking when I was coming down here  
6 today, the great thing about not being president  
7 anymore is that I can say what I want and make my own  
8 notes. The bad thing is, nobody cares what I think  
9 anymore.

10 *(Laughter.)*

11 PRESIDENT CLINTON: Anyway, I was thinking  
12 when I came down here that at least in my experience,  
13 in the long years I served as a governor and when I  
14 was president, the states really were what the  
15 founders intended them to be, laboratories of  
16 democracy. In the 1970s, primarily southern  
17 governors were leading the pressure for education  
18 reform because our part of the country was so much  
19 poorer than the rest. Western governors were dealing  
20 with explosive growth and way ahead of the curve in  
21 complex questions of resource management and what was  
22 going to happen with water and land.

1           In the 1980s, we all got into education  
2 and welfare reform, and I was pleased to work with my  
3 Republican colleagues, particularly the late Carroll  
4 Campbell from South Carolina, and the Reagan White  
5 House on the 1988 Welfare Reform Bill, and to work in  
6 1989 with former President Bush and Governor Branstad  
7 from Iowa and others on the national education goals.

8           When I became president, I think we gave  
9 something like 40-plus waivers in welfare reform to  
10 complete a process that really began in the last year  
11 of the Carter administration in 1980 when the states  
12 were looking at what could be done to change the  
13 welfare system from primarily dependents to  
14 independents. And the Welfare Reform Bill that the  
15 Congress passed and I signed in 1996 was really the  
16 culmination of the laboratory work done in the states  
17 for more than 15 years. I say that because the  
18 country needs you now more than ever on two issues  
19 that will determine what we look like 50 years from  
20 now.

21           I'm only going to talk about one today,  
22 but I want to mention the others. Whenever

1 Washington particularly gets in the kind of fiscal  
2 crisis we're in today, where we've got big deficits  
3 and sooner or later we'll have to come to terms with,  
4 the short-term problem is that you wind up paying  
5 more for certain things than I think you should. I'm  
6 sure you've had all kind of arguments about that  
7 here. But the real issue is what long-term major  
8 challenges cannot be addressed here that have to be  
9 addressed by us as Americans. That's the real issue.

10 I heard Governor Easley talking about  
11 education. I'm really impressed by the work so many  
12 states have done to try to make us more energy  
13 independent and to build a clean alternative energy  
14 future. I think that's critical to America's future,  
15 and I don't think it has to be a partisan issue.

16 One of the problems we have in the global  
17 economy is how to find all sorts of good new jobs  
18 every five to 10 years. We can't continue to open our  
19 borders and get the benefits of low inflation and  
20 high productivity that we get from open borders  
21 unless we can always keep creating new jobs. This is  
22 a bird's nest on the ground as we have only

1 halfheartedly embraced it. So I try to keep up with  
2 what you all are doing in this area, and I thank you.

3       The other area is health care. I'd like  
4 to start with the big stuff and work back to what  
5 Governor Huckabee and I are doing, and what I want to  
6 ask you to do for several years.

7       We are now spending 16 percent of our GDP  
8 on health care. No other country in the world spends  
9 more than 11. Switzerland and Canada spend about 11.  
10 All the other wealthy countries are between 9.5 and  
11 10. We're ranked 37th in overall quality of health  
12 in our country, and the number of people without  
13 insurance is going up.

14       The government takes up some of the slack,  
15 and well over 40 percent of the American people that  
16 have health care and insurance are getting it through  
17 public funding of some kind or another. But this is  
18 clearly an unsustainable thing not only because  
19 people don't have health care but because the cost  
20 to the economy is crushing. It's bankrupting state  
21 budgets. It's a big part of the federal deficit  
22 problem, but it's also a huge part of our

1 competitiveness issue.

2           Today, with embedded both legacy and  
3 current health care costs, General Motors has \$1,580 a  
4 car in health care, Ford has \$900, and Chrysler,  
5 having consolidated with Daimler-Benz, is down just  
6 under \$600, and Toyota's at \$110 a car. You wonder  
7 why we can't produce passenger cars that compete and  
8 maintain jobs. We are now looking forward to getting  
9 automobile jobs in America by convincing foreign  
10 manufacturers to locate plants in our states.

11           This is a serious problem. What's the  
12 difference between 16 percent and 11 percent? About  
13 \$700 billion a year. Just think what you could do  
14 with \$700 billion. Think what everyone of you could  
15 do with your share of that. Think what the private  
16 sector could do with it. Think how we could  
17 accelerate the development of biofuels, or electric  
18 vehicles, or hydrogen cells, or lower-cost solar  
19 technology, or what we're doing in New York, where I  
20 live now, the expansion of our wind energy capacity.

21           Seven hundred billion dollars. Where is that \$700 billion?  
22 You read all this stuff. There's almost no analysis

1 done of this. Just under 50 percent of the  
2 \$700 billion is an administrative cost. We spend  
3 34 percent of our healthcare dollars on  
4 administration. The next highest I can find in the  
5 world is Canada at 19 percent. Sixteen percent of  
6 GDP is over 2 percent of our gross domestic product.  
7 That is because we have in my view decided to let the  
8 insurance tail wag the healthcare dog. That is, we  
9 are organizing ourselves around the way we are or are  
10 not insured and because we have not computerized our  
11 records.

12       So picture this. Everyday there are like  
13 2 million people in America engaging in a huge tug of  
14 war. You can't talk to any doctor that hasn't been  
15 in practice more than 10 years who hasn't added  
16 administrative staff to try to navigate the repayment  
17 schedule. You've got these 2 million people in a tug  
18 of war, about half on each side. One side is trying  
19 to get paid and the other side is trying to keep from  
20 paying. And even if they have to pay a little bit,  
21 the people on the front line know that they never get  
22 in trouble for saying no, and they get to float while

1 the don't pay. Meanwhile, that's all embedded in the  
2 healthcare system in a way that's a drag on  
3 productivity, a drag on competitiveness, and a  
4 terrible burden on the state and federal budgets of  
5 the country. The federal and state programs, by and  
6 large, have much lower administrative costs, but they  
7 are a part of a pattern which still imposes higher  
8 costs on the providers who have to try to go get the  
9 money wherever they can get it.

10       The other half of the money is basically  
11 slightly more than half, probably 55 percent. It is  
12 the fact that we pay more for drugs than anybody on  
13 earth, including other countries that have big drug  
14 manufacturing. We pay more for defensive medicine  
15 because we haven't found a way to deal with that  
16 issue. I favor, by the way, large self-insurance  
17 pools.

18       If you look at the University of Texas,  
19 the Houston Medical Center, where the director  
20 organized all 700 doctors in a self-insurance pool,  
21 put them in charge of it, and they wouldn't let  
22 people in if they knew they were at high risk of

1 malpractice. All the premiums for all specialties  
2 dropped a minimum of 50 percent, some more.

3       The final thing is our lifestyle choices.  
4 Some of them we can't do anything about. As an  
5 ethical matter, most of us believe we are morally  
6 bound to live as well as we can and help our  
7 neighbors do the same. Sometimes you have a really  
8 painful example of that like the Schiavo case, but we  
9 spent more in the last two months of life.

10       One very positive thing came out of that  
11 whole awful debate. Millions of Americans, including  
12 Hillary and me, did living wills for the first time  
13 in our lives. But the other major part of our  
14 lifestyle choices is what I came to see you about.  
15 It's a huge problem. That is obesity and its  
16 attended problems, principally diabetes.

17       We just had a chilling series of articles  
18 in *The New York Times* about the explosion of  
19 diabetes, especially among young people in New York  
20 City and what it's doing to our health care budget.

21       When former President Bush and I agreed  
22 to the president's request that we raise money for

1 the Katrina areas, and I went down to see you  
2 Governor Riley, I went to Mississippi first, and I  
3 was in Biloxi in a neighborhood, a middle-class  
4 neighborhood where all these people had been paying  
5 on their home mortgages for 30 years, and they'd just  
6 paid them off, and all the houses were wiped out. I  
7 met a woman there in a wheelchair with her leg  
8 amputated below the knee who could not have been a  
9 day over 35 years old. Diabetes.

10       You know Mike's story. If you haven't  
11 read it, you ought to buy his book. I'll plug it. I  
12 actually bought a copy too.

13       *(Laughter.)*

14       PRESIDENT CLINTON: As you know, he was  
15 being treated for diabetes and he got off of it. I  
16 spent a lot of time on this. My former chief of  
17 staff, now the head of your university, Erskine  
18 Bowles, has a lot of diabetes in his family, Type I  
19 diabetes that you get, you inherit. But we are  
20 seeing statistically significant numbers of children  
21 with Type II diabetes for the first time in our  
22 history. Until the present moment, we always called

1 Type II adult-onset diabetes. When you see it in a  
2 9-year-old, it's hard to say that. And if we don't  
3 do something about it, we're going to have a terrible  
4 health problem.

5 I got into this because after my heart  
6 surgery, the American Heart Association wrote me a  
7 letter and said, Americans know a lot more about this  
8 now because you were sick, and there was a lot of  
9 publicity about it. And we need to extend this  
10 teachable moment, and will you work with us? I  
11 agreed to do it, but I wanted to do something that  
12 would be more than just sort of a rah-rah, do a few  
13 PSA things, and I was very worried about the kids.

14 I got into this, and I knew that Mike had  
15 not only an extraordinarily personal experience, but  
16 the things that he's done with state employees and  
17 other things in Arkansas to try to deal with this, as  
18 well as in schools, are truly remarkable. Many other  
19 states--I know Governor Bredesen's done a wide range  
20 of things in Tennessee, but I wanted to do something  
21 that would help us change the structure, the culture,  
22 that is driving this to these high rates of obesity.

1           So I called him. He agreed to join me.  
2 We joined the Heart Association with this alliance  
3 for our future generation with the goal of halting  
4 the rise in child obesity by 2010 and reversing it by  
5 2015. We reached out to partners like Nickelodeon.  
6 We did the town hall meeting with Nickelodeon, trying  
7 to assist them to get the media that children see and  
8 get children themselves involved in this.

9           We're working with the food and restaurant  
10 industry on how they can improve the nutritional  
11 value of their products, and we're working to  
12 highlight best practices in nutrition and health  
13 education in the schools. Later this year, we're  
14 going to announce efforts to support healthcare  
15 providers in their work.

16           But I just want to emphasize before I get  
17 to the point of why I came here today what a big  
18 deal this is. You are already spending a staggering  
19 amount of money, according to the figures I have.  
20 Obesity-related illnesses now cost \$21 billion for  
21 Medicaid recipients and \$17 billion for Medicare  
22 recipients already.

1           In 2004, there was an astonishing study  
2 issued by Emory University finding that rising  
3 obesity rates accounted for 27 percent of the growth  
4 in healthcare spending between 1987 and 2001. I  
5 already gave you the numbers on the cause, and you  
6 can see that's right.

7           I know Lee Scott, the Wal-Mart chairman,  
8 came here. And he said, betwixt and between, he's  
9 tried to provide better healthcare benefits, and yet  
10 a lot of people, including probably a lot of you  
11 around the table, don't think they do enough. You  
12 have to look at employees in the context of who their  
13 competitors are as well. We need a comprehensive  
14 resolution of this. But no matter what we do to  
15 reform the insurance system and deal with all the  
16 other factors I mentioned, unless we deal with this  
17 lifestyle issue, we will never close the gap between  
18 America spending 16 percent on health care and  
19 everybody else spending 11 unless we close it in the  
20 long run.

21           This is an epidemic problem in the United  
22 Kingdom. They have a national effort dealing with

1 childhood obesity, and recently a report came out  
2 that showed they have all the same structural  
3 problems as we do. They have a national effort in  
4 Ireland which has the fastest growing economy in  
5 Europe. And attendant to that fast growth, they have  
6 an epidemic of childhood obesity.

7       I just got back from India where I do work  
8 in AIDS. The Indians now have the biggest middle  
9 class in the world, over 350 million people, and more  
10 people moving into it all the time. The president's  
11 about to take a very important trip to India. They  
12 have I think arguably the most interesting diet on  
13 earth, and people are bagging it for fast food, and  
14 childhood obesity is now rising in India. It seems  
15 to be inextricably bound to both growing wealth and  
16 stagnant wages in a global economy.

17       There are lots of reasons for that. If  
18 you look around in America, for example, since 1973,  
19 the wealth of American families has increased  
20 primarily because of the value of their homes, but  
21 the average wages against inflation have only  
22 increased for a brief period in the late '90s;

1 otherwise, they've been stagnant or falling.

2           There are all kinds of reasons for this,  
3 but if you look at it in the face of that, the price  
4 of everything has gone up except food. Food is still  
5 a real good deal in America, plus you've got more and  
6 more people in the workplace. So 30 years ago, the  
7 average American family spent 70 cents of every food  
8 dollar on food prepared in the home. Today they  
9 spend 53 cents on that, 47 cents eating out, and half  
10 of that at fast food places. Then the composition of  
11 the food has changed. More trans fats, more  
12 saturated fats, bigger portions. If you're in a  
13 difficult situation economically, it's still a real  
14 good deal.

15           I thought about this a lot when Governor  
16 Manchin became the center of national attention  
17 because of the tragedy in his mines and the  
18 remarkable way he handled it. I was looking at all  
19 these people from West Virginia who are so much like  
20 all the people I grew up with in Arkansas, imagining  
21 what their lives are like in terms of this deal.  
22 They've got to watch every penny they spend. They've

1 got to wonder whether they can send their kids to  
2 college. But they know they can at least be full.  
3 They can get a good meal for a low price.

4       It's still the best deal in America, but  
5 the composition of the food has changed. Even the  
6 composition of our sugar has changed. Fructose  
7 metabolizes in the body in a different way and goes  
8 straight to fat in a way that cane and beet sugar  
9 don't, but they're much more expensive.

10       You can say all that, so people say we  
11 don't know what to do. Yes, you do. Look at  
12 Huckabee. The truth is, the only way to fight  
13 obesity is to consume fewer calories and burn more,  
14 no matter whatever else you say, no matter what the  
15 scientific studies show, no matter how difficult it  
16 is. And we all have different metabolisms, by the  
17 way, so different things will work, but you've got to  
18 consume less and burn more. There is no other  
19 alternative here. To do that you have to change the  
20 culture. All of you have talked a lot about that and  
21 how hard it is to do, but that's what we're trying to  
22 do.

1           This is the sort of thing I normally don't  
2 get into. I like to do things where I can really  
3 keep score; how many people did you help by what  
4 time, what's the details. But the truth is, once in  
5 a while you have to do this. You have to say we have  
6 a huge cultural problem, and unless we change it, our  
7 children may grow up to be the first generation of  
8 Americans with shorter life spans than we have, and  
9 we may foreclose America's economic leadership in the  
10 future by consuming untold amounts of our national  
11 income on otherwise unnecessary healthcare costs.

12           So what we are doing is very important.  
13 Just a couple of weeks ago, the Robert Wood Johnson  
14 Foundation, which is the largest foundation in  
15 America, devoted to improving health care, gave our  
16 alliance \$8 million for a healthy school program for  
17 students, teachers and other staff, and to be like  
18 you, laboratories of democracy. You all know these  
19 numbers, but since this is covered by the press, it's  
20 worth repeating.

21           We've got over 53 million young people in  
22 119,000 public and private schools in America.

1 Six million adults work there as teachers, nurses,  
2 administrators and other staff. That means about one  
3 in five Americans are in some school every single day.  
4 Comprehensive school health programs cannot only have  
5 a positive impact on child health, but they can  
6 improve the health and well being of adults that  
7 these kids look up to as role models and then ripple  
8 throughout the larger society.

9       What we have decided to do working with  
10 the Robert Wood Johnson Foundation is to create a  
11 national recognition program that I'd like your help  
12 with in your states. We want to try to spotlight on  
13 schools that have taken concrete, innovative steps to  
14 create healthier learning environments for children  
15 and healthier environments for the staff, based on a  
16 nutritional value of the food served in and out of  
17 the cafeterias, increasing access to physical  
18 activity during and after school hours, and  
19 implementing curricula on health living.

20       When we announced this program, remember,  
21 we went to a school north of Harlem in Washington  
22 Heights, where there were 6-year-old kids writing

1 essays about why it's important to eat right. We  
2 want to provide staff wellness programs, something  
3 that the governor here has done a good job of in  
4 Arkansas.

5         We also want to help change the economics  
6 of schools. I think that's very important. A lot of  
7 people either don't know what the best practices are  
8 or simply think they can't afford them. Our team  
9 wants to negotiate deals with industry leaders to  
10 provide packages of healthy menus at prices schools  
11 can afford. Currently, 1 in 6 school districts have  
12 already outsourced their cafeterias to full-service  
13 caterers, and it's increasing, and almost without  
14 exception, these folks charge more for healthier  
15 alternatives.

16         Second, we want to create buy-in clubs so  
17 schools can come together and increase their  
18 purchasing power. Third, we want to negotiate  
19 agreements with snack and beverage companies to  
20 improve the nutritional content, and I would add,  
21 lower the caloric content of their vending machines.  
22 Finally, we want to have agreements with the sporting

1 goods companies and others to offer discounted  
2 equipment to schools to help increase the  
3 availability of exercise.

4         There are people in the school  
5 business--superintendents, school board members,  
6 principals and others all across America--who want  
7 to do the right thing, but they don't have the time,  
8 the manpower, or the money, or even the knowledge to  
9 do it. We also want to help fill that void by having  
10 teams of consultants working side by side with school  
11 officials all across the country to negotiate more  
12 favorable contracts, to develop innovative  
13 approaches, to build sustainable allowances.

14         We'll begin this fall by providing direct  
15 assistance to nearly 300 schools in 12 states.  
16 Starting July 1, any school in the nation can apply  
17 for our School Recognition Program. In the 2007-2008  
18 school year, we will expand nationally, and our goal  
19 is to provide direct support to 7,100 schools with  
20 four million students within the next five years. Over  
21 the course of the next five years, I think our work  
22 will demonstrate that any school in a wealthy, poor

1 or middle-class district can take concrete affordable  
2 steps to create a healthier learning environment.

3           We need your support to do this. I want  
4 to ask you first to help identify and remove barriers  
5 that face our principals, our food service managers  
6 and other administrators. I want you to make sure  
7 that we are aware of your innovative healthy school's  
8 initiatives. I want you to make sure that we  
9 recognize the schools in your states that need to be  
10 recognized.

11           Finally, and perhaps most important, I  
12 know when Governor Napolitano becomes the chair of  
13 the NGA, she will focus in her year on another set of  
14 priorities, and then someone will follow her, and  
15 there will be another set of priorities. This is as  
16 it should be. But we can't change this culture in a  
17 year or two years, so I would like to ask you to  
18 designate a lead governor, perhaps the appropriate  
19 committee chair, to work with us on this childhood  
20 obesity initiative, at least through 2010, perhaps  
21 through 2015. We just can't afford not to do this.  
22 We will never get healthcare spending under control

1 and we will never give our kids the future they need  
2 unless we are prepared to spend years on this and  
3 recognize.

4       There will be a lot of false starts, but I  
5 can tell you I've spent a lot of my life analyzing  
6 these healthcare trends, and I see the human  
7 consequences of it everyday. I'll never forget  
8 seeing that young woman in Mississippi sitting in a  
9 wheelchair with only one leg, 30, 40 years before it  
10 would have ever happened to anyone from diabetes in  
11 the normal course of events.

12       I agree with Mike, this is not a  
13 Republican or Democratic issue. We all want our  
14 country to be strong, and we want to be strong to  
15 have the luxury to fight about the things we disagree  
16 with each other on. That is a great privilege. As  
17 you see from the overreaction to all of these  
18 troubles over the cartoons recently, in the rest of  
19 the world a lot of people fight about everything when  
20 they feel weak and disempowered and angry. In order  
21 to have a genuine argument about the things you  
22 honestly disagree with, you have to have a certain

1 level of strength, a certain level of coherence, a  
2 certain level of social solidarity. It all begins  
3 with doing the right thing by our kids.

4         So there's no Republican or Democrat, no  
5 liberal or conservative nor no red or blue in this.  
6 We've just got to do this, and we can do it. This is  
7 not like trying to figure out how to make hydrogen  
8 fuel cells that will give us 150 miles an hour. We  
9 know what this is. This is taking in fewer calories  
10 and burning more, and examine how to change the  
11 composition of the food, then help disseminate it  
12 through the country.

13         This is not rocket science, but the older  
14 I get I realize it may be harder because the older  
15 you get, the harder it is to change. I still wake up  
16 in the morning and find nearly everyday that I wasn't  
17 quite right about, and I have to change. I ask you,  
18 please, give us somebody who will be a lead governor  
19 on this, at least through 2010, and keep working on  
20 it. The future of our country depends upon it.  
21 Thank you very much.

22         *(Applause.)*

1           GOVERNOR HUCKABEE: Mr. President, thank  
2 you very much for your timely and thoughtful comments  
3 and the challenge to the National Governors  
4 Association as well as to each of us as individual  
5 governors.

6           The president has agreed to spend a few  
7 moments and take some questions, so I'll do my best  
8 to recognize any of you who would like to.

9           Governor Sebelius.

10          GOVERNOR SEBALIUS: Mr. President, how do  
11 we find out about the Health Initiative's school  
12 grants? Is there a Web site? Is there an  
13 application form? How do we get involved?

14          PRESIDENT CLINTON: We have all this  
15 information on my clintonfoundation.org Web site, but  
16 at the close of this I intend to send all of you a  
17 package explaining it all.

18          GOVERNOR HUCKABEE: Governor Murkowski.

19          GOVERNOR MURKOWSKI: Mr. President,  
20 children are so impressionistic. How do you  
21 communicate and still not basically destruct the  
22 self-esteem of the youngster that often in those

1 teenage years are very unsure of themselves to begin  
2 with?

3           PRESIDENT CLINTON: First of all, that's a  
4 good question. I was one of those kids when I was a  
5 teenager, so I identify with that. One of the  
6 reasons that I did this Nickelodeon TV town hall  
7 meeting with these kids--we had kids that were both  
8 overweight and kids who weren't--is to listen to  
9 them talk about it.

10           I think the main thing is that denial is  
11 not an option, so I think what you have to say is,  
12 first of all, we don't all have to look like we're  
13 anorexic. We all have different body types. This is  
14 a question of being dangerously overweight, not a  
15 question of 100 percent of the people being hyper  
16 thin.

17           Secondly, you have to be positive about  
18 it. You have to say, you can do this and here's how.  
19 There's nothing wrong with you, but it's a problem in  
20 our whole country, and it's a problem for you, and we  
21 want you to have a good, long life. You have to make  
22 it as positive as you can and not, in effect, look

1 like you're the dark side of the fashion ad.  
2 I think that's the most important thing.  
3 We can't let this get blurred into this whole culture  
4 of what our contemporary standards of beauty are in  
5 our country, which are radically different than they  
6 were, by the way, 300 or 400 years ago. We've got to  
7 really focus on health and make sure that we make  
8 this a positive thing and not hurt children's  
9 feelings. But a lot of people, both kids and young  
10 adults, and not so young adults--I saw Governor  
11 Manchin nod when I was talking about this--eat too  
12 much because it's all they can afford to do, and it's  
13 comfort from the anxieties of life.  
14 My gut is, governor, if we talk about this  
15 in an open way and a reinforcing way, we'll make  
16 people feel less insecure about it. I promise you,  
17 everybody who's got this problem knows they've got  
18 it. The main thing you don't want to do is you don't  
19 want to warp kids by telling them that there's one  
20 certain body type, but you don't want to let them  
21 down by allowing them to get into denial either  
22 because they know there's something amiss.

1 GOVERNOR HUCKABEE: Governor Huntsman.

2 GOVERNOR HUNTSMAN: Thank you,  
3 Mr. President, for being with us today. We greatly  
4 appreciate what you said. I really believe--and I  
5 believe my colleagues do as well--that this will  
6 require an ongoing sustained effort on the part of  
7 governors, and organizing ourselves accordingly is  
8 probably a good recommendation. My question is a  
9 simple one.

10 You're calling for a cultural change, and  
11 that is what in fact is required here. That also  
12 assumes that industry and manufacturers and business  
13 are able to change their culture as well, considering  
14 more than just the junk that is now for sale. I  
15 think that will have to happen in order for us to  
16 meet with some success.

17 Could you comment on that?

18 PRESIDENT CLINTON: I agree with that. As  
19 I said, we're working with the fast-food industry,  
20 the restaurant industry. One of the things we know  
21 doesn't work is offering a few healthy items on a  
22 menu, for example. It works for someone like me

1 because I nearly died, right? So if I go in a  
2 restaurant, and I know I have to permanently change  
3 my diet, I'll look for them and ask for them.

4 But the objective here is not to let  
5 people get in the fix I was in. That doesn't work  
6 very well. We need to sort of re-imagine the way  
7 things are prepared, food is prepared, portions, and  
8 general education about it. We do have to have some  
9 help. We've got to try to get all of them to go  
10 together just like we have to deal with a  
11 comprehensive employer settlement of this issue,  
12 because otherwise they'll be disadvantaged.

13 For example, McDonald's has spent more  
14 time and money than you might imagine trying to  
15 figure out how to make french fries without trans  
16 fats that taste good. They could cook them all in  
17 olive oil, which would be really healthy, but it  
18 would be prohibitive from a cost point of view.

19 The question is what's the alternative  
20 between the current set up, which I have enjoyed  
21 *ad nauseum* for decades --

22 ***(Laughter.)***

1           PRESIDENT CLINTON: --or making your  
2 french fries with olive oil, which you can do. You  
3 can still gain too much weight if you eat too many,  
4 but it changes the composition and at least maintains  
5 a healthier heart.

6           But you're right; we have to do that, and  
7 we are doing it. There are no easy answers here.  
8 But I think, again, changing the culture will matter.

9           I know a man who is the only guy I know  
10 who lost more weight than Governor Huckabee. He was  
11 about Mike's height, and the first time I met him, he  
12 weighed 360 pounds. Today he weighs 150 pounds. He  
13 lost the weight in two years. He is working with one  
14 of the major manufacturers of candy bars to change  
15 dramatically the whole composition and caloric  
16 content of any kind of snacks offered not only in  
17 schools but in other places to children, and to  
18 market it in a way that would make it an economically  
19 good thing. I don't want to say more because it's up  
20 to them to announce when they get it done, but  
21 there's a lot going on here.

22           GOVERNOR HUCKABEE: I think next is

1 Governor Doyle of Wisconsin.

2 GOVERNOR DOYLE: Mr. President, thank you.

3 Obviously, we deeply appreciate the preventive  
4 efforts, but I meet with a lot of families of  
5 children that already have juvenile diabetes. I'm  
6 just interested in your thoughts on the scientific  
7 research and where it's going for the cure of  
8 juvenile diabetes.

9 PRESIDENT CLINTON: First let me say, I  
10 think it's important to think about two things with  
11 regard to the people who already have juvenile  
12 diabetes. One is the research on that and the second  
13 is care. When I was president, we came out with a  
14 diabetes self-management program, what the American  
15 Diabetes Association said was the best advance in  
16 care since the development of insulin. It's  
17 interesting because my impression is that a thing  
18 which I thought would change huge numbers of lives  
19 has basically been swamped by circumstance.  
20 Basically, there were so many people in different  
21 circumstances with diabetes that it's not working  
22 anymore.

1           We had a diabetes cure center in New York  
2 City which we really needed given our numbers. It  
3 was closed down for budgetary reasons. What will  
4 happen is we'll spend more money because when they  
5 all have to go to critical care units and hospitals,  
6 and they're in the last two, three, or four weeks of  
7 their lives, and we have to pay for amputation and we  
8 pay for the cost and consequences of blindness, all  
9 of that is covered as a non-option by Medicare or  
10 Medicaid or whatever.

11           I'll come back to your medical researching  
12 thing. One of the things I would urge you to do is  
13 to make sure--and if you need federal rules, just  
14 ask for it--that if you know you're going to have  
15 in the next few years a diabetes caseload to manage,  
16 make sure that the federal programs permit and even  
17 encourage early-stage intervention, which will  
18 actually save you a lot more money than what you're  
19 going to pay for once you have an amputational or a  
20 blind diabetic.

21           As regards to the research, the  
22 fundamental problem is that we don't know as much as

1 we need to know, and so I think you should lobby for  
2 more research. We don't know, for example, whether  
3 this increased rate of diabetes is just due to people  
4 ingesting more calories and exercising less, or  
5 whether it could be due to the changing nature of the  
6 kind of food people get. This early set diabetes,  
7 for example, has something to do with the way people  
8 react to fructose as opposed to different kinds of  
9 sugars. There's a lot of stuff that needs to be  
10 found out.

11       No matter what the research shows,  
12 prevention is going to be the best strategy. We will  
13 never go where we need to go unless we move away from  
14 these behaviors that we know have caused it. It may  
15 be that we have to change the composition of the food  
16 even if we have--that is, to be fair, there are  
17 tiny numbers of examples of Type II diabetes coming  
18 earlier than we thought among people who are not  
19 obese, which may be there is some biochemical  
20 reaction to the different ways that we eat now, but  
21 at least all the stuff I've seen doesn't indicate  
22 what we know about that.

1           That's not a very satisfactory answer, but  
2 that's all I know.

3           GOVERNOR HUCKABEE: Governor Kempthorne.

4           GOVERNOR KEMPTHORNE: Mr. President, it's  
5 great to see you again. You're looking fit and trim.  
6 You may a key point, and that is that it's not just  
7 the consumption. It's not just the diet, but it's  
8 the burning of the calories. As you know, in so many  
9 schools now throughout the United States, we have  
10 virtually done away with physical education. So as  
11 we're talking about the reform in schools, and as we  
12 now endeavor to bring back physical education, in the  
13 educational community, the teachers feel that  
14 additional testing requirements and identifying  
15 standards, *et cetera*, that this is just one more  
16 thing that we're putting on them, and there's  
17 resistance.

18           How can we get the education community to  
19 also realize the importance of this and embrace it,  
20 and realize that this is necessary but it can also be  
21 fun to bring back into those schools physical  
22 education?

1           PRESIDENT CLINTON: First, I think we do  
2 need to make it fun because even when I was in school  
3 100 years ago, physical education was something you  
4 had to do if you weren't cool enough to be on one of  
5 the sports teams. We all had it, and it was awful we  
6 thought because it proved how uncool we were, that we  
7 weren't on the football team, or the basketball team,  
8 or whatever.

9           So this whole thing needs to be imagined  
10 and presented in a whole different way. I agree with  
11 that. I think the argument you have to make to the  
12 schools--I also think you'll get a lot of physical  
13 education if schools or nearby parks have the  
14 physical facilities to offer afterschool  
15 opportunities.

16           I remember once when I was governor, in  
17 the '80s, we got these little community grants from  
18 the federal government. They didn't amount to much.  
19 My whole state budget was like, I don't know,  
20 \$250,000 to \$300,000. So I went out and did a  
21 canvass of all the small town mayors in my state.  
22 And we had a ton of them, towns with less than 1,500

1 people, like Idaho or Alaska. And you know what they  
2 wanted? They wanted community recreational  
3 facilities. So I developed model blueprints for city  
4 parks, and gave them \$1,500 a piece and created  
5 hundreds of parks, And all of a sudden we had a lot  
6 more physical education.

7       There may be more than one way to skin  
8 this cat, but I think the argument you've got to make  
9 to the educators is that children don't learn very  
10 well if they're sick. And if they wish to succeed as  
11 teachers and as educators, they have to have kids  
12 that are capable of taking in what they're giving  
13 out. Then they're capable of growing up and being  
14 healthy, and using what these teachers are giving  
15 them. You don't want to wind up wasting your life as  
16 a teacher in effect because you're losing a  
17 significant percentage of your students for things  
18 that have nothing to do with what you did or didn't  
19 do in the classroom. That's the argument I'd make.

20       GOVERNOR HUCKABEE: Governor Manchin, I  
21 think you're next.

22       GOVERNOR MANCHIN: Mr. President, first of

1 all, let me say thank you for your phone call during  
2 the tragedies of mine disasters in West Virginia and  
3 your compassion, and I passed that on to our people.  
4 It means an awful lot to them. Next of all, you  
5 identified that our population and your population in  
6 Arkansas are exactly the same. It is something when  
7 the kids can get filled up, and when the families can  
8 take them and get them filled up for a relatively low  
9 price, they're going to do it.

10       Where I want your input on this is that we  
11 started healthy lifestyles last year, my first year  
12 being elected basically going to the schools. We  
13 know we can reach the children, and you said change  
14 is hard as we grow older, and it truly is. But the  
15 kids, the same ones that taught us Buckle Up for  
16 Safety, we're doing the same thing with education.

17       The Department of Agriculture is  
18 responsible for the food that most of our schools  
19 receive. I don't know if you've been to the school  
20 lunches or the breakfast programs lately. It's not  
21 the most healthy of foods that we should be serving  
22 in our schools.

1           Also, the choices we're allowing our  
2 children to make are not healthy choices, and we find  
3 push back--I think Governor Huntsman mentioned  
4 that--from the corporate responsibility and the  
5 people who produce, whether it be the fast-food  
6 chains, or the drinks, or whatever they may be  
7 offering in schools.

8           Then we're all caught with our school  
9 systems, especially the parent-teachers  
10 organizations, supplementing with money they receive  
11 off of these drinks. It's a vicious cycle. Unless  
12 we legislate to take it out and we give them options  
13 or incentives, they don't do it.

14          With that also, I am encouraging with all  
15 our nutritionists in our school system that the  
16 biggest thing is we have an awful lot of people on  
17 food stamps. In some of our poorer regions and our  
18 poorer states, they don't know how to cook. They  
19 don't know how to go to the store and buy the proper  
20 foods. We're encouraging our nutritionists every  
21 Friday to offer a menu of what people can do for a  
22 shopping list for seven days to put a healthy meal

1 together at home. I don't know if one will do it, or  
2 100 will do it, or whatever, but if we do do one,  
3 it's more than what we're doing now. People just  
4 don't know, and we're doing very, very little to help  
5 that.

6         But getting the federal government  
7 involved to help us have healthy choices when we  
8 serve breakfast and lunches--and we have more  
9 children in America now on free or reduced-lunch  
10 programs than ever before in the history of our  
11 country--how do we encourage the federal government  
12 and the Department of Agriculture to change the  
13 menus, change the products they're giving us?

14         PRESIDENT CLINTON: First of all,  
15 listening to you talk, it reminded me. I think what  
16 Governor Huckabee does is to test the body mass index  
17 of all the kids in the schools, and when you send  
18 that information home, you'll also give them  
19 information about how they can eat healthy and do  
20 things.

21         The Agriculture Department or the states  
22 need to, I think, do something that works really

1 well. After the Depression, basically, the  
2 Agriculture Department became a giant extension  
3 service. Most people know about attempts to control  
4 crops to keep prices up. But the truth is they had  
5 an agricultural extension service that taught people  
6 with very little land how to grow fruits and  
7 vegetables. Before we became a big international  
8 agricultural giant, we had people that taught them  
9 basic home economics all through extension service  
10 work.

11 I think if you think about a lot of the  
12 kind of people we're talking about, and some of them  
13 actually have computers, you could put all this on a  
14 Web site. But a lot of this stuff, I think, if you did  
15 in-home visits or had some sort of small meetings, I  
16 think a lot of people would respond to it. I think  
17 the same model would work in urban areas because it's  
18 like saying I do care about you, and I know that  
19 you're in this fix, and I know you've got money  
20 problems, but you don't want to kill yourself  
21 thinking you're getting a good deal here.

22 I mean, I agree with that. We have some

1 advantages in New York here, and because we're a big  
2 agricultural state, we have a lot of fruits and  
3 vegetables. For example, in this school Mike and I  
4 visited in New York City--there's also a grocery  
5 store on every corner in Manhattan and in a lot of  
6 the other urban boroughs too. But they got rid of  
7 their contract, took the food preparation back in,  
8 and focused on fruits and vegetables, and they could  
9 get them for a very affordable price.

10       It's not that easy in some other places.  
11 I think you may have to have the states in effect  
12 create markets by setting standards. You can make  
13 something economically. If you set certain  
14 standards, you'll make a market for it, whatever the  
15 size of the student population is.

16       GOVERNOR MANCHIN: I encourage every  
17 governor to look at their school lunch programs and  
18 see what's being served to the children and to help  
19 them make healthy choices.

20       PRESIDENT CLINTON: I agree with that, but  
21 I think you ought to put the heat under the  
22 Department of Agriculture. This needs to be

1 primarily about the health of the kids, and a lot of  
2 these programs got developed and implemented, as you  
3 know, for other things. I see Governor Schweitzer  
4 nodding his head. Nearly all of us who come from  
5 rural states know about this stuff. I also think  
6 kind of reviving this extension service concept,  
7 either at the state or the federal level, would  
8 really make a difference for a lot of these people.

9       It goes back to what Governor Murkowski  
10 said. "If you're sitting in somebody's house talking  
11 to them, they know you didn't come there to put them  
12 down." By definition, you didn't come there--it's  
13 the psychodynamic kind of change.

14       GOVERNOR HUCKABEE: We're going to have  
15 three more questions, starting with a quick question  
16 from Governor Carcieri.

17       GOVERNOR CARCIERI: Mr. President, I  
18 always was 100 years ago in school, and I remember  
19 when they taught home economics and industrial arts.  
20 Whether you were going to college or not, everybody  
21 was exposed to that. One of the things I'd like to  
22 come to you in terms of behavioral change--because

1 what struck me as you were citing the statistics is  
2 the confluence of adult obesity with childhood  
3 obesity. It seems like it's growing rampant at both  
4 ends. In terms of example, we all need examples to  
5 follow, and it's sort of like do as I say, not as I  
6 do from an adult to a child.

7         One of things that came up--I'd like  
8 your thoughts on--in some of the earlier sessions  
9 when we were talking about this issue in great  
10 detail--and I credit Mike and Janet for bringing  
11 this issue to the forefront--was we don't  
12 incentivize in our healthcare system. We don't  
13 incentivize the kind of behavior that we know is  
14 good.

15         In other words, all the governors, you all  
16 have bike paths, hiking trails, all these things in  
17 place, but there's no built-in incentive other than  
18 what ought to be the obvious one, which is their own  
19 health. But all of us find reasons not to be unless  
20 we've had a life-threatening issue as you've had and  
21 I've had in my family as well.

22         But it struck us. One of the things we

1 were talking about is how do we get the insurance  
2 companies to build in some kind of incentives for the  
3 behavioral change that you and Mike have been talking  
4 about so eloquently for the last couple of days?  
5 There's a complete disconnect here. We're saying  
6 this is a wonderful thing to do, it's key for us in  
7 our healthcare system at long term; yet, when we look  
8 at the way we're approaching it from the standpoint  
9 of providing incentives, we're not doing it.

10       PRESIDENT CLINTON: First of all, I agree  
11 with that. I also think all employers who ensure  
12 their employees, starting with states, should do it.  
13 Mike's done some interesting thing in Arkansas to try  
14 to incentivize the state employees to adopt healthier  
15 habits. But I think one of the things that I hope we  
16 can come up with in this whole effort is a set of  
17 practices that employers and insurers could adopt.

18       One real problem is, because you have so  
19 many different health insurance companies writing so  
20 many different policies with different coverages,  
21 with different size of pools of people being covered.  
22 The temptation is to make the money with a policy

1 that looks good on coverage and then kind of keeps  
2 people out in the first place who may already be of  
3 questionable health. So a lot of insurance companies  
4 and employers worry about whether if they cover let's  
5 say preventive services, they'll just wind up  
6 spending a lot more money because those preventive  
7 services will go to those who will get real sick if  
8 they don't get them and those who won't get real  
9 sick.

10       The truth is that all the economic  
11 analyses show that in the aggregate society, we'll  
12 save a ton, but showing that to insurance company X  
13 with policy Y covering these 300 employees who worked  
14 for these three employers is a different deal. We're  
15 just going to have to work through that.

16       There may be some things you can do with  
17 state law or suggestions that you can do with federal  
18 law that will make the economics work. There's no  
19 question that for society as a whole, all this  
20 preventive care and cost avoidance really works, but  
21 it somehow often doesn't work with the way the  
22 reimbursement works, even the federal reimbursement

1 system like I said.

2           We lost this diabetes center in New York  
3 City, which focused on early intervention and  
4 prevention, trying to help more people like Mike,  
5 where if we got the kids early enough, they could get  
6 off the medication. We really worked on it, and the  
7 thing just closed because the reimbursements weren't  
8 there for that. But once they went blind or once  
9 they had a leg cut off, then the government was only  
10 too happy to spend a fortune to help them manage  
11 their permanent disability.

12           GOVERNOR HUCKABEE: Governor Hoeven.

13           GOVERNOR HOEVEN: Thank you, Governor  
14 Huckabee. I want to thank you for the book. You've  
15 been great about coming up and speaking in our state  
16 and other places without charging a fee or an  
17 honorarium. And now that I know you're soon to  
18 become a best-selling author, I expect that will go  
19 up.

20           GOVERNOR HUCKABEE: If Mike buys another  
21 copy, we will be in business.

22           *(Laughter.)*

1           GOVERNOR HOEVEN: Mr. President, good to  
2 have you here and appreciate your comments. My  
3 question goes to kind of the private sector tie-in.  
4 We've been talking about schools, talking about the  
5 Department of Agriculture, talking about the  
6 initiative here, working with the national governors,  
7 but how have the food companies responded to this  
8 initiative, and how are you working to bring them in?  
9 Obviously, they can have a huge impact not only in  
10 terms of how they prepare the food, the ingredients  
11 they use, the labeling, but also obviously in their  
12 advertising and other ways as well. I'm just  
13 wondering how your initiative ties in.

14           PRESIDENT CLINTON: First of all, I can  
15 only tell you what I tried to allude to in my  
16 remarks. Nobody wants to jump first past what  
17 they've already done. A lot of people aren't sure of  
18 what else they can do without losing market share,  
19 but they're all talking to us about it. I've been  
20 impressed that the major fast-food places and others  
21 have. By and large, they know this is a huge  
22 problem. By and large, they know they've contributed

1 to it. I mean, that doesn't mean they're bad people.  
2 They contribute to it by giving people something they  
3 wanted and needed, which was affordable food in high  
4 quantities. But I hope if you ask me about it next  
5 year, I'll be able to give you some results on that.  
6 But we're in ongoing negotiations about what to do.

7 I only slightly oversimplified what I said  
8 before when I said, if you look at Governor Huckabee,  
9 you can see what we should do. You've got to have  
10 lower caloric intake and higher caloric burn. There  
11 is one other thing that we really need more research  
12 on that we don't know, which is that the efficiency  
13 of our anatomy matters. For example, if you drink  
14 enough diet soda, it may cause you to retain more  
15 calories than if you drank one cola with sugar in it  
16 because it changes your metabolism. That's the third  
17 thing: calories in, calories burned, and the  
18 metabolic function.

19 One of the things with a lot of these food  
20 places that we're going to have to have more research  
21 on is whether the changed elements that are in the  
22 food, as opposed to 30 years ago, have put a break on

1 metabolic function. But the main thing is trying to  
2 change the content of the food, to reduce the bad  
3 fats and try to have more modest portions.

4       It looks to me like by and large, if  
5 you're going to get beyond having a few heart-healthy  
6 items on the menu, we're going to have to have some  
7 industrywide agreements on that. We're not there  
8 yet, but we're trying to get them.

9       GOVERNOR HUCKABEE: Final question.  
10 Governor Turnbull?

11       GOVERNOR TURNBULL: Nice seeing you,  
12 Mr. President. We missed you in the Virgin Islands.  
13 Come back again.

14       PRESIDENT CLINTON: I will.

15       GOVERNOR TURNBULL: My question is this.  
16 Are the schools in the territory, including the  
17 Virgin Islands, eligible for your program?

18       GOVERNOR HUCKABEE: Yes, absolutely.

19       GOVERNOR TURNBULL: We'll send an  
20 application.

21       GOVERNOR HUCKABEE: Ladies and gentlemen,  
22 I know the president has been more than generous with

1 his time and has been willing to take our questions.  
2 I cannot express to him adequately the appreciation  
3 for the generosity not only of his time but also the  
4 insight and the will that he has had to join up with  
5 the American Heart Association and the Clinton  
6 Foundation to give national leadership to this, and I  
7 know you join me in expressing, again, your  
8 appreciation for his presence, but also the mission  
9 he has embarked upon.

10 Mr. President, on behalf of all your  
11 friends at the National Governors Association, let me  
12 express deep thanks and best wishes as you embark  
13 upon this endeavor. Thank you very much.

14 *(Applause.)*

15 GOVERNOR HUCKABEE: In front of each of  
16 you there is a packet of materials that reflect the  
17 various policies that we have, and I know that we'll  
18 need to simply take care of these, which we will.  
19 But I also know that each of you will extend your  
20 personal greeting to President Clinton, as we should,  
21 as he's gracious enough to be willing to do with us.  
22 Again, I'm so very grateful for his presence here

1 today.

2           The packet before you does reflect the  
3 policies that were originally to each of the  
4 governors on February 9th. No additional changes  
5 have been made to them in the Executive Committee or  
6 the standing committees. The policies require a two-  
7 thirds vote of those who are present and who are  
8 voting; so to expedite the matters, I'd like to ask  
9 each of the committee chairs to move the adoption of  
10 their committee policies *en bloc*.

11           First, I'd like to call upon Governor  
12 Henry, chairman of the Economic Development and  
13 Commerce Committee.

14           GOVERNOR HENRY: Thank you, Mr. Chairman.  
15 The Economic Development and Commerce Committee  
16 focused our discussion on keeping states competitive  
17 in the global economy. We had a fascinating panel of  
18 speakers and a very lively and relevant discussion  
19 followed, I assure you. We conducted committee  
20 business and adopted two amendments to existing  
21 policy positions, one in the nature of a  
22 substitution. On behalf of the EDC Committee,

1 Mr. Chairman, I move to adopt these two policy  
2 positions. Thank you.

3 GOVERNOR HUCKABEE: We have a motion and a  
4 second that we adopt the policies as presented. All  
5 in favor, say aye.

6 *(Chorus of ayes.)*

7 GOVERNOR HUCKABEE: Any opposed, say no.

8 *(No response.)*

9 GOVERNOR HUCKABEE: The ayes have it.  
10 Governor Pawlenty, would you like me to  
11 pass over until you have a chance to get back?

12 GOVERNOR PAWLENTY: We'll keep rolling.  
13 Thank you, Mr. Chairman.

14 The Education Early Childhood Workforce  
15 Committee discussed international education in our  
16 breakout session. We heard from Margaret Spelling,  
17 the secretary of Education for our country; Vivian  
18 Stewart, the vice president of Education for the  
19 AEGIS Society; Stephanie Bell Rose from the Goldman  
20 Sachs Foundation; and Jennifer Dent, who's a high  
21 school student involved in international education  
22 and international study.

1           We also discussed the legislative  
2 activities and accomplishments of the committee  
3 relative to Congress and pending legislation. The  
4 discussion was good and very engaging. We watched a  
5 video greeting from students in Minnesota engaged in  
6 international education. We adopted all four policy  
7 changes, Mr. Chair, unanimously, and I know you're  
8 pleased to see the unanimous consensus at the NGA.  
9 We recommend that all of the policies and changes to  
10 the NGA for adoption. They include amendments to  
11 three existing policies, which are in the packet, ECW  
12 2 and 4 and 13. They also relate to the  
13 reaffirmation of one existing policy, ECW 6, relating  
14 to target employment tax credits.

15           Mr. Chairman, on behalf of the committee,  
16 we recommend adoption of our policy recommendations.

17           GOVERNOR HUCKABEE: We have a motion from  
18 the committee and its chair and we have a second.

19 All in favor, say aye.

20           *(Chorus of ayes.)*

21           GOVERNOR HUCKABEE: Opposed?

22           *(No response.)*

1           GOVERNOR HUCKABEE: The ayes have it. I  
2 want to thank you. I know there was a buzz in the  
3 back of the room as people were wanting to come see  
4 you, Governor Pawlenty, regarding your report on  
5 early childhood.

6           *(Laughter.)*

7           GOVERNOR HUCKABEE: I'm going to let you  
8 get back to those who are waiting to visit with you.  
9 I know there are swarms of people who want to  
10 personally greet you.

11          *(Laughter.)*

12          GOVERNOR HUCKABEE: Thank you very much.

13          At this time, let me turn to Governor  
14 Turnbull, the Health and Human Services Committee  
15 representative here today.

16          GOVERNOR TURNBULL: Thank you,  
17 Mr. Chairman.

18          The Health and Human Services Committee  
19 met yesterday and discussed the critical issue of the  
20 Medicaid program in the states and the territories.  
21 We heard from four outstanding speakers who talked  
22 about new reforms that we worked so hard on and that

1 were recently enacted by the Congress. We learned  
2 ways to improve the health care of Medicaid  
3 beneficiaries, to strengthen the financing of the  
4 program, and ways to reach out to people with no  
5 health insurance at all. The committee also approved  
6 amendments to five existing policies and reaffirmed  
7 two more existing policies.

8           With that report, Mr. Chairman, I move the  
9 adoption of these policies en bloc.

10           GOVERNOR HUCKABEE: The motion is to adopt  
11 the policies as presented. We have a second. All in  
12 favor, say aye.

13           *(Chorus of ayes.)*

14           GOVERNOR HUCKABEE: If any opposed, would  
15 say no.

16           *(No response.)*

17           GOVERNOR HUCKABEE: The ayes have it. The  
18 policies are adopted.

19           It's now my privilege to turn to Governor  
20 Joe Manchin, chair of the Natural Resources  
21 Committee, for a report from that committee.

22           GOVERNOR MANCHIN: Mr. Chairman, your

1 Natural Resources Committee discussed the impact of  
2 energy technologies on national energy policy. We as  
3 governors heard from Carl Bauer, the director of the  
4 National Energy Technology Laboratory at the  
5 Department of Energy. We've heard from Kenneth  
6 Cohen, vice president of Public Affairs of Exxon  
7 Mobil Corporation, and Dr. Daniel Ashoff, deputy  
8 director of the Climate Center at the National  
9 Research Defense Council. The speakers provided  
10 their perspective on the current landscape and  
11 discussed a variety of technologies that could help  
12 to reduce our dependency on foreign oil.

13       The committee also adopted amendments to  
14 seven policies and reaffirmed one additional policy by  
15 voice vote. We recommend to the NGA membership for  
16 adoption amendments to NR 3, water resource  
17 management; NR 5, transportation conformity with the  
18 Clean Air Act; NR 8, environmental compliance at  
19 federal facilities; NR 9, farm and agricultural  
20 policy; NR 12, Endangered Species Act; NR 17, land  
21 management and land-use planning; NR 19, low-level  
22 radioactive waste disposal; and our reaffirmation of

1 one existing policy, which is NR 20, improved  
2 pipeline safety.

3 On behalf of the committee, I move the  
4 adoption of our policy recommendations. Thank you,  
5 Mr. Chairman.

6 GOVERNOR HUCKABEE: Thank you. We have a  
7 motion and a second. All in favor will say aye.

8 *(Chorus of ayes.)*

9 GOVERNOR HUCKABEE: Any opposed, no.

10 *(No response.)*

11 GOVERNOR HUCKABEE: The ayes have it. The  
12 policies now are adopted.

13 May I have a motion and second for the  
14 Executive Committee policies, Governor Napolitano?

15 GOVERNOR NAPOLITANO: Yes, Mr. Chairman.

16 The Executive Committee has proposed changes in  
17 policy EC 1 and EC 4, as well as reaffirmation of  
18 existing policy EC 9 and EC 11 in the materials  
19 before the group. I move their adoption.

20 GOVERNOR HUCKABEE: Motioned and seconded  
21 to move the adoption of the Executive Committee  
22 policies. All in favor will say aye.

1           *(Chorus of ayes.)*

2           GOVERNOR HUCKABEE: Any opposed will say  
3 no.

4           *(No response.)*

5           GOVERNOR HUCKABEE: The ayes have it.

6           Ladies and gentlemen, I want to say how  
7 much I appreciate each of you, not only for your  
8 attendance at this session but throughout the Health  
9 Summit as well as the annual meeting of the National  
10 Governors Association. We had a record number of  
11 participants, 49 governors who have registered. For  
12 at least part of this meeting, it's been an  
13 extraordinary response. I hope we will take to heart  
14 the particular and specific challenge of President  
15 Clinton today, to continue the efforts through a lead  
16 governor on this issue and make sure that we can do  
17 all that we can do to ensure a very healthy future  
18 for the children and the people of America.

19           On behalf of all of the staff, I want to  
20 say thank you. What a great staff for the National  
21 Governors Association. They really do all the heavy  
22 lifting and all the hard work. Those of us who get

1 to the podium simply carry out the hard work they  
2 have done. I would like to ask you to join me in  
3 expressing a round of sincere appreciation to the  
4 staff of the National Governors Association, who have  
5 done a magnificent job this weekend.

6 *(Applause.)*

7 GOVERNOR HUCKABEE: Since they've done all  
8 the work, all we have to do now is bang the gavel and  
9 go home. It is now my distinct pleasure to signal  
10 the adjournment of this winter meeting of the  
11 National Governors Association. We'll see you in  
12 Charleston this summer.

13 *(Whereupon, at 11:30 a.m., the meeting was*  
14 *adjourned.)*

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