The meeting commenced, pursuant to notice, at J.W. Marriott Hotel, Saloon III, in Washington, D.C., at 1:30 p.m., Governor Mike Huckabee, Chairman, presiding.
PROCEEDINGS

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

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

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

The chair would entertain a motion of the adoption of the rules for the meeting, the rules of procedure. Somebody out there sure will move that. Does anyone second it?

VOICES: Second.

GOVERNOR HUCKABEE: I'm sure they are.

(Laughter.)

GOVERNOR HUCKABEE: Therefore, there was a motion and second and a complete disinterest in any discussion of it whatsoever. All in favor would say aye.
GOVERNOR HUCKABEE: Any opposed would sit there silently not knowing what we are voting on.

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

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

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

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

We want to mention this, tomorrow is Governor Kaine's birthday. So, please, don't let me
forget. How often is it that you have 48 governors
singing to the 49th governor happy birthday on his
birthday. Not often. We will try to do that
tomorrow.

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

We fear that there might be a flu epidemic
of avian flu--a pandemic. But we already indeed have
an epidemic of chronic disease the result of three
basic lifestyle choices of Americans: overeating,
under exercising, and smoking. The fact is, it's
creating enormous problems for us. If the average
American could simply not smoke, exercise regularly,
American would live an additional 13 years. But not just longevity is at issue, but also the quality of life for those individuals.

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

We would be in the same level of shock that we were on September 11th, the same level of shock that we were when we saw the events of Katrina unfold on our television sets. But the fact is, 2,000 Americas will die today and tomorrow and the next day and the day after that. They will die not because there is some calamity, they will die because of cultural and lifestyle choices that we can really
Someone has said that America is a lot like an NFL football game. Twenty-two people out on the field who desperately need some rest. Seventy thousand people in the stands who desperately need some exercise.

(Laughter.)

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

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

In 2015 the health care spending total in
the country is expected to be some $4 trillion, half
of that funded by consumers and half of it funded by
the government.

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

(Laughter.)

GOVERNOR HUCKABEE: That's the one idea
that probably will never happen. But the other ideas
could. The point is, it's not happening right now because we are spending an enormous amount of money on health care.

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

Fifteen years ago Arkansas Children's Hospital, one of the largest pediatric hospitals west of the Mississippi had not seen a single case of Type II diabetes in a preteen. It simply didn't exist. There were no diagnoses of a preteen with Type II; type one, yes, Type II, no. Today, as many as 10 cases a week of Type II diabetes are being seen in
preteens. Let me translate that into lifestyle impact. The kid who is diagnosed in his preteen years as a Type II diabetic is a kid who is going to have vision problems in his 20s, he'll have heart disease by the time he's 30, he'll have renal failure and be on full kidney dialysis by the time he's 40. He will never live to see his 50th birthday.

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

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

Speaking of taking a run, I want to say
thanks to all the governors and the first ladies who
came out this morning to join with us for the 5K run/walk. It was a great experience. The only
unfortunate thing was there were twice as many first ladies as there were governors.

(Laughter.)

GOVERNOR HUCKABEE: They put us to shame.

There are a number of things happening around the states that are making an impact. I have a wonderful group of governors who have agreed to serve on a task force with me to look at the healthy America agenda. All of them are doing some very innovative and creative things in their states.

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

Governor Tom Vilsack and I toured the Goodville Middle School, which instituted a fitness report created by the Cooper Institute of Dallas, and
Dr. Kenneth Cooper will be with us tomorrow.

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

(Applause.)

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

(Laughter.)

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

In Tennessee, my neighbor, Governor Phil Bredesen, has partnered with Weight Watchers to enroll obese Medicaid recipients in a weight management program. Within two days 700 recipients enrolled in the program.
In California Governor Schwarzenegger, who knows a few things about fitness, encourages low-income seniors to be healthy by providing coupons that can be redeemed for fresh produce at farmers markets statewide. And in Arizona Governor Janet Napolitano honors public, private, and tribal organizations that have improved the health of their citizens. All of us here today realize that there is a tremendous challenge that we face as Americans, and the challenge is not just spending more money. I don't know of a single governor here that has as his or her goal to just say, let's find more money and let's spend it on sick people. The reason we gathered this weekend for this Healthy America Summit is so that we can begin to find ways that instead of simply spending money on sick people, we can help them from ever being sick by pointing them to healthy lifestyles brought about by a cultural shift as a result of changing attitudes, the atmosphere in which we live, and ultimately the actions that we as government officials can take.
We have seen it historically in this country. We saw it with litter. We saw it with the use of seatbelts. We saw it with the act of smoking and smoking habits among our citizens. We have seen it also with an attitude, an atmosphere, and actions toward drunk driving. When people say, but you can't change people's lifestyles. Of course we can. We can't force people to do things they don't wish to do, but we can help shape attitudes.

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

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

There are a number of people to say a special word of thanks to. I'm going to begin by saying a word of thanks to Nike as well as to the America Running Association for their wonderful support, sponsorship and coordination of the 5K this morning. Please join me in giving these great partners a hand today.
GOVERNOR HUCKABEE: I also want to say that there are a number of ways in which we are seeing tremendous efforts on the part of both the public and private sector to make a significant difference. Often it's easy to demonize people out there in the industry. But if you are familiar with some of the efforts that are going on--General Mills, for example, doing all whole grain products now in every cereal they make; PepsiCo spent over $60 million of their own money, not because the government told them they had to, but because they wanted to remove trans fat from every one of their snack foods in the Frito-Lay product family. They have done that. Again, not because it was a government regulation that said they had to, but because they felt that it was a responsibility to move in that direction.

The Gerber baby food company has made a concerted effort to take sodium and sugar out of their baby foods to be able to present the parents a product that can be more trustworthy and that would
be healthy and more nutritious. These are example of companies who are taking the initiative, and I’m trying to say there are many, many others throughout this country who are also taking this step. I toured the Kraft Kitchen of the Future in Chicago. It was an amazing visit. Do you have any idea how hard it is to get the trans fat out of an Oreo? Frankly, I didn't. I thought that would be an easy thing. They spend millions of dollars, attempt after attempt, hundreds of them with their scientists and chemists trying to figure it out. They finally found the one they thought would work. They put the product together, it had a nice taste, they put on the store shelf in the test market. A week later all of the filling turns to goo and is running down the shelves. So it had to go back to the drawing board. Some things sound easy, but maybe they're not. The good thing is, there are many, many partners out there in industry who are diligently working to try to make a significant difference. We have a great forum, not just today, but throughout
this conference for healthy America, and I'm sure very
glad you're here.

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

(Applause.)

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

 Seriously, Governor, I want to thank you
for the spotlight you've placed on such a critical
issue that impacts every single American and impacts
every single aspect of our society. This is an extraordinary opportunity for us in the next couple of days to learn more about how we can make our states and our country healthier. I want to thank you for your leadership.

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

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

I also acknowledge Mr. Secretary. Thank you again for being such a great partner. I appreciated you coming to my state to talk about the
avian flu epidemic and how we can be better prepared
for that. So it's great to see you again.

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

(Applause.)

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

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

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

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

(Presentation of slide show.)

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

(Slide.)

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

(Slide.)

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

(Slide.)

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

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

(Slide.)

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

--

(Slide.)

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

There's an organization called that National Cholesterol Education Program whose adult treatment panel issues recommendations to clinicians
such as me about how to identify and treat cardiac
risk factors in our patients. They tell us--when
your patient has diabetes--assume heart disease and
treat accordingly because the links between the two
are so strong.

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

Is this an adequate characterization of
the sea of dietary troubles in which we are afloat?
It is not. To characterize it adequately--
(\textit{Slide.})

DR. KATZ: --we must look here with
epidemic overweight and obesity in our children. The
official statistic from the CDC is that roughly 20
percent of kids nationwide are overweight. I told
you a few minutes ago I think that figure is wrong.
First, why is it wrong? Because we have
willfully chosen a definition of "overweight" in kids
that is specific rather than sensitive. We would
much rather fail to label some overweight children as overweight than ever dare to label a child as overweight when they are not well and truly so. Why? Because obesity is the last bastion of socially acceptable prejudice in our society, and that has got to stop. But until it does, the stigma attached to it is so severe that we dare not apply the label without a great deal of caution.

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

I can just guess what's going on in some of the places that you are governing. It isn't
percent, but--whatever it is--we have an epidemic of
insulin resistance in children and adolescents. That
has been demonstrated.

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

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

What will come if current trends persist?
I just told you about the intimate links between
diabetes and cardiovascular disease. There is no
reason to think that relationship is anymore
respectful of the age curve than diabetes itself.
Having never before routinely seen cardiovascular
disease in adolescents and young adults, might that
not be wrong? When an 18-year-old has had adult onset diabetes now renamed Type II because the old name is an anachronism. When an 18-year-old has had adult onset diabetes for 10 years, they may very well start turning up in emergency rooms with angina pectoris, and myocardial infarction.

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

(Slide.)

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

(Slide.)

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

(Slide of polar bears.) (Laughter.)

DR. KATZ: In much the same way, if you take these polar bears and add this, you get this.
DR. KATZ: We are, in essence, polar bears in the Sahara. Polar bears are beautifully adapted to one of the harshest climates on the planet, but specifically adapted to the cold. They soak up and retain heat with remarkable efficiency and that fosters survival in a place where heat is scarce. Put them on the burning sands of the Sahara they may well continue to soak up and retain heat. Polar bears can do nothing else, but all of a sudden what was a survival trait will now foster nothing but their premature demise.

Human beings are well adapted to a world where physical activity demands are high. When you think about the technology you use every day, isn't it amazing that 100 years ago there were no cars. What is 100 years in the historical scheme of things? An eye blink, no cars 100 years ago. We live in a world that is as at-odds with our native adaptations as the Sahara Desert is with the native adaptations of the polar bear. We're designed for high levels of physical activity, scarce
calories; and instead we float in a sea of ubiquitous calories with technology doing everything our muscles used to do.

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

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

*(Slide.)*

DR. KATZ: One might say, okay, the going gets tough, the tough should just get going. I think they would if they weren't quite so lost and confused. They are. We'll attempt to rectify that.

We offer guidance. Here we have the USDA dietary guidelines. They make good sense. But there's a good deal of smoke in the way.

*(Slide.)*

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

*(Slide.)*
DR. KATZ: . . . that was contradicted by the Mediterranean food pyramid, and that of course we fixed that with the new, improved, vertically striped pyramid.

(Slide.)

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

(Slide.)

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

(Laughter.)

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

(Laughter.)

DR. KATZ: I've only found one pyramid that my patients consistently understand, and it's this one here. Finally, an understandable food pyramid: “Eat Less, Fatso.” It might not be politically correct, but it's certainly understandable.
DR. KATZ: People are bombarded with what seems like conflicting information from the experts and, of course, a propagation of confusion by the media which logged the one study in 10,000 that refutes everything we thought we knew. Instead of just last week with the dietary arm of the Women's Health Initiative which befuddled one and all.

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

We can find another way. Let me tell you a brief anecdote. Recently I was speaking at Dartmouth, my alma mater, in the evening to families
including my own. My girls were old enough to behave themselves, but at the time my son Gabriel was five. And as my wife was sitting in the front row trying heroically to pay some attention to me, Gabriel was doing what five-year-olds do when they're supposed to be sitting still, squirming and fidgeting, fidgeting and squirming. Katherine said, "Gabriel cut it out, sit still. I'm trying to listen to your father. Gabriel, could you stop doing that. Gabriel."

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

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

"Do you really mean this, dad?"

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

(Laughter.)
DR. KATZ: Came around on his third lap.

Didn't sit down, two kids got up and followed him.

Then four of them came around. Nobody sat down.

Every kid in the audience got up and took off. By

this time you've got a big group of kids running laps

around the adults trying to pay attention to me.

They're aghast thinking my talk has been disrupted.

I said, "Now, I feel a little badly for you. You may

need scopolamine patches to avoid motion sickness,

but other than that, let us heed the lesson. We take

natural kinetic kids, bolt them to chairs all day

long so they can grow up to become adults who can't

get off couches with crowbars. They're telling us

something very important here. This should not be

treated with Ritalin."

(Applause.)

DR. KATZ: How about ABC for fitness.

What if we say, fitness instructors have trained

elementary school teachers to guide school kids

through five or six or seven or eight minutes of

aerobic activity during each session of the day. But

accumulate that 40 minutes, use that time to
dissipate the native restless energy of the little buggers. Teachers are spending that much time disciplining them anyway, and I'll bet you, you improve fitness, you improve weight, you improve attention in the behavioral environment in the classroom and you enhance academics. We don't have enough of it in school, but what we have says kids that are physically active during the school day perform better academically. Zero sum game, we are giving nothing up, there's nothing but gain here.

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

(\textit{Slide.})

DR. KATZ: There's a program in Broward County, Florida, which has just that. They have a prepackaged lunch kit that meets high nutritional standards, includes action figures that kids can play with and a comic book in which these action figures are featured having an adventure that shows the benefits of physical activity and eating well. At their own expense, Broward is anteing up $150,000 to
expand this to 120,000 metro school children. Palm Beach County, Florida, has also expressed interest. We're hoping it takes off from there. It can use a little help from some of you governors. Let's talk afterwards.

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

(Drag.)

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

(Drag.)

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

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

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

(Slide.)

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

(Slide.)

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

(Slide.)

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

(Slide.)

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

By the way, thinking about resources, we
in Connecticut are now making a group of Yale medical
students; we are training high school students to be
the teachers of the program. They then go into the
elementary school to deliver the goods. Naturally,
we are not telling the high school students we are
going to improve their diets as well. We're trying
to fake them out, but we're going to measure change
in both groups. The entire program, although
copyrighted, is in the public domain at my Web site.
So feel free, those of you who are interested, to
check out the whole thing.

(Slide.)

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

(Show of hands.)

DR. KATZ: Most of you not. The same
would be true in a room full of physicians and
dieticians. Yet we have all experienced when you are
too full to eat another bite and then someone says,
"What's for dessert?" Not a hollow leg, not an extra
stomach, we looked for those in the anatomy lab in
medical school. Sensory specific satiety--

(Slide.)

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

(Slide.)

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

(Slide.)

DR. KATZ: Because there is sensory
specific sabotage in every supermarket in the United
States.
DR. KATZ: Here you have potato chips and breakfast cereal.

(Slide.)

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

(Slide.)

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

(Slide.)

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

(Slide.)

DR. KATZ: The same thing with sugar.

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

(Slide.)

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

(Slide.)

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

(Slide.)

DR. KATZ: This is a problem. Those of us in the nutrition field, we speak of vitamins and minerals, of energy density, and nutritional quality.

But we expect Americans to choose wholesome breakfast
fare just feet away from rack upon rack of items that are loaded up with sugar, salt, partially hydrogenated oil, and aimed directly at the appetite centers in their brains. You want meat, not that. Do you want the truth? I hope so.

(Slide.)

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

By the way, governors, as a token of my appreciation for this opportunity today, you will all return home to find a signed copy of this [references book The Flavor Point Diet, NY: Rodale Press, 2005]. (Slide.)

DR. KATZ: There are many programs that can be implemented that can empower the public. I'm very pleased to be working with an enlightened company called Eat Right America. We are developing a project called EQSPOS, Exposing the Quality of
Supermarket Products to Optimize Selection. We will be able to identify objectively the overall nutritional quality of products on supermarket shelves, create an interactive and engaging means to provide that information at the point of purchase. It's coming soon to a supermarket near you.

(Slide.)

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

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

What if we did this? What if we built an on-line training program and offered continuing medical education units for it? What if every doctor or clinician who finished it had their name dropped
into a database of somebody who has been suitably trained to offer state-of-the-art counseling? What if we then asked third-party payers to reimburse for those docs who have been credentialed to do the job well? And what if we then conducted a cost effectiveness analysis of this kind of counseling versus business as usual? Well, we're working on this back in my lab. But I think it deserves more widespread attention. Once you prove this works, it's a web-based CME program that can be disseminated nationally in a heartbeat.

(Slide.)

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

It can ring and talk to the patient and coach them--
the person--whether they entered data or not. It may
go off and say, you are supposed to enter a glucose
measure today and you did not.

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

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

(Slide.)

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

(Slide.)

DR. KATZ: I want to predict the future where epidemic obesity is behind us. I want to predict the future where children no longer get adult onset diabetes. That's why I am so pleased to be here this afternoon to talk to you because you can create it. We need policies and programs that will empower people.
It's reasonable to ask people to take responsibility for themselves and their families. It is not reasonable to ask polar bears to flourish in the Sahara Desert.

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

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

(Slide.)

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

Thank you very much.
(Applause.)

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

(Laughter.)

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

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

Thank you very much.

(Laughter.)

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

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

I want to say a special word of thanks;
Joan Benoit Samuelson won the first gold medal in the
women's Olympic marathon in 1984. She has broken
U.S. records, has been an inspiration for literally
millions of Americans including a wonderful
This morning she ran with us in our 5K. It wasn't the first time I had run with Joan. Back in 2004, the first time I ever attended any kind of footrace in my life, I was in it, a 5K in Little Rock called the Fire Cracker 5K. It was intimidating enough to be out there not knowing where to stand, what to do, how to put the bib on, any of that stuff. But even more so that you had an Olympic gold medalist there for the day.

This is a photo of Joan and me, and I am going to present it to her. Please join me in welcoming--courtesy of Nike--Joan Benoit Samuelson, 1984 Olympic gold medal marathoner. Joan.

(Applause.)

MS. SAMUELSON: Thank you, Governor Huckabee, Secretary Leavitt, honorable governors, first lady. It's a real honor for me to join you this afternoon.

As you mentioned, in my home state a sign reads: Welcome to Maine, The Way Life Should Be. Well, perhaps not exactly when you consider the
following: 61 percent of Maine adults are overweight or obese; between one quarter and one-third of Maine's school-age students are overweight, or at risk of being overweight; nearly one-fourth of Maine adults do not participate in any leisure-time physical activity. These statistics are startling and similar to those experienced in many of our states.

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

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

Thanks to Governor Baldacci, I've had the privilege of co-chairing the governor's council for
physical activity, sparks health and wellness in Maine. Our council is comprised of 24 health and fitness professionals with a mission to promote wellness for Maine people through physical activity and other healthy practices. Without a doubt, our most successful initiative has been working with schools, businesses, and senior populations to promote fitness through walking.

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

Through its kickoff in September 2004, our goal was to get Mainers to check their pedometers like they check their watches. We also coordinate other initiatives statewide including contests for communities which recognize that the businesses and communities were effectively mobilized with populations within their communities to physically
Eleven children exercising simultaneously are ACES and that unites 25,000 participants across the state of Maine to be physically active on one day in Maine. Last year this number included 102 schools.

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

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

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

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

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

One, enable state resources, such as state parks to be more accessible and welcoming to
recreational activities.

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

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

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

Five, have kids earn PE credits for walking, biking, or running to school. They certainly are more apt to learn about lifelong fitness doing this rather than attending PE classes begrudgingly. Also, providing turnkey bike racks close to storefronts similar to handicapped parking spaces thereby rewarding people for exercising.
Six, promote private, corporate, and school partnerships that build fitness facilities in public schools or local public spaces that could be utilized by community members. For instance, the Nike Go program donates equipment and provides training for teachers to get kids physically active. Students would undoubtedly establish better communication and networking with adults in their communities by working out in the same facilities where they are motivated to do so because of good equipment and instructors. Thus developing a mutual respect between both populations.

Seven, in Maine a program called Winter Kids--and we finally got some snow--has reached 100 schools and over 27,000 Mainers to increase physical activity through winter activities like alpine and cross-country skiing, snowshoeing and skating. You can bet Maine's fifth-, sixth-, and seventh-graders with free ski passes have dragged many a parent to the ski slopes every winter. This is a time when many seniors are hibernating, not like the polar bears, I guess.
However, I must confess, this is not so for my father who at 85 years of age is currently in Colorado for two weeks of skiing at altitude with his comrades from the 10th mountain division. I have been lucky enough to have parents to serve as my role models.

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

Congratulations.

You can also lead by personal example.

Thank you for giving me the opportunity to join you this morning in the Healthy America 5K run/walk. It was great to see so many of you out there. When adults take regular exercise and fitness seriously, there is a significant impact on their children and grandchildren as well as on generations to come.

Nine years ago, along the same roads that I ran as a young aspiring athlete, I founded the TD BankNorth Beach to Beacon 10K road race along with Nike as a major sponsor. The race now attracts many of the world's top road runners including Governor
Baldacci, who truly wears the pants in this event and I hope will take them off some day before he succumbs to heat stroke.

(Laughter.)

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

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

Kudos to Mike Huckabee for the legislation he has instituted in Arkansas. He has set the bar high with his personal accomplishments, recognizing that simple changes will have a significant impact on his health and the residents of his state. For me, Governor Huckabee and for all Americans, there is no finish line. Fitness is a daily activity. It must
be sustainable, fun and easily incorporated into one's daily routine like brushing your teeth or combing your hair.

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

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

(Applause.)

MS. SAMUELSON: Thank you very much for your time and attention. Together we can all make a difference. Thank you.
(Applause.)

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

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

(Laughter.)

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

(Laughter.)

GOVERNOR HUCKABEE: I'm not going to make a mistake about the next introduction. It's an easy one to make one that I find great pleasure in. It's
been my job over the past several months to be able
to work with Governor Janet Napolitano of Arizona,
the vice chairman of the NGA, also a member of the
task force for our effort. She has been a terrific
partner. We had a wonderful NGA regional forum in
the Phoenix area just a few months ago and brought
together folks from all over the country to talk
about ways to actually implement better health
policy.

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

(Applause.)

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

During his 11 years of service, Utah was
recognized six times as one of America's best managed
states. He was chosen by his peers to serve as chair
of the National Governors Association because of his
ability to solve problems and to solve them across
partisan lines.

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

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

Please join me to welcome to the stage
Secretary of HHS and former governor of Utah, Mike
SECRETARY LEAVITT: Thank you, governor. It's a delight to be with you. I must tell you, David and Joan, those were remarkable presentations. I was glad I was here for a number of reasons, both professional and personal. It provided a good reminder for me on both counts. I will tell you one of the reminders I had.

Many of you, while I was governor, had a chance to get to know my children. We have four boys and one girl, and they all seemed to go through a period of time when they're around 14 years of age when they just ask a lot of provocative questions. And they seem to be questions that are designed to test our value set in odd things. I remember one day my son saying to me, if you had--"How much money," he said, "would it take for you to shave your head into a Mohawk?"

SECRETARY LEAVITT: Frankly, I had never thought of that.
(Laughter.)

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

(Laughter.)

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

(Laughter.)

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

(Laughter.)

SECRETARY LEAVITT: -- while we were having this conference. May I say, this is a topic of extraordinary importance. Important enough that
it is a focus of our research at the National
Institutes of Health. So much so that it has become
a crusade at the Centers for Disease Control; so much
that we have begun to focus on it, obviously, at the
President's Council on Physical Fitness; so much that
our minority health office has begun to focus on a
unified campaign on particular populations, various
ethnic groups that have significant needs in this
area. It is an area where we can in fact change
behaviors. There is a patter in our society of
success. We have changed patterns in smoking. We
have changed patterns in seat belt use.
How many years ago was it when no one ever
used a bike helmet? Today they do. We are changing
habits in drugs. This is an area of our society
where we can succeed.
At HHS we are organizing a unified
campaign across our various operating divisions. Our
desire is not to go it alone here. We want to
partner with you.
The kinds of programs that I've seen
illustrated today and I know that many of you are
engaged in we look forward to partnering with you in this very important effort.

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

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

We cannot consider ourselves complete
until we have been able to go further and acknowledge
the fact that Medicaid needs to reach distinctly
different populations in distinctly different ways we
will not have achieved our goal. But we have taken
an important step forward. I would like all of you
to know that we look forward to working hand in hand
with you to achieve that success in the ways that we
have with many of you recently.

Governor Romney in Massachusetts, Governor
Vilsack in Iowa, Governor Bush in Florida, Governor
Pataki in New York, Governor Schwarzenegger in
California, all recently signed Medicaid waivers that
allow them to go forward to innovate and offer basic
health care to more people. Soon Governor Huckabee
in Arkansas (OCT **)--I also would like to
acknowledge the assistance you have provided us in
the transition of Part D prescription drug benefit on
Medicare. It's not a secret of any of you that this
is the biggest change that has occurred in health
care in some 40 years. It may be among the biggest
that's ever happened in health care. And it is very
much in keeping with the culture of health that we
speak of today.

For 40 years Medicare has been paying for
the claims of heart operations, ulcer operations,
thousands, tens, hundreds of thousands of dollars,
but not able to provide $1,000 or $500 for a
medication that could have prevented it altogether.

You stepped forward in a very helpful way when you
made this transition, particularly with those who
were duly eligible. I'm very pleased to be able to
report to you today that enrollment is dramatically
up.

Nearly 400,000 new enrollments every week.

I am happy to report that our prices are down, saving
roughly a third over what we originally estimated.
The problems are down. The 1-800 lines are still too
long, but we are getting there. This has been a
profoundly important transition, and I want to ensure
all of you as we have privately, but publicly that
your assistance is deeply appreciated and we are
going to assure that you are reimbursed by the plans for the money you have paid on their behalf and any administrative costs that you have put forward. But most of all today, I want to make certain that you know how much we appreciate the help that you've given.

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

Most of you have been to China, most of you have been to India. If you haven't, you will. You need to. We need to see what it is we're facing in the future. We can and will succeed, but it is
our generation's obligation to move ourselves to that
next level.

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

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

I read the report, I have to confess to you, it wasn't with amusement. It was with bemusement. I sort of chuckled, thinking to myself, this will never happen. It will never happen because there is no place on the economic leader board for an
economy devoting that much to one segment of society. Any nation in that situation will have long since changed, or they will have been eliminated from the competition.

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

We have to change in ways that provide incentives, not just to consumers, but to providers
and to payers and that link them in a way that will bring rationality to this market. We need to change in a way that will harness the power of health information technology. We've got to change in a way that makes medicine more personalized, more preventative and preemptive.

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

Now, the subject we are talking about today is in the heart of that matter, chronic disease. We do in fact have an epidemic of chronic disease. Seventy-five percent of all health care expenditures in this country, all $1.4 trillion a year, can be attributed directly to chronic disease. By "chronic disease" I'm speaking of diseases that in
large measure can be prevented, and diseases that in large measure can be managed. We are talking about chronic disease that in very serious ways added to by the subject we're talking about today, the point that's been well made. Among children who are six to 19 years of age, being overweight has tripled since 1980. The point was made very well. There are 90 million Americans who currently pay a physical price; they pay with physical pain for chronic disease. There are 300 million people who pay a physical price. Having said that, let me talk about another subject that is very much in the category of prevention. I mentioned 90 million Americans suffering with the epidemic of chronic disease. Ninety million also happens to be another significant number. It's the number of people in the United States who would fall ill if we in fact had a pandemic influenza similar to the one we had in 1918. Ninety million people, 45 million of whom would need serious medical attention, either hospitalization or care by a doctor. Regrettably
nearly two million would die. This is a matter of very serious and significant importance. Important enough that the president has asked us, all of us, that we hold state-by-state summits--not to speak to our public health colleagues. The public health community has understood about pandemics for years. It's to reach into the broader community to not just speak with governors, not just speak with mayors, but to speak with city councilmen, to speak with school principals, to speak with corporate planners, with college presidents, with church pastors, to speak directly to families and to communities. We have held 16 of them. They have been extraordinarily successful. We appreciate the effort. I think 26 others have been scheduled. If we haven't scheduled one in your state yet, we would ask you to help us do so. This is a matter of importance.

Pandemics happen. It's important that we begin to understand where this fits. They are part of the microbial world. They are part of the world of bacteria and viruses. They are aggressors and 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
years. We have had three pandemics in the last 100 years. Many of us will remember something about the 1967, '68 and the 1957 pandemics, though they were minor events in the context of pandemics. Few of us will remember the 1918 pandemic, but the echoes of that pandemic still reverberate across every community in this country.

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

There are two basic differences. During Katrina there were thousands of people who streamed from their homes in their home states, your states, to willfully and wantingly help those who are in need. In a pandemic that would not occur. It could
not occur. Why? Because it would be happening everywhere at one time. Instead of being confined to a small area, it would be happening in Seattle, Santa Fe, Sarasota, and in Syracuse all at the same time. Dozens and hundreds, and perhaps thousands of communities all across the country the same thing would be unfolding. In every hometown, it would affect in this century the same as it did in 1918.

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

Governor Douglas from Vermont, governor, we don't know for sure how many people died in Vermont. We note in a five-week period in that same month of October that 23,000 people in Vermont were struck. I found a journal of a man named Frank Eastman. He ran a power company just outside of
Montpelier. He wrote in his journal on the 27th of September of that year, nine members of his crew were sick. The next day, five more. Two weeks later he wrote this, "Carpenter Willie died this morning and the switchboard operator this afternoon."

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

In Georgia, Governor Purdue, in his state just like all over, had to take dramatic action. Augusta used teachers, cooks and clerks, nurses and they set up a hospital on their fair grounds.
Governor Vilsack in Iowa, this was across the country. In Iowa the first case came on October the 5th. There were 8,100 that week. The next week there were 21,000. In Des Moines, like everyplace in the country, the mayor closed the schools, the mayor closed the theaters, he closed the pool halls. This was happening in every state across the country simultaneously.

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

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

(Laughter.)

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

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

I think the main point I wanted to make
today was made well in a news article a couple of
days ago. It pointed out that there are 5,000 health
departments in state and local governments throughout
America. One of the heads of the public health
departments said this: our hospitals and our public
health system are funded at normal levels of
operation, which includes some degree of seasonal
variation. But we have always relied on the federal
government should we need more ventilators, for
example, in the event of an earthquake or a mass
casualty event. What the federal planners are not
getting, she says, is that in a pandemic every community would be asking for ventilators from the national stockpile at the same time.

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

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

Please help us communicate that to your public health officials and to your planning
officials. That's the purpose of these summits.

The President has rallied the nation.

There's work for all of us to do. He's asked the
Congress for a $7.1 billion appropriation. They have
responded. We are working on vaccines. We are
developing antivirals, we are doing disease
monitoring all over the world, and most importantly
we are working with all of you to create a sense of
good planning and preparation. But we will not be a
nation prepared until every state, every local
government, every tribe, every school, every college,
every business, every church, every family has a
plan.

One might ask the question, is this Y2K?

Is this the little boy who cried wolf? Will a
pandemic happen? We don't know if it's the H5N1
virus that we are now talking about that will spark a
pandemic. We do know pandemics happen. They have
for centuries and they will again. There is no
reason to believe that the 21st century will be
different than the last, and there's no reason to
believe that just because we can't remember 1918 that
our nation may not be required to deal with this.

Communications will be an important part of this effort. We have to learn to talk about this in ways--well, it's hard. Anything you say before a pandemic happens seems inflammatory. It seems like an exaggeration. Anything that's said after seems inadequate. We have to learn to speak about this in ways that inform but don't inflame. We need to inspire a sense of preparation but not a panic. And we can and we will. The virus is moving across the world. It's in birds.

My friend Dr. Gerberding, who says here, if you're a bird it's a pandemic. Gratefully, it is not a human transmittable disease. They worry that it could be. It's following a pattern. We don't need to spend a lot on that today except to say, that preparation is good no matter what. If it isn't now and it's five years or 10 years from now, we will be a stronger and healthier nation by your actions. We will have vaccines that will save millions. We will have planning that will have been done. We will have a better prepared nation.
When it comes to a pandemic we are overdue and we are underprepared, but we are a strong nation and we can prepare. We may be the first generation that will have the opportunity to do something to prepare for and to mitigate this part of the nature.

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

(Laughter.)

SECRETARY LEAVITT: Only exceeded by the now governor of Massachusetts, I might add. On a night a little bit like the night before last I was sitting at ice level and there was a young skater, a young woman by the name of Sarah Hughes, you remember this, who skated out on the ice in fourth place--no one expected her to win. I don't think she expected to win--with three world-class skaters ahead of her. She had been studying for her SAT’s apparently the afternoon before. We were in the large Delta
Center where they held the skating events. There were 25,000 people there all riveted on the 16-year-old girl, a billion people around the world watching, the music started and she began to skate. There was a sense of harmony that came into that performance that began to engage the audience, and you could just feel it. The music stopped, her head went back, her arms went out, she had done exactly what she had intended to do.

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

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

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

Today I would leave us all with this challenge. We have not just a health imperative but
an economic imperative to get better or get beat.

And we can. Let us find ways to become a healthier nation, a safer nation, and let us each day look for ways to skate the performance of our life. Thank you.

(Applause.)

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

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

(No response.)

GOVERNOR HUCKABEE: These guys have done
such a phenomenal job that they have covered the
topic in such a way that we won't have to do that.

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

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

Over the next couple of days the governors
and invited guests are going to be broken into five
specific groups, three breakout sessions each
focusing on one of the three pillars of initiatives,
schools, worksites, and communities. The group
assignments are indicated on the back of your name
badge. So you should be able to determine which
group you are to be a part of. Each of the groups
that is named or numbered there has a moderator and a
resource person that will help in the informal discussions.

One of the things that you will be hearing about is really how to institute a culture of wellness. Every one of the participants who are here will also be getting this toolkit which is creating healthy states, actions for governors. In the documents that you are going to be receiving, 15 specific strategies that governors can take in their states. One of the things we wanted to make sure was that governors didn't simply come and again hear a lot of talk about what the problem is, but what can you specifically take back to your specific state and get implemented in the way of action items.

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

On a final note, let me just take a moment to recognize some special individuals and organizations that have brought us together today.
And I would like to ask Dr. Lisa Laviso Mouret of the
Robert Wood Johnson Foundation and Dr. Julie
Gerberding of the Centers for Disease Control to come
and join me on the stage. The fact that these two
organizations have been extremely generous funders of
our meeting, of our materials and a great deal of the
work we've accomplished this year, we are very much
looking forward to working with them throughout the
year and in the next year. I want to say that they
have been on the true front edge of dealing with the
issue of the epidemic of obesity and other chronic
diseases and how we can deal with it and how we can
provide a greater level of wellness and truly bring
about healthy America. Not just as a theme for the
conference and summit but really as a reality for
all the citizens in our individual states.

I want you to join me in thanking them.

Then we will be dismissed to go to your various
meetings and to breakout groups. But please join me
in thanking the Robert Wood Johnson Foundation and
the Centers for Disease Control.

(Applause.)
GOVERNOR HUCKABEE: Well, be gone.

(Whereupon, at 3:05 p.m., the meeting was adjourned.)
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.
GOVERNOR HUCKABEE: Let's get underway, ladies and gentlemen, for the closing plenary session of the 2006 National Governors Association Winter Meeting. I certainly thank everybody for their attendance, and I also want to say thanks for being here promptly. As we have done our best to start and end the meetings on time, it looks like we're going to be able to do that here today. If everyone will come and gather and get in the seat, we'll get underway for this final plenary session of the National Governors Association.

Let me first of all welcome a delegation of young Romanian officials who are here in the United States on a political study tour that's being sponsored by the American Council of Young Political Leaders and the U.S. Department of State. They are here in the nation's capital for five days. And then for reasons none of us can figure out, they're going to go see Governor Richardson in New Mexico for the rest of the week.
GOVERNOR HUCKABEE: They're going to be studying American government at the national, state and local levels. I'd like to ask our Romanian delegation if they are here in the room to stand so that we may recognize you.

Welcome. We're delighted to have you here.

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

Today we're very pleased that we can report on significant state progress on the action agenda. I've asked several of our fellow governors, starting with Governor Tim Pawlenty of Minnesota, to
begin sharing a report with us about the action agenda. Governor Pawlenty's state is one of those who received an NGA Center Best Practices Honor State Grant in order to give us some idea of how it's working in Minnesota and how it can work for the rest of us.

Let me turn to my esteemed colleague, Governor Pawlenty.

GOVERNOR PAWLENTY: Governor Huckabee, thank you.

Good morning, everybody. Minnesota was indeed fortunate to be able to receive a grant that Governor Huckabee referenced, resulting from the High School Summit that NGA was leading over the last year. On behalf of all governors, we are grateful for the support of nine national foundations that gave the NGA $24 million to help us implement the action agenda. The NGA Center Honor State Grant Program has helped 35 states complete an exhaustive blueprint. This blueprint is not an easy thing to go through. It's an exhaustive checklist, but it's a
very valuable tool that's helped education leaders

survey existing policies and to develop state-wide

high school improvement standards and initiatives.

Since the Summit, a great deal of progress

has been made. Fifty states signed the NGA

Graduation Rate Compact and now have agreed to

collect and publicly report comparable four-year high

school graduation rates and related data. So all of

us need to take this challenge and opportunity

seriously and show that we're making good on our

promise to one another and to our kids for better high

school data and accountability.

Today, 29 states are implementing an Honor

State Grant with works that range from comprehensive,

redesign, expanding AP to underserved students,

streamlining educational governance with P16 councils

and early childhood initiatives. Minnesota is very

proud to be part of this Honor State network and

opportunity. And since the Summit in Minnesota, we

passed something called Get Ready, Get Credit

legislation, which expands college preparatory and

college credit opportunities to more and more high
school kids in Minnesota. That's a wonderful thing for them, and it's certainly important to our state. The Honor State Grant also addresses the competitiveness issues we know are related to improving math and science achievement and capabilities. When school starts this fall, there's going to be 20 high schools with model programs to improve math and science instruction for all students as a result of the NGA guidance and leadership and support.

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

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

Governor Carcieri.

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

Let me just say that Rhode Island was one
of the original 10 states that were selected by the
NGA Best Practices to receive an Honor State Grant, a
two-year grant providing states up to $10 million, as
Tim said, for high school redesign initiatives. It's
been a key part of implementing a number of things in
our state. I'll touch on probably just two or three
things.

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

We've got a lot of enthusiasm for doing
that and a lot of excitement. We had a former Nobel
physicist, Leon Lederman, that came to the state and
spoke to our science teachers and administrators a
couple of months ago. He was one of the founders of this.

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

Just to touch on a couple of them, something that we sort of touched on and off is the whole concept of adjunct math and science teachers. There's a whole cadre of scientists and engineers retiring and so forth with incredible capabilities who want to do something, who want to help particularly in education, but we don't have a mechanism for integrating them. So rather than
necessarily alternative certification, which is another process, one of the things we're talking about is adjunct teachers, if you will, going into the classroom, giving their practical experience, and a lot more hands-on learning for kids.

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

Professional development--another key.

What we found is if you're going to improve math and science education, one thing, sort of the front end, is preparation of the teachers, which we're integrating. But key is taking the existing cohort of teachers and sort of reprogramming them and giving them exposure to the new and latest techniques in terms of science and math teaching.

We've got a whole component there that is eventually going to take all of our particularly elementary and middle school teachers and put them through professional development. You need a curriculum. We have now a state-wide curriculum in the English language, arts, and we have it in math, but we don't have it in science. So part of this funding is going to be to put together a state-wide curriculum in science, increase the level of rigor, if you will, and will require three years of science in terms of graduation. There's a whole host of things we're putting together in terms of investment behind that to get this driven in.
What I'll finish with--because one of the issues that came up I know last year--is governance. How do we push these kinds of changes throughout system?

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

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

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

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

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

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

Governor Easley.

GOVERNOR EASLEY: Thank you, governor. I want to thank Governor Huckabee for the book. It would have been great if you got it to me before I bought my own.

(Laughter.)

GOVERNOR EASLEY: The title, Digging Your Grave With a Knife and Fork, at least indicates there's some manners there somewhere. We appreciate all that you've done.

(Laughter.)

GOVERNOR EASLEY: I don't think the answer is eat with your fingers, but if you read it, it's good.

I appreciate the opportunity to share with you what we're doing in North Carolina. As you know, last year we had a lot of discussion about the Bill and Melinda Gates Foundation. And Tom Vander Ark was here, the executive director, who's been extremely helpful to us.

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

Also, we take part of the curriculum and 
have the students work in growth industries. So far 
we're using things like health care, biotech, we're 
moving into international studies and life sciences. 
The students will go out and work in the afternoons 
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
and Earn, based on the simple concept of learn more and earn more. That also has been assisted by the Gates Foundation again, and of course, there's some state money and other monies that we raised. Essentially, what we're trying to do is compact four years of high school and two years of college for an associate's degree at the end of five years. We've found that most kids can finish high school a lot earlier. They take a lot of electives that they really don't need. Their AP courses can transfer. A lot of them are already doing college work. And we're able to tell these kids within the ninth grade, if you'll stick with me for four years, I'll give you a high school diploma. But if you'll stay one year longer, stick with me for five years, I'll give you a college degree. And with the two-year degree, they can go out and get a job, and a good job, and that's what it takes nowadays, at least an AA to get a good job. Or they can go on to our other universities and graduate with a four-year degree, and continue on as far as they like. That has worked for us. The partnership
between our high schools, community colleges, private

colleges and universities has worked very well. We

have 13 of these Learn and Earn schools up and

running now. Twenty-three more will come on in the

fall. My goal is to have this available in all 100

counties by '08. We find that if you make that

carrot a little bigger, there's more incentive for

somebody to stay in school and graduate.

The way this came about, quite honestly,

was in economic development. Every time I bring in a

new company, something that we wanted, something that

we want to build a future on in North Carolina, it

would be somebody who required at least an AA degree.

Students knew this. They know it before we know it.

And they know what the high school diploma is worth,

and they know what a college degree is worth. That's

why we went to this particular program so they could

get that. I think all of us have to continue to

build on knowledge, talent and skill. We know that.

I close my remarks by saying that I know

many of you are doing creative and innovative things

to make sure we do get our skill level up and our
knowledge level up in this country knowing that our
competitive edge is based on creativity and
innovation.

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

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

Just as a quick reminder, Tom Friedman was
here. Bill Gates was here at the Summit a while ago.
Bill Gates declared the American high school
obsolete, which I think was a clarion call for reform
and change in the American High School, and treatment
continues to ring the bell on these same themes. His
quote here and elsewhere has been, "In the future,
we'll go to those countries, those states and those
cities, those companies and those individuals who
understand this platform, and both educate their
people to take advantage of it and connect to them."

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

So this packet here is an abbreviated
slide show of that research. I hope you would get
the full report and give that to your education
officials, and make sure that we are not just focused
on college preparedness, but that we also include in
our rhetoric and our leadership communications that workforce preparedness is equally important.

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

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

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

Governor Easley, I'm sorry that you had already gone and purchased one of the books. My
publisher did tell me we had sold one copy in North Carolina. So clearly that was yours.

(Laughter.)

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

(Laughter.)

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

We are very privileged today to have an extraordinarily special guest with us. I don't have to tell you that President Bill Clinton served as the 42nd president of the United States, elected in 1992 and again elected in 1996. Prior to the presidency, he held a job that I'm a little familiar with. That
is, he was governor of Arkansas, elected first in 1978, then re-elected in 1982, 1984, '86 and 1988.

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

(Laughter.)

GOVERNOR HUCKABEE: So they did that in 1986.

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

I think it would be fair to say that we both not only have represented them but we truly love the people of Arkansas, the greatest people on earth.

But what brings us together today in another endeavor is a personal commitment to change the culture of health in America, and particularly to deal with the growing crisis of childhood obesity.

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

Perhaps for some of you it's a little
unusual that I would be the one who would just insist
that we have President Clinton here today, you might
say. Isn't it true that every election you've ever
had, he campaigned for the other guy? Yes, raised
money for the other guy.

(Laughter.)

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

(Laughter.)

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

This is an issue that it doesn't matter
whether there's an R or D behind or in front of your
name, or somewhere in the middle of it. There's not
a person here that's not affected by the growing
crisis of the unhealthy state of the American population.

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

(Applause.)

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

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

(Laughter.)

PRESIDENT CLINTON: I have to tell you that, old friend, based on the work you've done on this issue, I'm kind of glad I failed. You've been great, and I think the country owes you a great debt of gratitude. I wanted to come back here, when Mike
asked me to come, to thank you for giving two days to
this whole question on the health of our country, and
to thank Governor Huckabee for focusing his year on
making America a healthier nation.

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

(Laughter.)

PRESIDENT CLINTON: Anyway, I was thinking
when I came down here that at least in my experience,
in the long years I served as a governor and when I
was president, the states really were what the
founders intended them to be, laboratories of
democracy. In the 1970s, primarily southern
governors were leading the pressure for education
reform because our part of the country was so much
poorer than the rest. Western governors were dealing
with explosive growth and way ahead of the curve in
complex questions of resource management and what was
going to happen with water and land.
In the 1980s, we all got into education and welfare reform, and I was pleased to work with my Republican colleagues, particularly the late Carroll Campbell from South Carolina, and the Reagan White House on the 1988 Welfare Reform Bill, and to work in 1989 with former President Bush and Governor Branstad from Iowa and others on the national education goals. When I became president, I think we gave something like 40-plus waivers in welfare reform to complete a process that really began in the last year of the Carter administration in 1980 when the states were looking at what could be done to change the welfare system from primarily dependents to independents. And the Welfare Reform Bill that the Congress passed and I signed in 1996 was really the culmination of the laboratory work done in the states for more than 15 years. I say that because the country needs you now more than ever on two issues that will determine what we look like 50 years from now.

I'm only going to talk about one today, but I want to mention the others. Whenever
Washington particularly gets in the kind of fiscal crisis we're in today, where we've got big deficits and sooner or later we'll have to come to terms with, the short-term problem is that you wind up paying more for certain things than I think you should. I'm sure you've had all kind of arguments about that here. But the real issue is what long-term major challenges cannot be addressed here that have to be addressed by us as Americans. That's the real issue.

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

One of the problems we have in the global economy is how to find all sorts of good new jobs every five to 10 years. We can't continue to open our borders and get the benefits of low inflation and high productivity that we get from open borders unless we can always keep creating new jobs. This is a bird's nest on the ground as we have only
halfheartedly embraced it. So I try to keep up with what you all are doing in this area, and I thank you.

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

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

The government takes up some of the slack, and well over 40 percent of the American people that have health care and insurance are getting it through public funding of some kind or another. But this is clearly an unsustainable thing not only because people don't have health care but because the cost to the economy is crushing. It's bankrupting state budgets. It's a big part of the federal deficit problem, but it's also a huge part of our
Today, with embedded both legacy and current health care costs, General Motors has $1,580 a car in health care, Ford has $900, and Chrysler, having consolidated with Daimler-Benz, is down just under $600, and Toyota's at $110 a car. You wonder why we can't produce passenger cars that compete and maintain jobs. We are now looking forward to getting automobile jobs in America by convincing foreign manufacturers to locate plants in our states.

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

Seven hundred billion dollars. Where is that $700 billion?

You read all this stuff. There's almost no analysis.
done of this. Just under 50 percent of the $700 billion is an administrative cost. We spend 34 percent of our healthcare dollars on administration. The next highest I can find in the world is Canada at 19 percent. Sixteen percent of GDP is over 2 percent of our gross domestic product.

That is because we have in my view decided to let the insurance tail wag the healthcare dog. That is, we are organizing ourselves around the way we are or are not insured and because we have not computerized our records.

So picture this. Everyday there are like 2 million people in America engaging in a huge tug of war. You can't talk to any doctor that hasn't been in practice more than 10 years who hasn't added administrative staff to try to navigate the repayment schedule. You've got these 2 million people in a tug of war, about half on each side. One side is trying to get paid and the other side is trying to keep from paying. And even if they have to pay a little bit, the people on the front line know that they never get in trouble for saying no, and they get to float while
the don't pay. Meanwhile, that's all embedded in the healthcare system in a way that's a drag on productivity, a drag on competitiveness, and a terrible burden on the state and federal budgets of the country. The federal and state programs, by and large, have much lower administrative costs, but they are a part of a pattern which still imposes higher costs on the providers who have to try to go get the money wherever they can get it.

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

If you look at the University of Texas, the Houston Medical Center, where the director organized all 700 doctors in a self-insurance pool, put them in charge of it, and they wouldn't let people in if they knew they were at high risk of
malpractice. All the premiums for all specialties dropped a minimum of 50 percent, some more.

The final thing is our lifestyle choices.

Some of them we can't do anything about. As an ethical matter, most of us believe we are morally bound to live as well as we can and help our neighbors do the same. Sometimes you have a really painful example of that like the Schiavo case, but we spent more in the last two months of life.

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

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

When former President Bush and I agreed to the president's request that we raise money for
the Katrina areas, and I went down to see you
Governor Riley, I went to Mississippi first, and I
was in Biloxi in a neighborhood, a middle-class neighborhood where all these people had been paying on their home mortgages for 30 years, and they'd just paid them off, and all the houses were wiped out. I met a woman there in a wheelchair with her leg amputated below the knee who could not have been a day over 35 years old. Diabetes.
You know Mike's story. If you haven't read it, you ought to buy his book. I'll plug it. I actually bought a copy too.

(Laughter.)

PRESIDENT CLINTON: As you know, he was being treated for diabetes and he got off of it. I spent a lot of time on this. My former chief of staff, now the head of your university, Erskine Bowles, has a lot of diabetes in his family, Type I diabetes that you get, you inherit. But we are seeing statistically significant numbers of children with Type II diabetes for the first time in our history. Until the present moment, we always called
Type II adult-onset diabetes. When you see it in a 9-year-old, it's hard to say that. And if we don't do something about it, we're going to have a terrible health problem.

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

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

We joined the Heart Association with this alliance for our future generation with the goal of halting the rise in child obesity by 2010 and reversing it by 2015. We reached out to partners like Nickelodeon.

We did the town hall meeting with Nickelodeon, trying to assist them to get the media that children see and get children themselves involved in this.

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

But I just want to emphasize before I get to the point of why I came here today what a big deal this is. You are already spending a staggering amount of money, according to the figures I have. Obesity-related illnesses now cost $21 billion for Medicaid recipients and $17 billion for Medicare recipients already.
In 2004, there was an astonishing study issued by Emory University finding that rising obesity rates accounted for 27 percent of the growth in healthcare spending between 1987 and 2001. I already gave you the numbers on the cause, and you can see that's right.

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

This is an epidemic problem in the United Kingdom. They have a national effort dealing with
childhood obesity, and recently a report came out that showed they have all the same structural problems as we do. They have a national effort in Ireland which has the fastest growing economy in Europe. And attendant to that fast growth, they have an epidemic of childhood obesity.

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

There are lots of reasons for that. If you look around in America, for example, since 1973, the wealth of American families has increased primarily because of the value of their homes, but the average wages against inflation have only increased for a brief period in the late '90s;
otherwise, they've been stagnant or falling.

There are all kinds of reasons for this,

but if you look at it in the face of that, the price

of everything has gone up except food. Food is still

a real good deal in America, plus you've got more and

more people in the workplace. So 30 years ago, the

average American family spent 70 cents of every food

dollar on food prepared in the home. Today they

spend 53 cents on that, 47 cents eating out, and half

of that at fast food places. Then the composition of

the food has changed. More trans fats, more

saturated fats, bigger portions. If you're in a

difficult situation economically, it's still a real

good deal.

I thought about this a lot when Governor

Manchin became the center of national attention

because of the tragedy in his mines and the

remarkable way he handled it. I was looking at all

these people from West Virginia who are so much like

all the people I grew up with in Arkansas, imagining

what their lives are like in terms of this deal.

They've got to watch every penny they spend. They've
got to wonder whether they can send their kids to
college. But they know they can at least be full.
They can get a good meal for a low price.
It's still the best deal in America, but
the composition of the food has changed. Even the
composition of our sugar has changed. Fructose
metabolizes in the body in a different way and goes
straight to fat in a way that cane and beet sugar
don't, but they're much more expensive.
You can say all that, so people say we
don't know what to do. Yes, you do. Look at
Huckabee. The truth is, the only way to fight
obesity is to consume fewer calories and burn more,
no matter whatever else you say, no matter what the
scientific studies show, no matter how difficult it
is. And we all have different metabolisms, by the
way, so different things will work, but you've got to
consume less and burn more. There is no other
alternative here. To do that you have to change the
culture. All of you have talked a lot about that and
how hard it is to do, but that's what we're trying to
do.
This is the sort of thing I normally don't get into. I like to do things where I can really keep score; how many people did you help by what time, what's the details. But the truth is, once in a while you have to do this. You have to say we have a huge cultural problem, and unless we change it, our children may grow up to be the first generation of Americans with shorter life spans than we have, and we may foreclose America's economic leadership in the future by consuming untold amounts of our national income on otherwise unnecessary healthcare costs.

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

We've got over 53 million young people in 119,000 public and private schools in America.
Six million adults work there as teachers, nurses, administrators and other staff. That means about one in five Americans are in some school every single day. Comprehensive school health programs cannot only have a positive impact on child health, but they can improve the health and well being of adults that these kids look up to as role models and then ripple throughout the larger society.

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

When we announced this program, remember, we went to a school north of Harlem in Washington Heights, where there were 6-year-old kids writing
essays about why it's important to eat right. We want to provide staff wellness programs, something that the governor here has done a good job of in Arkansas. We also want to help change the economics of schools. I think that's very important. A lot of people either don't know what the best practices are or simply think they can't afford them. Our team wants to negotiate deals with industry leaders to provide packages of healthy menus at prices schools can afford. Currently, 1 in 6 school districts have already outsourced their cafeterias to full-service caterers, and it's increasing, and almost without exception, these folks charge more for healthier alternatives.

Second, we want to create buy-in clubs so schools can come together and increase their purchasing power. Third, we want to negotiate agreements with snack and beverage companies to improve the nutritional content, and I would add, lower the caloric content of their vending machines. Finally, we want to have agreements with the sporting
goods companies and others to offer discounted
equipment to schools to help increase the
availability of exercise.

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

We'll begin this fall by providing direct
assistance to nearly 300 schools in 12 states.
Starting July 1, any school in the nation can apply
for our School Recognition Program. In the 2007-2008
school year, we will expand nationally, and our goal
is to provide direct support to 7,100 schools with
four million students within the next five years. Over
the course of the next five years, I think our work
will demonstrate that any school in a wealthy, poor
or middle-class district can take concrete affordable
steps to create a healthier learning environment.

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

Finally, and perhaps most important, I
know when Governor Napolitano becomes the chair of
the NGA, she will focus in her year on another set of
priorities, and then someone will follow her, and
there will be another set of priorities. This is as
it should be. But we can't change this culture in a
year or two years, so I would like to ask you to
designate a lead governor, perhaps the appropriate
committee chair, to work with us on this childhood
obesity initiative, at least through 2010, perhaps
through 2015. We just can't afford not to do this.

We will never get healthcare spending under control
and we will never give our kids the future they need
unless we are prepared to spend years on this and
recognize.

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

I agree with Mike, this is not a
Republican or Democratic issue. We all want our
country to be strong, and we want to be strong to
have the luxury to fight about the things we disagree
with each other on. That is a great privilege. As
you see from the overreaction to all of these
troubles over the cartoons recently, in the rest of
the world a lot of people fight about everything when
they feel weak and disempowered and angry. In order
to have a genuine argument about the things you
honestly disagree with, you have to have a certain
level of strength, a certain level of coherence, a certain level of social solidarity. It all begins with doing the right thing by our kids.

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

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

Thank you very much.

(Applause.)
GOVERNOR HUCKABEE: Mr. President, thank you very much for your timely and thoughtful comments and the challenge to the National Governors Association as well as to each of us as individual governors.

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

Governor Sebelius.

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

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

GOVERNOR HUCKABEE: Governor Murkowski.

GOVERNOR MURKOWSKI: Mr. President, children are so impressionistic. How do you communicate and still not basically destruct the self-esteem of the youngster that often in those
teenage years are very unsure of themselves to begin
with?

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

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

Secondly, you have to be positive about
it. You have to say, you can do this and here's how.
There's nothing wrong with you, but it's a problem in
our whole country, and it's a problem for you, and we
want you to have a good, long life. You have to make
it as positive as you can and not, in effect, look
like you're the dark side of the fashion ad.

I think that's the most important thing.

We can't let this get blurred into this whole culture of what our contemporary standards of beauty are in our country, which are radically different than they were, by the way, 300 or 400 years ago. We've got to really focus on health and make sure that we make this a positive thing and not hurt children's feelings. But a lot of people, both kids and young adults, and not so young adults--I saw Governor Manchin nod when I was talking about this--eat too much because it's all they can afford to do, and it's comfort from the anxieties of life.

My gut is, governor, if we talk about this in an open way and a reinforcing way, we'll make people feel less insecure about it. I promise you, everybody who's got this problem knows they've got it. The main thing you don't want to do is you don't want to warp kids by telling them that there's one certain body type, but you don't want to let them down by allowing them to get into denial either because they know there's something amiss.
GOVERNOR HUCKABEE: Governor Huntsman.

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

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

Could you comment on that?

PRESIDENT CLINTON: I agree with that. As I said, we're working with the fast-food industry, the restaurant industry. One of the things we know doesn't work is offering a few healthy items on a menu, for example. It works for someone like me
because I nearly died, right? So if I go in a
restaurant, and I know I have to permanently change
my diet, I'll look for them and ask for them.

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

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

The question is what's the alternative
between the current set up, which I have enjoyed

*ad nauseum* for decades --

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

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

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

GOVERNOR HUCKABEE: I think next is
Governor Doyle of Wisconsin.

GOVERNOR DOYLE: Mr. President, thank you.

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

PRESIDENT CLINTON: First let me say, I think it's important to think about two things with regard to the people who already have juvenile diabetes. One is the research on that and the second is care. When I was president, we came out with a diabetes self-management program, what the American Diabetes Association said was the best advance in care since the development of insulin. It's interesting because my impression is that a thing which I thought would change huge numbers of lives has basically been swamped by circumstance. Basically, there were so many people in different circumstances with diabetes that it's not working anymore.
We had a diabetes cure center in New York City which we really needed given our numbers. It was closed down for budgetary reasons. What will happen is we'll spend more money because when they all have to go to critical care units and hospitals, and they're in the last two, three, or four weeks of their lives, and we have to pay for amputation and we pay for the cost and consequences of blindness, all of that is covered as a non-option by Medicare or Medicaid or whatever.

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

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

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

GOVERNOR HUCKABEE: Governor Kempthorne.

GOVERNOR KEMPOTHRONE: Mr. President, it's great to see you again. You're looking fit and trim.

You may a key point, and that is that it's not just the consumption. It's not just the diet, but it's the burning of the calories. As you know, in so many schools now throughout the United States, we have virtually done away with physical education. So as we're talking about the reform in schools, and as we now endeavor to bring back physical education, in the educational community, the teachers feel that additional testing requirements and identifying standards, et cetera, that this is just one more thing that we're putting on them, and there's resistance.

How can we get the education community to also realize the importance of this and embrace it, and realize that this is necessary but it can also be fun to bring back into those schools physical education?
PRESIDENT CLINTON: First, I think we do need to make it fun because even when I was in school 100 years ago, physical education was something you had to do if you weren't cool enough to be on one of the sports teams. We all had it, and it was awful we thought because it proved how uncool we were, that we weren't on the football team, or the basketball team, or whatever.

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

I remember once when I was governor, in the '80s, we got these little community grants from the federal government. They didn't amount to much. My whole state budget was like, I don't know, $250,000 to $300,000. So I went out and did a canvass of all the small town mayors in my state. And we had a ton of them, towns with less that 1,500
people, like Idaho or Alaska. And you know what they wanted? They wanted community recreational facilities. So I developed model blueprints for city parks, and gave them $1,500 a piece and created hundreds of parks. And all of a sudden we had a lot more physical education.

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

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

GOVERNOR MANCHIN: Mr. President, first of
all, let me say thank you for your phone call during
the tragedies of mine disasters in West Virginia and
your compassion, and I passed that on to our people.
It means an awful lot to them. Next of all, you
identified that our population and your population in
Arkansas are exactly the same. It is something when
the kids can get filled up, and when the families can
take them and get them filled up for a relatively low
price, they're going to do it.
Where I want your input on this is that we
started healthy lifestyles last year, my first year
being elected basically going to the schools. We
know we can reach the children, and you said change
is hard as we grow older, and it truly is. But the
kids, the same ones that taught us Buckle Up for
Safety, we're doing the same thing with education.
The Department of Agriculture is
responsible for the food that most of our schools
receive. I don't know if you've been to the school
lunches or the breakfast programs lately. It's not
the most healthy of foods that we should be serving
in our schools.
Also, the choices we're allowing our children to make are not healthy choices, and we find push back--I think Governor Huntsman mentioned that--from the corporate responsibility and the people who produce, whether it be the fast-food chains, or the drinks, or whatever they may be offering in schools.

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

With that also, I am encouraging with all our nutritionists in our school system that the biggest thing is we have an awful lot of people on food stamps. In some of our poorer regions and our poorer states, they don't know how to cook. They don't know how to go to the store and buy the proper foods. We're encouraging our nutritionists every Friday to offer a menu of what people can do for a shopping list for seven days to put a healthy meal
together at home. I don't know if one will do it, or
100 will do it, or whatever, but if we do do one,
it's more than what we're doing now. People just
don't know, and we're doing very, very little to help
that.

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

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

The Agriculture Department or the states
need to, I think, do something that works really
After the Depression, basically, the Agriculture Department became a giant extension service. Most people know about attempts to control crops to keep prices up. But the truth is they had an agricultural extension service that taught people with very little land how to grow fruits and vegetables. Before we became a big international agricultural giant, we had people that taught them basic home economics all through extension service work.

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

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

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

GOVERNOR MANCHIN: I encourage every
governor to look at their school lunch programs and
see what's being served to the children and to help
them make healthy choices.
PRESIDENT CLINTON: I agree with that, but
I think you ought to put the heat under the
Department of Agriculture. This needs to be
primarily about the health of the kids, and a lot of
these programs got developed and implemented, as you
know, for other things. I see Governor Schweitzer
nodding his head. Nearly all of us who come from
rural states know about this stuff. I also think
kind of reviving this extension service concept,
either at the state or the federal level, would
really make a difference for a lot of these people.

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

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

GOVERNOR CARCIERI: Mr. President, I
always was 100 years ago in school, and I remember
when they taught home economics and industrial arts.
Whether you were going to college or not, everybody
was exposed to that. One of the things I'd like to
come to you in terms of behavioral change--because
what struck me as you were citing the statistics is
the confluence of adult obesity with childhood
obesity. It seems like it's growing rampant at both
ends. In terms of example, we all need examples to
follow, and it's sort of like do as I say, not as I
do from an adult to a child.

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

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

But it struck us. One of the things we
were talking about is how do we get the insurance
companies to build in some kind of incentives for the
behavioral change that you and Mike have been talking
about so eloquently for the last couple of days?

There's a complete disconnect here. We're saying
this is a wonderful thing to do, it's key for us in
our healthcare system at long term; yet, when we look
at the way we're approaching it from the standpoint
of providing incentives, we're not doing it.

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

One real problem is, because you have so
many different health insurance companies writing so
many different policies with different coverages,
with different size of pools of people being covered.
The temptation is to make the money with a policy
that looks good on coverage and then kind of keeps people out in the first place who may already be of questionable health. So a lot of insurance companies and employers worry about whether if they cover let's say preventive services, they'll just wind up spending a lot more money because those preventive services will go to those who will get real sick if they don't get them and those who won't get real sick.

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

There may be some things you can do with state law or suggestions that you can do with federal law that will make the economics work. There's no question that for society as a whole, all this preventive care and cost avoidance really works, but it somehow often doesn't work with the way the reimbursement works, even the federal reimbursement.
system like I said. We lost this diabetes center in New York City, which focused on early intervention and prevention, trying to help more people like Mike, where if we got the kids early enough, they could get off the medication. We really worked on it, and the thing just closed because the reimbursements weren't there for that. But once they went blind or once they had a leg cut off, then the government was only too happy to spend a fortune to help them manage their permanent disability.

GOVERNOR HUCKABEE: Governor Hoeven.

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

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

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

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

They contribute to it by giving people something they wanted and needed, which was affordable food in high quantities. But I hope if you ask me about it next year, I'll be able to give you some results on that.

But we're in ongoing negotiations about what to do.

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

One of the things with a lot of these food places that we're going to have to have more research on is whether the changed elements that are in the food, as opposed to 30 years ago, have put a break on
metabolic function. But the main thing is trying to
change the content of the food, to reduce the bad
fats and try to have more modest portions.

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

GOVERNOR HUCKABEE: Final question.

Governor Turnbull?

GOVERNOR TURNBULL: Nice seeing you,
Mr. President. We missed you in the Virgin Islands.

Come back again.

PRESIDENT CLINTON: I will.

GOVERNOR TURNBULL: My question is this.

Are the schools in the territory, including the
Virgin Islands, eligible for your program?

GOVERNOR HUCKABEE: Yes, absolutely.

GOVERNOR TURNBULL: We'll send an
application.

GOVERNOR HUCKABEE: Ladies and gentlemen,
I know the president has been more than generous with
his time and has been willing to take our questions. I cannot express to him adequately the appreciation for the generosity not only of his time but also the insight and the will that he has had to join up with the American Heart Association and the Clinton Foundation to give national leadership to this, and I know you join me in expressing, again, your appreciation for his presence, but also the mission he has embarked upon.

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

(Applause.)

GOVERNOR HUCKABEE: In front of each of you there is a packet of materials that reflect the various policies that we have, and I know that we'll need to simply take care of these, which we will. But I also know that each of you will extend your personal greeting to President Clinton, as we should, as he's gracious enough to be willing to do with us. Again, I'm so very grateful for his presence here
The packet before you does reflect the policies that were originally to each of the governors on February 9th. No additional changes have been made to them in the Executive Committee or the standing committees. The policies require a two-thirds vote of those who are present and who are voting; so to expedite the matters, I'd like to ask each of the committee chairs to move the adoption of their committee policies _en bloc._

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

GOVERNOR HENRY: Thank you, Mr. Chairman.

The Economic Development and Commerce Committee focused our discussion on keeping states competitive in the global economy. We had a fascinating panel of speakers and a very lively and relevant discussion followed, I assure you. We conducted committee business and adopted two amendments to existing policy positions, one in the nature of a substitution. On behalf of the EDC Committee,
Mr. Chairman, I move to adopt these two policy positions. Thank you.

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

(Chorus of ayes.)

GOVERNOR HUCKABEE: Any opposed, say no.

(No response.)

GOVERNOR HUCKABEE: The ayes have it.

Governor Pawlenty, would you like me to pass over until you have a chance to get back?

GOVERNOR PAWLENTY: We'll keep rolling.

Thank you, Mr. Chairman.

The Education Early Childhood Workforce Committee discussed international education in our breakout session. We heard from Margaret Spelling, the secretary of Education for our country; Vivian Stewart, the vice president of Education for the AEGIS Society; Stephanie Bell Rose from the Goldman Sachs Foundation; and Jennifer Dent, who's a high school student involved in international education and international study.
We also discussed the legislative activities and accomplishments of the committee relative to Congress and pending legislation. The discussion was good and very engaging. We watched a video greeting from students in Minnesota engaged in international education. We adopted all four policy changes, Mr. Chair, unanimously, and I know you're pleased to see the unanimous consensus at the NGA. We recommend that all of the policies and changes to the NGA for adoption. They include amendments to three existing policies, which are in the packet, ECW 2 and 4 and 13. They also relate to the reaffirmation of one existing policy, ECW 6, relating to target employment tax credits.

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

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

All in favor, say aye.

(Chorus of ayes.)

GOVERNOR HUCKABEE: Opposed?

(No response.)
GOVERNOR HUCKABEE: The ayes have it. I want to thank you. I know there was a buzz in the back of the room as people were wanting to come see you, Governor Pawlenty, regarding your report on early childhood.

(Laughter.)

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

(Laughter.)

GOVERNOR HUCKABEE: Thank you very much. At this time, let me turn to Governor Turnbull, the Health and Human Services Committee representative here today.

GOVERNOR TURNBULL: Thank you, Mr. Chairman.

The Health and Human Services Committee met yesterday and discussed the critical issue of the Medicaid program in the states and the territories. We heard from four outstanding speakers who talked about new reforms that we worked so hard on and that
were recently enacted by the Congress. We learned ways to improve the health care of Medicaid beneficiaries, to strengthen the financing of the program, and ways to reach out to people with no health insurance at all. The committee also approved amendments to five existing policies and reaffirmed two more existing policies.

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

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

(Chorus of ayes.)

GOVERNOR HUCKABEE: If any opposed, would say no.

(No response.)

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

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

GOVERNOR MANCHIN: Mr. Chairman, your
Natural Resources Committee discussed the impact of energy technologies on national energy policy. We as governors heard from Carl Bauer, the director of the National Energy Technology Laboratory at the Department of Energy. We've heard from Kenneth Cohen, vice president of Public Affairs of Exxon Mobil Corporation, and Dr. Daniel Ashoff, deputy director of the Climate Center at the National Research Defense Council. The speakers provided their perspective on the current landscape and discussed a variety of technologies that could help to reduce our dependency on foreign oil.

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

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

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

(Chorus of ayes.)

GOVERNOR HUCKABEE: Any opposed, no.

(No response.)

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

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

GOVERNOR NAPOLITANO: Yes, Mr. Chairman.

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

GOVERNOR HUCKABEE: Motioned and seconded to move the adoption of the Executive Committee policies. All in favor will say aye.
(Chorus of ayes.)

GOVERNOR HUCKABEE: Any opposed will say no.

(No response.)

GOVERNOR HUCKABEE: The ayes have it.

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

On behalf of all of the staff, I want to say thank you. What a great staff for the National Governors Association. They really do all the heavy lifting and all the hard work. Those of us who get
to the podium simply carry out the hard work they have done. I would like to ask you to join me in expressing a round of sincere appreciation to the staff of the National Governors Association, who have done a magnificent job this weekend.

(Applause.)

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

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