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I will feel better when they're having arguments up there over policy instead of personalities, and when they're trying to put people first and actually get something done."

Those are three good reasons for you to be here today, and I hope you will share those with all your friends and neighbors in this area. If you do, you'll dramatically increase the chances of their success in November.

Thank you very much.

NOTE: The President spoke at 1:39 p.m. in the lobby at the Playhouse Square Center. In his remarks, he referred to Representative Patrick J. Kennedy, chairman, Democratic Congressional Campaign Committee; Mayor Michael R. White of Cleveland; Maryellen O'Shaughnessy, candidate for Ohio's 12th Congressional District; former Representative Louis Stokes; 6-year-old Kayla Rolland, who was shot and mortally wounded by a 6-year-old classmate in Mount Morris Township, MI; Sam Donaldson, cohost, ABC's "This Week"; and Wayne LaPierre, executive vice president, National Rifle Association.

Remarks to the Community in Cleveland

March 13, 2000

Thank you very much. Thank you. First, I think Wanda did a pretty good job, don't you? Let's give her another hand. [*Applause*] I am delighted to be here in Cleveland. I want to thank all the people who are up here with me. Alice Katchianes, thank you for being here, and Mr. Venable, thank you for your welcome. If I could sing like that, I'd be in a different line of work. [*Laughter*] I thought that was great.

I want to thank Congressman Sherrod Brown and Congressman Dennis Kucinich, Congresswoman Stephanie Tubbs Jones, my great friend Lou Stokes, all the other officials who are here today. State Representative Jack Ford; County Commissioner Jimmy Dimora; State Senate candidate Donna McNamee, a woman I met at the dedication of the FDR Memorial, at President Roosevelt's wheelchair. I'm glad to see her here.

I want to say a special word of appreciation to Congressman Dick Gephardt for his leadership and his passionate commitment to this and so many other good causes. Without him and these other members of our caucus, we wouldn't have a prayer of passing this proposal today. And I thank him.

And I want to say, obviously, how pleased I am to be here with Donna Shalala, who is, as Dick Gephardt suggested, not only the longest serving but, by a good long stretch, the ablest and best Secretary of Health and Human Services this country has ever, ever had. And I love to see her mother, and I'm glad she made room for me at tax time. [*Laughter*] I told her, I said, "You know, when I get out of this job, I hope I need the services of a tax lawyer." [*Laughter*] Right now, it's all pretty straightforward. But that was, without a doubt, the shortest speech I ever heard a lawyer give, what she said to me. [*Laughter*] You probably doubled your business just by being here today.

I do love coming to Cleveland, and you heard Donna say that we have a lot of people in this administration from Cleveland, including my Deputy Chief of Staff, Steve Ricchetti, who is here today. But Clevelanders, they may go anywhere, but they never get it, Cleveland, out of their soul. If you go into Steve's office, there is a great photograph from the opening day of baseball at Jacobs Field in 1994. Now, I remember that because I threw out the first pitch. But Steve's got the picture on the wall because when I threw the pitch, everyone was absolutely stunned that it didn't hit the dirt—[*laughter*]—and Sandy Alomar caught it. So he really got—I'm incidental to the picture. He's got Sandy Alomar catching a ball which he was convinced would go into the dirt. I thought I did pretty well for a guy who played in the band, myself. [*Laughter*]

Let me say, this is a great time for this city and a great time for our Nation. As I said in the State of the Union Address, I hope this time will be used by our people to take on the big challenges facing America. One of those big challenges is what to do about the aging of America, which is a high-class problem. That is, we're living longer; we're living better. And the older I get, the more I see that as an opportunity, not a problem. But it does impose certain challenges on us.

There is also a challenge to modernize our health care systems and to do other things

to increase the health care of the American people. And that's what we're here to talk about today.

But because this is my only formal opportunity to be before—thanks to you—before the press and, therefore, the American people, I would like to just refer to another issue that relates to the health and safety of the American people, just briefly.

I have been fortunate enough to have the support of the Members of Congress on this stage in our efforts to drive the crime rate down, to make our streets safer, and Cleveland and every other major city in America is a safer place than it was 7 years ago. We have a 25-year low in crime, a 30-year low in the gun death rate. And I am grateful for the support I have received to put more police on the street, to have more summer school and after-school programs for young people, and to do more to keep guns out of the hands of criminals, banning the cop-killer bullets, the assault weapons ban, the Brady bill, which has kept half a million felons, fugitives, and stalkers from getting handguns.

Now, all of you know we had some tragic deaths last week. We had that 6-year-old girl killed in Michigan by a 6-year-old boy, who was a schoolmate of hers. We had terrible shootings in Memphis. And just in the last year we had that horrible incident at Columbine High School, almost a year ago, and in the year before that, lots and lots of school shootings.

Now, after Columbine, I suggested that what we ought to do is to, number one, make sure there were child safety locks on these guns; number two—which would have made a big difference in the case of children getting the guns. Number two, make sure we ban the importation of large ammunition clips which make a mockery of the assault weapons ban because they can't be made or sold here in America, but they can be imported. Number three, close the loophole in the background check law, the Brady law, which says people can buy handguns at gun shows or urban flea markets and not have to do a background check. It's a serious problem. And fourth, I think when adults intentionally or recklessly let little kids get a hold of guns, they should have some sort of responsibility for that. And so I asked the Congress to do that.

Eight months ago, Vice President Gore broke a tie in the Senate and passed a pretty strong bill, and then a bill passed in the House that was weaker. And I asked them to get together and pass a final bill. And they never even met until last week when we got them together after this last round of horrible shootings.

And I ask all Americans to join me, because I think these things are reasonable. This won't affect anybody's right to hunt or sport shoot or anything, but it will save kids' lives.

The response we got from the National Rifle Association was to run a bunch of television ads attacking me. And yesterday morning I went on television again to talk about these measures. I'm not trying to pick a fight with anybody. I'm trying to fight for the lives of our kids. But I want you to see what we're up against whenever we try to change here.

The head of the NRA said yesterday—I want to quote, he said that my support of these measures was all political, and he said this: "I have come to believe that Clinton needs a certain level of violence in this country. He's willing to accept a certain level of killing to further his political agenda and his Vice President, too."

Well, he could say that on television, I guess. I'd like to see him look into the eyes of little Kayla Rolland's mother and say that or the parents at Columbine or Springfield, Oregon, or Jonesboro, Arkansas, or the families of those people who were shot in Memphis.

I say that, again, to emphasize change is hard, but sooner or later, if you know you've got a problem, you either deal with it or you live with the consequences. And the older you get, the more you understand that.

We do not have—I'm grateful that our country is a safer place than it was 7 years ago. I don't think it's safe enough. I don't think you think it's safe enough. I don't think you think it's safe enough for seniors. I don't think you think it's safe enough for little kids. And if we can do more things to keep guns away from criminals and children that don't have anything to do with the legitimate right of people to go hunting or engage in sports

shooting, we ought to do it. And we ought not to engage in this kind of political smear tactic.

Now, I feel the same way about this issue. And I want to try to explain to you what is going on now with this issue, because most people in America—you heard Dick Gephardt talk about it—most people in America think, well, why are we even arguing about this? Well, all health care issues are fraught with debate today. I know you're having a big debate here about hospital closures in Cleveland, and I don't know enough about the facts to get involved with it, but I'll tell you this. One of the problems we have is, there's too much uncompensated care in America.

And we're trying to—we're trying hard, the people you see on this stage, we're trying hard to make sure every child that's eligible is enrolled in the Children's Health Insurance Program that was created in 1997. We want Congress to let their parents be insured under the same program. We want people over 55 but under 65 who aren't old enough for Medicare but have lost their insurance on the job, to be able to buy into Medicare, and we want to give them a little tax credit to do it. If we do things like this, then whatever happens in Cleveland or anyplace else will have to be determined based on the merits of the case, but at least the people who need health care will be able to know that the people who give it to them, whether it's hospitals or doctors or nurses or whoever, will be able to get reimbursed for it. And that's a very important thing. I hope you'll support us in that.

And then we come to the issue at hand. Now, what's this about, this prescription—you all know what it's about. If we were starting—suppose I came here today as President, and I were in my first year as President, and I proposed Medicare, just like President Johnson did in 1965, in the first full year after he was elected, and I told you in 1965 what he said, it would be fine. But in 2000, if I said, "Okay, I'm going to set up this health care program for senior citizens. And you can see a doctor, and we'll pay for your hospital care. But even though we could save billions of dollars a year keeping people out of hospitals and out of emergency rooms by covering the medicine, we're not going to cover medicine." If we were starting today, given all the advances in prescription drugs in the last 35 years, you would think I was nuts, wouldn't you? The only reason that prescription drugs aren't covered by Medicare is that it was started 35 years ago, when medicine was in a totally different place. That's the first thing.

The second thing I want to say is that it has really cost us a lot not to cover these seniors. And you see American seniors, for example, who live in New York or Vermont, going to take a bus trip to Canada because they can buy drugs made in America for 30 percent less, because very often the seniors, the people that are least able to pay for these drugs are paying the highest prices for them.

Now, that's why our budget has this plan. And I want to tell you exactly what we propose and what we're all up here on this stage supporting today. We want to provide with Medicare a prescription drug benefit that is optional, that is voluntary, that is accessible for all—anybody who wants to buy into it can—a plan that is based on price competition, not price controls. That is, we don't want to control the price, but we want to use the fact that if we're buying a lot of medicine, seniors ought to be able to get it as cheap as anybody else. And we also want it to be part of an overall plan to continue to modernize Medicare and make it more competitive. Because, I can tell you, I'm the oldest of the baby boomers, and people in my generation, we're plagued by the notion that our retirement could cause such a burden on our children, it would undermine their ability to raise our grandchildren. We don't want that.

Now, medically speaking, this is not just the right thing to do; it is the smart thing to do. As I said, we already pay for doctor and hospital benefits. But an awful lot of seniors go without prescription drugs—and preventive screenings, I might add—that ought to be a part of their health care. We've worked hard to put preventive screenings back into Medicare, for breast cancer, for osteoporosis, for prostate cancer. These are very, very important. But not having any prescription drug coverage is like paying a mechanic $4,000 to fix your engine because you

wouldn't spend $25 to change the oil and get the filter replaced.

In recent months, I have been really encouraged because a number of Republicans have expressed an interest in joining us to do this. And we can't pass it unless some of them join us, because we don't have enough votes on our own. But so far the proposals they're making, I think, are not adequate, and I'll explain why.

There are two different proposals basically coming out of the Republicans. Some of them propose giving a block grant to the States to help only the poorest seniors, those below the poverty line. That would leave the middle income seniors, including those that are lower middle income, just above the poverty line, to fend for themselves. And here in Ohio, 53 percent of all the seniors are middle income seniors. None of them would be covered by this plan.

In 1965, when Medicare was created, some in Congress used these very same arguments. They said, "We should only pay for hospital and medical care for the poorest seniors." They were wrong then, and they're wrong now. More than half the seniors today without any prescription drugs at all are middle class seniors. I want to say that again. More than half the seniors without any prescription drugs at all are middle class seniors. On average, middle class seniors without coverage buy 20 percent less drugs than those who have coverage, not because they're healthier but because they can't afford it. And even though they buy 20 percent less medication—listen to this—because they have no insurance, their out-of-pocket burden is 75 percent higher—without insurance, 75 percent higher.

So I say, let's do this right. This is voluntary. We're not making anybody do it. But we ought to offer it to everybody who needs it. It doesn't take much, if you're a 75-year-old widow, to be above the so-called Federal poverty line. You can have a tiny little pension tacked on your Social Security, and you can be there. But if you've got, as you've just heard, $2,300 worth of drug bills a year—and a lot of people have much higher—it's a terrible problem.

Now, some other Members of Congress are proposing a tax deduction to help subsidize the cost of private Medigap insurance. If any of you own Medigap, you know what's the matter with that proposal. This proposal would benefit the wealthiest seniors without providing any help to the low and middle income seniors. And the Medigap marketplace is already flawed. Today—listen to this—in Washington, the General Accounting Office is releasing a report that shows that Medigap drug coverage starts out expensive and then goes through the roof as seniors get older. On average, it costs about $164 a month for a 65-year-old to buy a Medigap plan with drug coverage, and premiums rise sharply from there.

For example, in Ohio, an 80-year-old person would pay 50 percent more than a 65-year-old person for the same coverage under Medigap. This is not a good deal, folks. We don't want to put more money into this program. It is not a good deal. Even those who offer Medigap plans say the approach wouldn't work, because it would force Medigap insurers to charge excessively high premiums for the drugs or to refuse to participate at all.

Now, there's another problem that we have in the Congress, which is that the congressional majority just last week voted on budget resolutions that together allocate nearly half a trillion dollars to tax cuts. And if we cut taxes that much, we won't be able to afford this. And we may not be able to save Social Security and Medicare and pay down the debt and have money left over to invest in the education of our children.

I'm for a tax cut, but we've got to be able to afford it. And we, first of all, have got to keep this economy going. We need to pay down the debt. We can get out of debt for the first time since 1835, within a little more than 10 years, if we just keep on this road. A lot of you never thought you'd ever see that.

We can lengthen Social Security out beyond the life of the baby boom generation. We can put 25 years on the Medicare program, which is longer than it's had in blows and blows, a long time. And we can add this prescription drug coverage. But we can't do it if the tax cut's too big, and we shouldn't do it in the wrong way and say you can only

get it if you're really poor, or you can only get it if you buy into Medigap.

Now, let me tell you why this is such a big deal. The average 65-year-old in America today has a life expectancy of 82 to 83 years. The average 65-year-old woman has a life expectancy higher than that. The fastest growing group of American seniors are those over 85. So to knowingly lock ourselves into a program that would get 50 percent more expensive as you got older and older and needed more and more medicine and had less and less money, does not make much sense. We have given them a good program. It is the right thing to do. And so I would like to ask all of you to help all of these Members of Congress on the stage and to tell the people in Washington, "Look, this is not a partisan issue." You know, a lot of people say, "We don't want to do this. This is an election year." Look, they can name this prescription drug program after Herbert Hoover, Calvin Coolidge, and Warren Harding. It's fine with me. [*Laughter*] I don't—put some Republican's name on it. I don't care. Just do it, because it's the right thing to do for the seniors of this country.

So I would just implore you, help us pass this. Write to your United States Senators. Tell them it's not a partisan issue. Tell them what life is like. Tell them it's not right for seniors in Ohio to pay 30 to 50 percent more for medicine than seniors in Canada pay for the same medicine that's made in America in the first place. Tell them it's not right for you to need something you can't have, so you get sick, but then when you show up at the emergency room, it gets paid for.

We can afford this. Everybody in America has worked hard for it. We've got this budget in good shape. We can make a commitment to our future. If you think this is necessary now, imagine what it's going to be like when the number of seniors doubles in 30 years.

That's the last point I want to leave you with. Look how many seniors there are in Cleveland today. In 30 years, the number of people over 65 will double, and Donna Shalala and I hope to be among them. [*Laughter*] And you think about it. And then the average age in America will be well over 80.

Now, if we have to take care of all these people by waiting until they get sick and they go to the hospital, instead of worried about hospitals closing, 30 years from now you'll worry about the city going bankrupt because everybody will be in the hospital. We've got to be healthier. We've got to keep people healthy. We need to keep them playing tennis, like Lawyer Shalala there, but we also need to be able to give people medication to keep them out of the hospital and to manage people in a way that will maximize their health. This will be a huge issue.

So I implore you, this country—this is the first time we've been in shape to do this in 35 years. We can do this now. And we can do it now and take care of the future. We can help the seniors of today and take a great burden off of tomorrow. But we need your help to do it.

Again, I implore you, talk to your Members of Congress, talk to your Senators. Tell them it's not a partisan issue; it's an American issue. It's a human issue, and it's a smart thing to do.

Thank you, and God bless you.

NOTE: The President spoke at 2:55 p.m. in the Louis Stokes Wing of the City Public Library. In his remarks, he referred to Wanda Golias, who introduced the President; Andrew Venable, Jr., director, City Public Library; former Representative Louis Stokes; Edna Shalala, mother of Secretary of Health and Human Services Donna Shalala; Sandy Alomar, Jr., catcher, Cleveland Indians; 6-year-old Kayla Rolland, who was shot and mortally wounded by a 6-year-old classmate in Mount Morris Township, MI, and her mother, Veronica McQueen; and Wayne LaPierre, executive vice president, National Rifle Association.

Statement on the North Atlantic Treaty Organization

March 13, 2000

On March 12, 1999, in Independence, Missouri, the Foreign Ministers of Poland, Hungary, and the Czech Republic joined the North Atlantic Treaty Organization. One year ago, America became safer, NATO became stronger, and Europe more stable and united.

Today we take the opportunity to reaffirm that the first new members of NATO shall