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## **Edwards Discusses Health Care Dartmouth-Hitchcock Medical Center November 13, 2007**

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[START RECORDING]

[Applause]

**JOHN BUTTERLY, M.D.:** Good morning and thank you all for coming. Can you hear me in the back? Great! I would like to welcome you to the health policy grand rounds and also welcome today's guest, former North Carolina Senator, a former Democratic vice presidential nominee and current Democratic candidate for president, John Edwards. By now, you are all familiar with the format of Health Policy Grand Rounds. Senator Edwards will speak, after which you will have a chance to ask questions. If you do have a question we ask that you just stand up and somebody will bring you a microphone. Also before asking your question, please give your name and title for the benefit of our media services team and the members of the press.

Our guest today is no doubt familiar to everyone in the room. John Edwards served in the U.S. senate from 1998 to 2004. He ran for the Democratic nomination for president in 2004 and burst onto the scene with a strong finish in the Iowa Caucuses. He later went on to become John Kerry's running mate as the Democratic vice presidential nominee. John Edwards has laid out a straight forward and ambitious plan to transform health care in the United States if elected president. Under his plan, Universal Coverage could be achieved by requiring businesses and other employers to either cover their employees

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or help finance their health insurance, by making insurance affordable through the creation of new tax credits, expanding medicaid and SCHIP, reforming insurance laws, and taking innovative steps to contain health care costs. By creating regional health care markets to let every American share the bargaining power to purchase an affordable, high quality health plan, increased choices among insurance plans, and cut costs for businesses offering insurance. Then, once these three steps have been taken the government would then require all American residents to get insurance. I understand that Senator Edwards was very positively received by the Dartmouth students at the top of the hop last night. Let me assure you that is a very tough audience. [Laughter] And he received a standing ovation for his comments so that really is something. I'll let him tell you more about what he would do in terms of health care as our next president, please help me welcome Senator John Edwards. [Applause]

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Thank you very much. Can you all hear? Is this mic working?

**JOHN BUTTERLY, M.D.:** Turn the mute button.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** How about now? There we go. I didn't think it was on. I do this enough. I can tell. [Laughter] Let's see, thank you all very much and you basically gave my speech about my health care plan [laughter] so uh, this speech should be relatively short and

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I'd actually rather spend time answering questions anyway. Let me talk about health care first and then there are a couple of other issues I want to raise before I start to take your questions. My view is that we have a dysfunctional health care system in America. It doesn't work and I think the evidence of that is overwhelming, 47 million people in the richest country on the planet who don't have health care coverage. According to the census bureau, that number went up by about 2 million in the last year. Health insurance premiums as everyone here knows very well have gone up dramatically, almost 100-percent over the course of the last decade. This by the way is not just the moral issue of making sure everybody has access to health care. It is also a huge burden on low income families and working middle class families, more likely to go into bankruptcy today in America than to get a divorce and half of the bankruptcies in America are caused by medical costs. So, it gives you some notion of what I hear everywhere around the country when I go out to talk to most Americans, most middle class Americans, about what needs to be done to make their lives better. It almost always started with we have to do something about health care so this is a huge issue facing the country. What I have proposed and I am proud of the fact that I was the first candidate to come out with a universal health care proposal, democrat or republican. What I have proposed is, and you have heard some of it already, what I had proposed

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is basically the creation of health care markets where American consumers and everyone is required by the way to be covered. There is a mandate, an individual mandate, so that every American will choose what kind of health care plan they want and the way the markets are structured is there will be a group of private insurers who are heavily regulated and I will come back to that in a minute and they compete with the government because there is also a government choice. The government choice is essentially Medicare Plus. Now, for the private insurers who are in this market, first of all they have to compete with other private insurers to even get into the market. Second, they are required to cover certain things in order to participate. We are going to ban pre-existing conditions as a matter of law. No such thing anymore. Mental health parity is required so if you are providing coverage and you are a private insurer you are required to cover mental health exactly the same as physical health. You are required to cover preventive care, required to cover chronic care and required to cover long term care, dental and vision care also required to be covered. So if you are going to participate in this as a private insurer, you have to meet those requirements. In addition to competing with the government and as I know a lot of you know already, we have private health insurers that are charging anywhere upwards of 40-percent for profit in overhead and medicare runs at about 3 to 4-percent overhead.

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In addition to those things, we also cap the amount that the private insurer can charge for profit in overhead. It is capped at 15-percent so what it effectively does is makes, if you think about this as a competition, the private insurers have to compete with each other to be selected to be in the market and then we regulate what they are required to cover and how much they can charge for profit in overhead and then they have got to compete with the government plan which will run at about 3 or 4-percent historically for profit in overhead.

You also, everybody's health care goes with them, wherever they go, so no more job lock, as people move from place to place or change jobs or are laid off, their health care goes with them and the health insurance premium is subsidized up to just under \$100,000 dollars of income, much heavier subsidy the lower your income level is, so lower income families are 100-percent subsidized, the higher you get the subsidy goes down and I'll just say the obvious which is I often get asked by the media well, you know, if you make more than \$100,000 dollars a year, what is the benefit of this system? Well the benefit is dramatic because as everyone in this room knows, we put more money into health care than any country in the industrialized world and in many ways the result we get on the other end is not competitive with a lot of other countries. And the question is what do we do to reduce costs and provide better care? And what I have proposed to do to

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bring down costs besides what I already talked about, regulation of the insurance companies, is that we also create a different dynamic with drug companies, particularly for breakthrough drugs in big areas like Alzheimer's, cancer, etc. That is that we offer a cash prize for the development of the research and development of these drugs but they don't get a patent. In other words, we eliminate the monopoly so that the idea is you have got to create a financial incentive for the companies to do it but on the flip side you get the product on the market quicker, available more quickly and at a much lower cost. We require the use of electronic record keeping, require much more pervasive use of technology, all these things, I've just gone through a few of them, all of these things we believe will reduce health care costs by about \$120 to \$125 billion a year systemwide. Now, that said, my plan does cost \$90 to \$120 billion a year. That revenue stream has to be produced so where is the money going to come from? What I propose is that we roll back Bush's tax cuts for people who make over \$200,000 a year. So, we go back to the Clinton era income tax raise for people who make over \$200,000 a year. So those are the basics. I will be glad to answer questions, specific questions if you have them.

Beyond the health care, I also want to say a word about another issue that is important to families in this country which is the issue of family and medical leave. What I believe

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is that it is really important for parents, for families, to be able to take this leave, to be able to do it and not lose their income, which is a huge strain on millions of families in this country so basically what I am proposing is that there be eight weeks of paid family and medical leave available. The federal government will create a \$2 billion dollar fund that will work in partnership with states to make sure that this medical leave is available, so essentially what happens is the federal government creates the fund, works in partnership with the states, and the funding for this paid medical leave is available, paid family and medical leave is available, and obviously their criteria would have to be met to take advantage of it and also an expansion of the unpaid leave so that we go to at least somewhat smaller businesses, today the cutoff is 50 employees. We go down to 25 employees, it effectively covers about 13 million more workers than are covered today for unpaid family and medical leave, so this is expansion of what presently exists and it works in combination by the way with universal health care, universal pre-school which I believe we need, a whole series of things that are essentially aimed at making sure we strengthen and grow the middle class in this country, and provide some level of financial security that does not exist today so that said I will stop. I am happy to take questions on anything you want to ask. You are not required to

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stick to health care but you are welcome to ask about health care. Yes sir?

**PETER MERRILL:** My name is Peter Merrill. I am the Director here in the Information Services Division. First of all it is a two part question. I am not fan of the insurance companies but why would an insurance company want to be engaged in a business where you are limiting their profits and they are competing with the United States government? Second part of the question is what are you going to do about the fact that the United States government and the states in cooperation with the government are paying institutions such as this institution so badly that we are transferring costs to the private payers already because we are not getting paid for what it costs us to do business.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** I'll be glad to answer both questions. I set up this system, let me start with basics. If you are me and you are going around America and you are talking to both health care providers for example I've met with, this is just an example, I met with California Medical Association when I was working on this issue. I have met with doctors and health care providers all over the country. I have also listened to what people are saying to me and I will give you an example of what I mean. It is really important to understand that there is an intersection between the public will and politics and the health care system. You can't just

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sit in a room, decide what you think is the perfect health care policy and go out there and do it because the American people have a will and a view about this and to give you an example about how powerful that is, I was in an event, I want to say it was in Concord but I am not sure, just a couple of weeks ago, a town hall meeting, and at the beginning of the meeting I did my thing I just did with you about universal health care and a young guy stood up in the back and said I don't understand why in the world you would keep private insurers in the health care system, that means our health care dollars are going to profits, they are not going to health care, why don't we have a system like Canada? What is wrong? I don't understand. And people clapped in the room, okay, so he finished. Not 15 minutes later, somebody across the room, I don't know if they came in late or if they heard him or not stood up and said I am terrified about having a health care system like they have in Canada! And you know I have got a sister or a relative or somebody who lives up there and they had to wait eight months to get a test that they needed to have done so there is a huge division of public opinion on this issue so that is the starting place and so the reason, one of the reasons that I structured this system the way I did is to give people a choice between private insurers and the government but the entire system, I think it is likely over time, I don't think it will happen instantly, this goes to your question, that this thing

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is going to move in one direction or another. I mean, when you have got the entire American population deciding which works better, this is not like a small model. It is everybody and so if everybody ends up going toward the government plan that is fine. That is perfectly fine. If that turns out to be the best system, that is okay with me. I am not opposed to single payer. I think it has benefits and it has drawbacks and obviously the same thing is true with private insurers and if the private insurers decide that they don't want to compete with the government that is also fine. I mean, that is their choice. But what is happening today is because of the profit and overhead that is being charged by private insurers and because of the gaps, I mean right now, you know all this already. There is very little incentive for private insurers to cover preventive care. I mean, there is just not. People move, they change, and what benefit it is to one private insurer to cover preventive care? But when everybody is in the system, that dynamic changes, then it is to the benefit of everybody in the system to make sure that these things are in fact covered. The second question you asked which is about basically reimbursement for services, are you talking about medicare and medicaid? That is huge issue which I hear everywhere. There is nothing unusual about that and part of what, [laughter] what are ya'll laughing about? [Laughter] Part of what these costs that I am talking about, I wish I

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could remember the numbers. I don't off the top of my head but there is a significant amount of money in this health care proposal for increasing medicaid and medicare reimbursement rates which I absolutely agree are necessary. Yes sir?

**ISAAC KELLEY:** Senator Edwards, thank you for coming here. My name is Isaac Kelley. I am a 2<sup>nd</sup> year medical student and I think your plan is a real good step forward for American families so I wanted to ask you more about a student issue as compared to a patient issue which is the National Health Service Corp. I am not sure if you are familiar with this. This is a federal program that has scholarships for medical and other health students. For every year that you are in the scholarship you commit to a year of service in an underserved area-

**FORMER SEN. JOHN EDWARDS (D-N.C.):** I am familiar with it.

**ISAAC KELLEY:** I couldn't find anything on your website about this and I wanted to ask you if you would increase funding to this? I am a member of the American Medical Students Association and we have been asking candidates to increase funding to \$300 million dollars a year and Senator Biden has agreed to this. I was wondering if you could commit to this or at least speak about this a little bit? [Laughter]

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Welcome to my life! [Laughter] By the time I leave this meeting today, I will have

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committed to another \$50 billion dollars of spending.

[Laughter] No! [Laughter] Uh, I can't commit to a number but what I do believe and I have proposed this, both for medical students which is what you are talking about and also to deal with the nursing shortage that we have in this country which is a very serious issue that and this concept is exactly the same that we provide scholarship help, financial aid, to both medical students and to nursing students who commit, in the case of nursing we are probably going to have to expand, provide also some help to the expansion of nursing schools because there are just not enough capacity in nursing schools, but we increase the capacity, we do some other things that I think we need to do, I have no idea how popular this will be in this crowd but I think we also need to make working conditions for nurses better, you know, staff to patient ratios, the whole issue of mandatory overtime that nurses are faced with, I think we need to deal with both of those issues for nurses but the concept of providing financial aid and scholarships to both medical students and to nursing students who are willing to go to underserved areas makes all the sense in the world to me and for the federal government to provide funding for that, I am totally supportive of but I can't commit to a number as I stand here. Yes sir?

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**IRA BLOK, M.D.:** Dr. Ira Biok, I direct the palliative medicine program here at Dartmouth Hitchcock Medical Center. Thanks for being here.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Oh sure.

**IRA BLOK, M.D.:** I respect the work that you have done in health care reform. I represent or worry about and help take care of three segments of the population, frail elders, chronically and incurably ill people, and family caregivers whose plight often is not heard by the body of politic. They don't have packs. They don't do a lot of lobbying or often they are unable to vote.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Do you guys mind filming this? [Laughter] This is my next commercial in New Hampshire! [Laughter - Applause]

**IRA BLOK, M.D.:** A number of us who work-

**FORMER SEN. JOHN EDWARDS (D-N.C.):** The joke is, if you don't know, that what you just said is what I say everywhere I go. [Laughs]

**IRA BLOK, M.D.:** Those of us who work in hospice and palliative care and aging services actually created a citizen's initiative called "Reclaiming the End of Life" and we have held eight citizen forums across the state of New Hampshire. We have data now using participant response technology from over 450 New Hampshire citizens about what they would value and what they want policy makers to know when-

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**FORMER SEN. JOHN EDWARDS (D-N.C.):** What did you learn from them? I am interested in hearing that.

**IRA BLOK, M.D.:** Well, they want their, uh, physicians to know how to assess and treat pain. They want their physicians to be able to prescribe pain medication. They are very worried about things like staffing the nursing homes. People in nursing homes, I can't tell you as a physician how many people have told me that they would rather be shot than end up in a nursing home.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Oh yeah.

**IRA BLOK, M.D.:** In over 450 people, when we asked the question that has been asked in many surveys across the country over the last 20 years where would you want to spend the last days of your life? Not a single person said in a nursing home and yet somewhere around 30-40-percent of Americans are likely to spend their last days in nursing homes. We know what is part of the problem and I'm sure you do, they are understaffed. We don't pay direct care workers a living wage. They often don't have health benefits and yet the nursing home chains are being sold very well on Wall Street, being traded very well, so my question is, as president, in addition to the health care reform ideas that you have presented, what can and will you do to diminish the plight of elders and incurably ill people who are worried about spending their last days in nursing homes and the families who suffer with them?

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**FORMER SEN. JOHN EDWARDS (D-N.C.):** Well, I think a combination of first of all providing 100-percent coverage for long term care is I think a critical component, to make certain that, what you don't want is what you see today which is families having to decide what they are going to do with their loved one as they age based on what they can afford or having to get rid of assets in order to qualify for medicaid. I mean did you know? You hear this all the time. Second, what you just described, actually more articulately than I could, the plight of what is happening to patients in nursing homes. The people who own these nursing homes are making a lot of money and that is the reason they are such valuable assets on Wall Street. When you sell the companies, people are making huge amounts of money, but the workers are transient because the wages are so low, the benefits, I guarantee you most of America has no idea that many of these nursing home workers don't have any health care themselves. They have no health care coverage and they are not subject to many of the laws including in some cases the minimum wage law, I mean so the result of all that is they are poorly paid, get poor benefits, poorly trained in many cases, and they are transient. I mean, you are describing a recipe for disaster. I mean, that is basically what you are doing so I think all those things have to be changed, making sure that there is funding available and money available to cover the care. Second, having standards for these nursing

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homes for both staff to patient ratios, etc, that regulate them in a way they are not being regulated today and I might add, don't let me forget at the end of this to also talk about independent living because I think that alternative has to be available to seniors, not just going to a nursing home. We just went through this exact - I'll bet many of you have been through the same thing, with my wife's parents, Elizabeth's parents, who are in their mid to late 80's. We just went through this entire scenario with them and concerned about exactly the same thing. You worry about leaving somebody you care about and love in a place where you know that these kind of conditions exist and the horror stories are rampant, so I think it is a combination of making sure it is covered, making sure everybody has the coverage, improving the conditions in nursing homes by having federal regulation that is more aggressive and stronger and making certain that the people who work in nursing homes are paid properly, trained properly, have health care coverage themselves, so that there is a more stable work force. I think all those things in combination are what I would focus on as president.

**IRA BLOK, M.D.:** Thank you.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** You're welcome.

Yes ma'am? [Applause] I can hear you fine. I can just repeat the question.

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**CARRIE PRICE:** I can speak loudly. [Laughter] I am Carrie Price and I am a social worker, a clinical social worker here. You are talking about this wonderful health care, I mean I think probably everybody in this room would agree that we need health care for all and the question is how, but there are also all sorts of information in the news about those of us who are going to be aging into medicare in a matter of years and the worry about covering our medical costs, both our social security and our medical costs, and whether there will be adequate money for that and yet you are talking about expanding this program in an innovative way that will sort of show its own course I suppose in time but your method for paying for it, I don't know that much about numbers but to just put back the tax code for people who make over \$200,000 dollars when many of those people are going to be retiring, perhaps with very nice retirement funds, but is that really going to be adequate to cover the kind of costs that you are talking about or would it take more?

**FORMER SEN. JOHN EDWARDS (D-N.C.):** I'll be glad to answer that. Let me talk first about health care and then I want to go straight to your social security, because you raised it, I want to talk about social security. Rolling back the tax cuts for people who make over \$200,000 dollars a year covers the vast majority of the costs of this health care proposal. That, combined with the savings that we talked about, covers

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the vast majority of the cost. It does not cover all of them. There are a couple of other things that are going to have to be used to make sure that all the costs are covered. For example, today we don't capital gains taxes. Capital gains taxes are largely self reported in America. In other words, brokerage houses where the gains are earned don't report them so the result is Americans are left with the obligation of self reporting and it wouldn't be shocking since it is not taken out of people's pay check we lose billions of dollars every year in capital gains taxes that are owed and not collected so that I want to do is make the brokerage houses report them so that they in fact get paid and that we ensure that they get paid. That, in combination of the roll back of the tax cuts, does pay for the health care plan. It doesn't pay for social security. Let me be clear. That money is dedicated, the \$200,000 tax cut, is dedicated and goes directly into health care, nothing else. It can't go anywhere else and you combine it with this other thing and it does pay for the health care plan. Social security is a whole separate issue and I can tell you what I am against and what I am for, very directly. What I am against for social security is I am against privatizing social security. I am against raising the retirement age and I am against cutting benefits. What I am for is doing something about the cap on social security taxes because today social security taxes, a lot of you know this already, cap out at

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about \$97,000 dollars and what that means effectively is you make \$80,000 dollars a year, you pay every dime of your income is taxed for social security. If you work on Wall Street, to use your example, and you make \$100 million dollars a year, the first \$97,000 is taxed and the rest is not and that is a huge loss of revenue, huge loss of revenue for social security, so my view is we ought to do something about that cap. Those people who work on Wall Street ought to be paying their social security taxes. Now what I would probably do is structure it so that people between \$97,000 and \$200,000 that we create some kind of a buffer zone because there are a lot of families, particularly in places like New Hampshire where housing is so expensive, etc, who make \$110,000 dollars a year between the couples who aren't getting rich and they are having to struggle just to pay their bills, etc, so I don't want to raise their taxes but for people who earn, you know, millions of dollars, they should be paying their social security taxes so I would do something about the cap for social security and that would keep social security going for as long as you and I would be concerned about it, so for a long time, and so those are the two things I would do specifically for the health care proposal and the second for social security. How about this gentleman in the back?

**CHUCK WEIR:** Chuck Weir, a scientist, I'm very happy to have you here today. I would like to follow-up on what Dr.

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Biok was talking about and that is disenfranchised people, almost everyone in this room knows that there are 60 million people that have been infected with HIV/AIDS, 25 million of which are dead, what most people aren't aware of is that we have an epidemic with more than 1 million people infected within the United States.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Especially young African American women.

**CHUCK WEIR:** Right. The tragedy is that 50-percent of this population is within our inner cities so a two part question. One is how would your health care program reach out to these disenfranchised victims of HIV in the inner city which really have no voice for themselves and recognizing that the NIH budget was vetoed yesterday, how would you view the things necessary for research in health care?

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Let me go to the last part and then I will come back to the HIV question. I think the NIH budget needs to be doubled over five years, not going in the direction we have been going, but going in the opposite direction. [Applause] I think it is a huge mistake for America not to be pushing the cutting edge in all these areas of scientific and medical research. We have got to be the leader, must be the leader in those areas, and if we are going to be the leader we are going to have to be willing to invest not only at the NIH but also at our resource based

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universities. I mean we have to provide the funding for our research based universities who do so much of this work and make such an enormous contribution. So that is the answer to the NIH question. As to the HIV question, I think you are absolutely right. Most Americans think HIV/AIDS, Africa or maybe Russia, you know, they are not thinking about America and it is in fact an epidemic, particularly in the inner city and particularly among African American women so what do we need to do about it? First we need universal health care that covers the drugs, that covers the treatment. Until we get universal health care, we need to make sure that medicaid covers the medication so that in fact they have access to the drugs and the treatment that they need. We ought to be doing much more extensive age appropriate education to ensure that particularly young people are educated about how HIV can be transferred and how to avoid it being transferred and we ought to do the same thing on the NIH question. We ought to be putting much more significant research into finding a cure. Now, you only asked me about America but I also want to do a little bit on what is happening in the world because this is an area where I think America has an enormous moral responsibility. I mean, we have got half the planet living on \$2.00 or less a day, 3 billion people, you know, thousands of kids will be born in Africa today with HIV because their mother can't pay \$4 dollars for a dose of medicine and the richest country on the planet is going

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to stand quietly by and let this continue? I mean, we have a responsibility both to ourselves which we just talked about but we also have a responsibility to humanity. I mean, this is a place that America could actually do something and make a real difference so I think we ought to be investing to cut to the chase, \$50 billion dollars over five years to making certain that the drugs and the medication are being made available to people around the world who are HIV infected and also the same thing, education, age appropriate education, ensuring that populations around the world understand that they are vulnerable to HIV and how to prevent it from happening. I mean, those are the things that I would do both here in America and around the world. Who is next? Yes, ma'am.

**DONNA SULTURA:** Hi. Thank you so much for your direct answers to our questions.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** You're welcome.

**DONNA SULTURA:** I am Donna Sultura and I am a social worker here on the palliative care team and I wanted to follow-up with Dr. Biok's question as well. I think that hospice is the best possible care we have for people who want to die at home but I think that it leaves many, many people out because they must forego life prolonging treatments in order to qualify for hospice and so I wonder what your plan would do to address those people who could continue to have treatment that is reasonable and helpful to them.

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**FORMER SEN. JOHN EDWARDS (D-N.C.):** At home.

**DONNA SULTURA:** At home and also regarding the care givers who often need to give up their jobs or take leaves of absence to stay home but still need some sort of income.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Actually I'm glad you raised that last point, too, because I meant to say it earlier, I just forgot. We clearly need to be providing as a nation support for the care givers, for the respite care, etc, because that is really important, and second, and I think a lot of America does not understand how important home health care is, whether it is hospice care or all forms of home health care because what happens is of course when people get this kind of care first of all if they are not at the end stages of life then what you do is you get to their problems, of course it is probably true then, too, you get to their problems earlier before they get acute, before they go to the emergency room, and so I think a lot of America doesn't understand that it actually makes sense both from a moral perspective and from a cost perspective to be supporting the provision of home health care and it also just goes to basic dignity and respect, people being able to live in an environment that they want to live in, especially if they are in the end stages of life, instead of being put somewhere that they don't want to go and not being familiar and being uncomfortable and unhappy. That is not the way we want any of our loved ones to end their lives and so for

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all those reasons, very supportive, I think again all these things are money but I think this is a place that it sense to spend some money.

**DONNA SULTURA:** And what about that issue of ineligibility because they are having continued helpful treatment?

**FORMER SEN. JOHN EDWARDS (D-N.C.):** They should be eligible. They should not be ineligible. No question about that.

**DONNA SULTURA:** Thank you.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** You're welcome. Who is next? Anybody in the back want to ask something? [Laughter] Yes ma'am, in the far back.

**ELLEN PRIOR:** I'm Ellen Prior, nurse in the care management office, and you mentioned that you were in favor of 100-percent coverage for long term care, has part of your consideration been decreasing that requirement of a three day stay in an acute care setting before our patients who are hospice care or other levels of care that as a requirement that is a condition of medicare payment in the nursing home setting?

**FORMER SEN. JOHN EDWARDS (D-N.C.):** You lost me. These guys heard. Tell me what she just said.

**MALE SPEAKER:** You have to be admitted into an acute care hospital to sort of get your ticket punched for three days

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in order for medicare to pay for the skilled nurses  
[inaudible].

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Oh I was not even aware of that.

**ELLEN PRIOR:** It is a requirement so that makes your proposal for 100-percent of long term care payment not a consideration because of the current condition of medicare participation in regards to you have to be in an acute care hospital for a three day stay in order for medicare -

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Can I just ask the group? We have got a lot of medical experts here. Does that make sense for people?

**EVERYONE:** No.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Okay. [Laughter] Well what is the, I'll let anybody speak to this, you can speak to it, too, so what is the justification for the requirement? I mean what do they argue as a justification? Just their usual bureaucratic crap? Okay. [Laughter] All right. Thank you. Thank you for raising that question. I was not aware of it. It is very helpful for me to hear that.

There was a consideration during 911 to admit patients directly to a skilled nursing home without that three day stay so there was a [inaudible] during that emergency situation [inaudible] standard of care.

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**FORMER SEN. JOHN EDWARDS (D-N.C.):** I hear you. Thank you. Thank you very much for that.

**FEMALE SPEAKER:** Senator we have time for one more.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Have we got one more? Yes?

**FEMALE SPEAKER:** I would like to address the issue of disabilities in America. There are some hard working people in America that are willing to work really hard but they are left to earn minimum wage and if they earn \$6,000 dollars a year they get bounced out of their social security, and we need some training programs to help people rise above the poverty level just because they are slightly disabled.

**FORMER SEN. JOHN EDWARDS (D-N.C.):** Yeah. This is something by the way I have heard over and over and over in this country. It makes absolutely no sense and what America should be doing as a nation is investing in making certain that Americans with disabilities maximize their human potential and they have the training they need, they have the education they need, and it is not just important for them. It is, like a lot of things we have talked about today, it is a basic moral issue facing the country but beyond that it also makes America and the American work force more productive and it is something we should want to do. We want to maximize our human capital. We want to have people being as productive as they can be for a multitude of reasons including that they become self

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sustaining, self supporting, so what that means, the practical matter is more focus on and more investment in training programs and education programs that are aimed directly at Americans with disabilities and I am committed to that. I have talked about this before but I think it is part of the bigger picture of making certain that all Americans, no matter where they live, what their education level, et cetera, gets the chance to fulfil their actual potential and I think Americans with disabilities clearly are a forgotten group that don't get that kind of opportunity. Are we done?

All right, let me say one last thing, politicians aren't allowed to say you are done. [Laughter] First of all thank you all for what you do. Thank you for all the important service you provide all the time and second, any ideas especially for those of you like the suggestion about the three day stay, that is a very helpful thing for me to hear, anything that, any information, substantive information that you have that you think I should be aware of either now or as we go through the course of this campaign, I would love to hear because I am wide open and receptive to both changes but probably more importantly just information that would make our health care system work better in this country and you all live with it every single day. I don't, and I would love to hear your ideas and your suggestions. Thank you very much for being here as well. [Applause]

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