

Administration of Barack H. Obama, 2009

Remarks in Minneapolis, Minnesota

September 12, 2009

The President. Hello, Minnesota! Hello, Minneapolis! Thank you. Thank you, everybody. Are you fired up? Thank you. Thank you. Thank you, everybody.

Audience members. Yes we can! Yes we can! Yes we can!

The President. Thank you. Thank you, everybody. All right, all right. Thank you. Everybody take a seat, take a seat. Great to see you. It is good to see you all. It's good to be back in Minnesota.

Now, before I do anything else, I want to get to some very important news. I hear the Gophers have their home opener in their brand new stadium a little later today. I want to make sure you know I wish the Gophers luck. But they are playing Air Force, and I have to fly back home on one of their planes in a few hours. *[Laughter]* So I got to be careful about what I say.

We've got some wonderful people who are here today with me, and I just want to make some special acknowledgments. First of all, your two outstanding Senators, Senator Amy Klobuchar and Senator Al Franken, are in the house. My great friend who was part of the Obama for President movement before I decided to run for President, R.T. Rybak, mayor of Minneapolis, is in the house. The mayor of the great city of St. Paul, Chris Coleman, is in the house. Your attorney general, Lori Swanson, is in the house. Your State auditor, Rebecca Otto, is here. And one of the finest public servants in the country, my Secretary of Health and Human Services, Kathleen Sebelius, is here.

Also, the biggest Obama fan in the country is in the house. Love this guy. Michelle has a picture where she looks like Sasha next to this guy. *[Laughter]* He's a great supporter, and it's great to see you again.

You know, I don't know if any of you caught it on television—you may have been watching "So You Think You Can Dance"—*[laughter]*—but—Michelle loves that show, by the way—*[laughter]*—but the other night, I gave a speech to Congress about health care. And I have to say, I can already see that this crowd is a lot more fun. *[Laughter]* But listen, I didn't go to Congress to—just to speak to Senators or Representatives; I went to speak on behalf of the American people. Because, you see, I ran for this office because I believed it was time for a Government that once again made possible the dreams of middle class Americans—that we're looking out for ordinary people—a Government that understands the quiet struggles that you wrestle with at the kitchen table when you're going through all the bills, or when you're lying awake at night at the end of a long day and trying to figure out what you're going to do about health care for your children or what you're going to do about the situation with your mortgage; worrying about how stable your job is and what's happening with the economy; seniors who are worrying about their retirement security.

You know and I know that health care is one of those fundamental struggles, because if you're one of the tens of millions of Americans who have no health insurance, you live every day just one accident or illness away from bankruptcy. And contrary to some of the myths out there, these aren't primarily people who are deep in poverty. A lot of those folks are on Medicaid. These are people who are working every day; these are middle class Americans. Maybe your employer doesn't offer coverage. Maybe you're self-employed and you can't afford

it because it costs you three times more in the marketplace than it does for big companies. Maybe you're one of the millions of Americans who's denied coverage because of a previous illness or condition, no fault of your own, but insurance companies decide it's too risky or too expensive for you to cover.

In the last 12 months alone, 6 million more Americans lost their health insurance—6 million more. Today we received more disturbing news. A new report from the Treasury Department found that nearly half of all Americans under 65 will lose their health coverage at some point over the next 10 years.

Audience members. Boo-o-o!

The President. Think about that. More than one-third will go out—go without coverage for longer than 1 year.

Audience member. We got to do something.

The President. We got to do something. We've got to do something because it can happen to anyone. There but for the grace of God go I. It could happen to anyone.

But I don't need to tell you that our health care problems don't stop with the uninsured. How many of you who have insurance have ever worried that you might lose it if you lost your job or you changed jobs or you had to move? How many stories have you heard about folks whose insurance company decided to drop their coverage or water it down when they get sick and need it the most? How many of you know somebody who paid their premiums every month only to find out that their insurance company wouldn't cover the full cost of their care like they thought they would get?

We've all heard these stories. There's the father I met in Colorado whose child was diagnosed with severe hemophilia the day after he was born. Now, they had insurance, but there was a cap on their coverage. So once the child's medical bills began to pile up, the father was left to frantically search for another option, or face tens of thousands of dollars in medical bills. Another woman from Texas was about to get a double mastectomy when her insurance company canceled her policy because they said she forgot to declare a case of acne—true story. By the time she had her insurance reinstated, her breast cancer had more than doubled in size. Small-business people—I got a letter just this week from a small-business man. He said: "I don't know what to do. I've always provided health insurance for my families, but here, the attached bill shows that the premiums have gone up 48 percent in the last year, and I think that I'm probably going to have to stop providing health insurance for my employees. I don't want to, but I don't have a choice."

These stories are wrong; they are heartbreaking. Nobody should be treated that way in the United States of America, and that's why we're going to bring about change this year. It has now been nearly a century since Teddy Roosevelt first called for health reform. It's been attempted by nearly every President and Congress since. And our failure to get it done, year after year, decade after decade, it has placed a burden on families, on businesses, and on taxpayers, and we can't stand it any longer. We cannot sustain it any longer.

If we do nothing, your premiums will continue to rise faster than your wages. If we do nothing, more businesses will close down, fewer will face—fewer will be able to open in the first place. If we do nothing, we will eventually spend more on Medicare and Medicaid than every other Government program combined. That's not an option for the United States of America. So Minnesota, I may not be the first President to take up the cause of health care

reform, but I am determined to be the last. We are going to get it done this year—we are going to get it done this year.

The good news—here's the good news: We are closer now to reform than we've ever been. We've debated this issue for better than a year now. And there's actually some solid agreement on about 80 percent of what needs to be done. That's never happened before. We've got—our overall efforts have been supported by an unprecedented coalition of doctors and nurses and hospitals and seniors' groups, even drug companies, many of whom were opposed to reform in the past. This time they recognize, you know what, this is not going to be stopped; we've got to get on board.

Now, what we've also seen in these last few months is the same partisan spectacle that has left so many of you disappointed in Washington for so long. We've heard scare tactics instead of honest debate. Too many have used this opportunity to score short-term political points instead of working together to solve long-term challenges. I don't know if you agree with me, but I think the time for bickering is over. The time for games has passed. Now is the time for action. Now is the time to deliver on health care for every American.

Audience members. Yes we can! Yes we can! Yes we can!

The President. Now, because even after the speech, there's been a lot of misinformation out there, I want you to know about this plan that I announced on Wednesday so that when you go talk to your neighbors and your friends, and you're at the water cooler or buying Starbucks or whatever it is that you're doing—[laughter]—I want you to be able to say to people, here's what's going on.

The plan I announced will provide more security and stability to those who have health insurance. It will provide insurance to those who don't. And it will slow the growth of health care costs for our families, our businesses, and our Government.

Let me give you some details. First of all, if you're among the hundreds of millions of Americans who already have health insurance through your job, or you've got health insurance through Medicare or Medicaid or the VA, nothing in this plan will require you or your employer to change your coverage or your doctor. All right? I want you to be clear about that. Let me repeat: Nothing in this plan requires you to change what you have if you're happy with it.

What this plan will do is to make your insurance work better for you. So under this plan, it will be against the law for insurance companies to deny you coverage because of a preexisting condition. When I sign this bill, it will be against the law for insurance companies to drop your coverage when you get sick or water it down when you need it the most. They will no longer be able to place some arbitrary cap on the amount of coverage you can receive in a given year or a lifetime. We will place a limit on how much you can be charged for out-of-pocket expenses, because in the United States of America, nobody should go broke because they got sick. And insurance companies will be required to cover, at no extra charge, routine checkups and preventive care, like mammograms and colonoscopies, because there's no reason we shouldn't be catching diseases like breast cancer or colon cancer before they get worse. That makes sense; it saves money; it saves lives.

Now, if you're one of the 10 million—tens of millions of Americans who don't currently have health insurance, the second part of this plan is going to finally offer you affordable choices. So if you lose your job or change jobs or want to start a business, you'll be able to get coverage. You will have confidence that affordable coverage is out there for you, and we will do

this not, contrary to what folks say, by some Government takeover of health care. We will do this by setting up a new insurance exchange, a marketplace where individuals and small businesses will be able to shop for an affordable health insurance plan that works for them. And because they'll be one big group, these uninsured Americans will have the leverage to drive down costs and get a much better deal than they get right now. That's how large companies do it. That's how Government employees get their health insurance. That's how Members of Congress get good deals on their insurance. You should get the same deal that Members of Congress get.

Now, if you still can't afford the lower priced insurance available in the exchange, we're going to provide you or a small-business owner tax credits so that they can do it. And in the first few years that it takes up to the—it takes to set up the exchange, because it will take a few years to get this all set up, even after it passes, but in the meantime, we want to make sure people get some immediate help. So we're going to immediately offer Americans with preexisting conditions who can't get coverage right now—we want to give them some low-cost coverage that will provide them protection from financial ruin if they become seriously ill.

Now, I've also said that one of the options in the insurance exchange, one of the options—most of the folks who are going to be offering insurance through the exchange are going to be private insurers—Blue Cross Blue Shield, Aetna, all these. Well, I think one of the options should be a public insurance option. Now let me be clear—let me be clear: It would only be an option. Nobody would be forced to choose it. No one with insurance would be affected by it. But what it would do is it would provide more choice and more competition. It would keep pressure on private insurers to keep their policies affordable, to treat their customers better.

I mean, think about it. It's the same way that public colleges and universities provide additional choice and competition to students. That doesn't inhibit private colleges and universities from thriving out there. The same should be true on the health care front.

Now, Minnesota, I have said that I'm open to different ideas on how to set this up. But I'm not going to back down from the basic principle that if Americans can't find affordable coverage, we're going to provide you a choice. And I will make sure that no Government bureaucrat or insurance company bureaucrat gets between you and the coverage that you need. That's a promise I will make.

Now, a lot of you might think this plan sounds pretty good, or when you're talking to your friends or neighbors, they might say, "Yes, that sounds all right, but let me ask you this: How are you going to pay for it?" And that's a legitimate concern. We've got—we inherited some big deficits and some big debt, and we've had a big economic crisis that has required us to take some extraordinary steps. So we're going to have to get control of our Federal budget. We have to do it.

So it's a legitimate question, but here's what you need to know. First of all, I will not sign a plan that adds one dime to our deficits, either now or in the future—no ifs, ands, or buts. Part of the reason that I faced these trillion-dollar deficits when I walked into the door of the White House is because there were a lot of initiatives over the last decade that weren't paid for, from the Iraq war to tax breaks for the wealthy. I will not make the same mistake when it comes to health care.

Second of all, we've estimated that most of this plan can be paid for by finding savings within the existing health care system; money that's already being spent but spent badly, wasted and abused. Right now too much of your taxpayer dollars and too much of your savings,

frankly, are spent on health care that doesn't make us healthier. That's not my judgment; that is the judgment of medical experts and doctors and nurses, health care professionals all across the country.

Audience member. [Inaudible]

The President. We love nurses. I love you.

As I said on Wednesday night, this is also true when it comes to Medicare and Medicaid. And Medicare is one of these issues that has been really distorted in the debate. So I want—I spoke directly to seniors on Wednesday; I want to repeat what I said. We have stood up for four decades for the principle that after a lifetime of hard work, our seniors should not be left to struggle with medical bills they can't pay. That's the essence of Medicare; that's how Medicare was born. It remains a sacred trust. It needs to be passed on from one generation to the next.

That's why not a dollar of the Medicare trust fund will be used to pay for this plan—not one dollar. We will not be lowering benefits for senior citizens. The only thing that we will be doing is eliminating hundreds of billions of dollars of waste and fraud, as well as subsidies that are going to insurance company HMOs, subsidies that pad their profits but don't improve care.

The other thing we want to do is we want to create an independent commission of doctors and medical experts charged with identifying more waste in the years ahead. And that's going to ensure that Americans, seniors, get the benefits that they've been promised. We'll ensure that Medicare is there for future generations, and we can use some of the savings we get to actually fill the gap of costs on prescription drugs that so many seniors are struggling with. We can save them thousands of dollars on prescription drug costs. That's what the plan will do for senior citizens.

So don't pay attention to these scary stories about how your benefits will be cut. That will not happen on my watch. In fact, the folks who are making the accusations, they're the ones who have been talking about cutting Medicare in the past. I will protect Medicare.

And here's the best thing—and this is important, especially for Minnesota, because Medicare is such a big part of the health care system—making that program more efficient can help usher in changes in the way that we deliver health care that reduces costs for everybody. We have long known that some places, including Minnesota, offer high-quality care at costs below average. Look at what the Mayo Clinic is able to do. It's got the best quality and the lowest cost of just about any system in the country. So what we want to do is we want to help the whole country learn from what Mayo is doing. We want to help the whole country learn some of the good things that are going on in Minnesota. That will save everybody money.

The commission can help encourage the adoption of commonsense, best practices, everything from reducing infection rates for hospitals to helping teach doctors how to work together so when you go to the doctor's office, you don't have to take a test each time you see a doctor; you take one test and they e-mail it to every doctor. Commonsense stuff like that.

Now, this is the plan I'm proposing. It incorporates ideas from Democrats and Republicans. And I'm going to keep on seeking common ground in the weeks ahead, and I've said to everybody in Congress, if you come to me with a set of serious proposals, I'm going to be there to listen and my door is going to be open. But I also said—some of you heard me on Wednesday night—I will not waste time with people who think that it's just good politics to kill health care.

I'm not going to allow the special interests to use the same old tactics to keep things the way they are. I'm not going to let people misrepresent what's in my plan. I will not accept the status quo—not this time, not now. Minnesota, we are closer to reform than we've ever been before, but this is the hard part. This is when the special interests and the insurance companies and the folks who think, you know, this is a good way to bring Obama down.

Audience members. Boo-o-o!

The President. This is when they're going to fight with everything they've got. This is when they'll spread all kinds of wild rumors designed to scare and intimidate people. That's why I need your help.

Audience members. Yes we can! Yes we can! Yes we can!

The President. You know, there have been some of the pundits in Washington who have been saying, well, maybe you've been trying to do too much.

Audience members. No!

The President. Maybe you've been pushing too far too fast.

Audience members. No!

The President. And I try to remind them—I said, listen, I never said change would be easy. Change is hard. It's always been hard. When FDR decided that Social Security was something that seniors needed, when FDR decided—when FDR introduced Social Security, you know what happened? They called it socialism. But senior citizens decided that you know what, if I've got some protection in my golden years, that's something that's worth fighting for. When Medicare was introduced as an idea, they said, "This is going to be a Government takeover of Medicare." But imagine what seniors would be dealing with right now if they didn't have Medicare. Every time we've made progress it's because ordinary people banded together, and they stood up, and they said, "We've got to make progress. And we're going to push and we're going to prod until Washington finally reacts, finally responds."

I've always believed—because I've always believed that change doesn't come from the top down; it comes from the bottom up. It doesn't start in Washington, DC; it begins in places like Minneapolis; it begins in places like St. Paul. It begins with you sharing your stories, fighting for something better. That's how change happens. That's what's happening right now.

Audience members. Yes we can! Yes we can! Yes we can!

The President. So, you know, I asked you at the beginning of the rally whether you were fired up. And some of you may have heard where that story comes from. But for those of you who don't know, I want to just tell this story real quick. My staff loves this story, so they always tell me, "Tell that story." [*Laughter*] But it bears on what's happening with health care today.

This is back at the beginning, when I was running for President. Nobody thought I could win; nobody could pronounce my name—[*laughter*]—and—nobody except R.T.; that was the only person who believed.

So I went down to—it was right at the beginning of the campaign—I went down to South Carolina to a legislative conference where I was supposed to be one of the speakers. And I was sitting next to a State representative there; nobody was that excited to see me. [*Laughter*] You know, I was—but I really needed some support and endorsements because South Carolina was an early State. So I said to this State representatives, "Will you endorse my campaign?" And she

looked at me, and she said, "I will endorse your campaign if you come to my hometown of Greenwood, South Carolina." So I had had a—some wine, and I was feeling kind of desperate. [Laughter] I said, "Yes, I'll come to Greenwood. Be happy to do it." Only to find out that Greenwood is like an hour and a half from everywhere else. [Laughter] You can't fly into Greenwood.

About a month later, I've been campaigning in Iowa for weeks, haven't seen my family. [Applause] I'm—got some Iowa folks in the house. I'm exhausted. I get into Greenville, South Carolina, about midnight. I get to my hotel about 1 o'clock. I'm dragging to the hotel. I'm carrying my bags, ready to hit the pillow. And suddenly my staff says, "Sir?" I said, "What?" [Laughter] They said, "Sir, you have to be in the car at 6:30 tomorrow—in the morning." [Laughter] I said, "Why is that?" They said, "Because you've got to go to Greenwood like you promised."

Next morning, I wake up, and I feel awful. I feel terrible. I'm exhausted. And I stagger over to the window to pull open the blinds, and it's pouring down rain outside, terrible day. And I go out, and I get some coffee and open up the newspaper—bad story about me in the New York Times. [Laughter] I pack up; I go downstairs. As I'm walking to the car, my umbrella blows open—[laughter]—and I get drenched. So by the time I'm in the car I'm wet, and I'm sleepy, and I'm mad. [Laughter]

And I drive—and we drive, and we drive, and we drive—hour and a half, we just keep on driving. Finally, we get to Greenwood, although you don't know that you're in Greenwood right away. [Laughter] It's not like Minneapolis. [Laughter] So there's a little field house in a park, and we go into the field house. I walk in—I get a little more wet. I walk in there, lo and behold, 20 people there—[laughter]—20 people. And I'm already thinking about the fact I've got another hour and a half I've got to drive back. [Laughter] And they're all kind of damp, and they don't look like they're that happy to be there. The State rep had dragged them to the meeting. [Laughter]

But that's okay. I have a job to do; I'm running for President. I shake their hand, I say, "How do you do? What do you do? Nice to meet you." Suddenly I hear this voice shout out behind me: "Fired up?" [Laughter] And I almost jumped out of my shoes. [Laughter] But everybody else acts like this is normal, and they all say, "Fired up!" And then I hear this voice: "Ready to go?" And the people around me, they just say, "Ready to go!" I don't know what's going on. So I look behind me, and there's this little woman there. She's about 5'2", 5'3", she's maybe 50, 60 years old, and she looks like she's dressed for church. She's got a big church hat. [Laughter] And she's just grinning at me, just smiling. And she points at me, and she says "Fired up?" [Laughter]

Now—[applause]—wait, wait, the story gets better here. It turns out that she is a city councilwoman from Greenwood named Edith Childs—that's her name—and she's also known as the chant lady because she does this chant wherever she goes. She goes: "Fired up?" "Fired up!" "Ready to go?" "Ready to go!" [Laughter] And she does this at every event she goes to. She's also—by the way, we discovered later, she also moonlights as a private detective but that's a—[laughter]—true story—true story.

But she's well known for her chant, so for the next 5 minutes, she starts chanting. She says, "Fired up?" And everybody says, "Fired up!" "Ready to go?" "Ready to go!" And this just keeps on going on. And I realize I'm being upstaged by this woman. [Laughter] And I'm—she's getting all the attention, and I'm standing there looking at my staff, and they're shrugging their

shoulders. [*Laughter*] But here's the thing, Minneapolis: After about a minute, maybe 2, I'm feeling kind of fired up. [*Laughter*] I'm feeling like I'm ready to go.

And so for the rest of the day, every time I saw my staff, I'd say, "Are you fired up?" They'd say, "I'm fired up." "Are you ready to go?" They'd say, "I'm ready to go." And it goes to show you how one voice can change a room. And if it changes a room, it can change a city. And if it can change a city, it can change a State. And if it can change a State, it can change a nation. If it change the nation, it can change the world. It can bring health care to every American. It can lower our costs. It can make your insurance more secure. I want to know, Minnesota, are you fired up?

Audience members. Fired up!

The President. Ready to go?

Audience members. Ready to go!

The President. Fired up?

Audience members. Fired up!

The President. Ready to go?

Audience members. Ready to go!

The President. Fired up?

Audience members. Fired up!

The President. Ready to go?

Audience members. Ready to go!

The President. They can't stop us. Let's go get this done. Thank you, everybody. God bless you.

NOTE: The President spoke at 1 p.m. at the Target Center. In his remarks, he referred to audience member Igor Vovkovinskiy; Nathan Wilkes, principal network architect, Virtela Communications, Inc., and his son Thomas; and South Carolina State Representative J. Anne Parks.

Categories: Addresses and Remarks : Health care reform :: Minneapolis, MN.

Locations: Minneapolis, MN.

Names: Childs, Edith; Coleman, Christopher B.; Franken, Al; Klobuchar, Amy; Obama, Michelle; Obama, Natasha "Sasha"; Otto, Rebecca; Parks, J. Anne; Rybak, R. T.; Rybak, R.T.; Sebelius, Kathleen; Swanson, Lori R.; Vovkovinskiy, Igor; Wilkes, Nathan; Wilkes, Thomas.

Subjects: Budget, Federal : Deficit; Budget, Federal : Government programs, spending reductions; Budget, Federal : National debt; Business and industry : Small and minority businesses; Economy, national : Recession, effects; Health and medical care : Cost control reforms; Health and medical care : Employer-based health insurance coverage; Health and medical care : Health insurance exchange, proposed; Health and medical care : Independent medical advisory committee, proposed; Health and medical care : Insurance coverage and access to providers; Health and medical care : Medical fraud and negligence, efforts to combat and prevent; Health and medical care : Medicare Advantage Plans, elimination of

overpayments; Health and medical care : Medicare and Medicaid; Health and medical care : Prescription drugs, purchasing efficiency; Health and medical care : Preventive care and public health programs; Health and medical care : Seniors, prescription drug benefits; Iraq : U.S. military forces :: Deployment; Minnesota : President's visits; Taxation : Tax relief; Veterans : Health care.

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