

Today, all who wear the uniform of the United States are serving at a crucial hour in history, and each has answered a great call to serve our Nation on the front lines of freedom. As we continue to fight terrorism and promote peace and freedom, let us pray for the safety and strength of our troops, for God's blessing on them and their families, and for those who have lost loved ones.

On this Memorial Day, we honor all of our fallen soldiers, their commitment to our country, and their legacy of patriotism and sacrifice. By giving their lives in the cause of freedom, these heroes have protected and inspired all Americans.

In respect for their devotion to America, the Congress, by a joint resolution approved on May 11, 1950, as amended (64 Stat. 158), has requested the President to issue a proclamation calling on the people of the United States to observe each Memorial Day as a day of prayer for permanent peace and designating a period on that day when the people of the United States might unite in prayer. The Congress, by Public Law 106-579, has also designated the minute beginning at 3:00 p.m. local time on that day as a time for all Americans to observe the National Moment of Remembrance.

Now, Therefore, I, George W. Bush, President of the United States of America, do hereby proclaim Memorial Day, May 31, 2004, as a day of prayer for permanent peace, and I designate the hour beginning in each locality at 11:00 a.m. of that day as a time to unite in prayer. I also ask all Americans to observe the National Moment of Remembrance beginning at 3:00 p.m. local time on Memorial Day. I urge the press, radio, television, and all other media to participate in these observances.

I also request the Governors of the United States and the Commonwealth of Puerto Rico, and the appropriate officials of all units of government, to direct that the flag be flown at half-staff until noon on this Memorial Day on all buildings, grounds, and naval vessels throughout the United States, and in all areas under its jurisdiction and control. I also request the people of the United States to display the flag at half-staff from their homes for the customary forenoon period.

In Witness Whereof, I have hereunto set my hand this twenty-sixth day of May, in the year of our Lord two thousand four, and of the Independence of the United States of America the two hundred and twenty-eighth.

George W. Bush

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**Remarks in a Discussion at
Vanderbilt University Medical
Center in Nashville, Tennessee**

May 27, 2004

The President. Thank you all for coming. Please be seated. Tommy, thanks for the kind introduction. You can keep your job for a while. [Laughter] I put him in my Cabinet because I knew how effective he was as a Governor. He was the Governor of Wisconsin. [Applause]

And I knew when I asked him to—don't go overboard for Wisconsin, please. [Laughter] I knew when I asked him to join my Cabinet that he would reform programs that needed reform, focus resources on programs that needed resources, and would do a great job. He really has. He's been a remarkable Secretary of Health and Human Services, and I'm proud he came here today.

We're going to talk about an interesting subject, and it's one that has got a chance to change our country for the better. As you can see, I've surrounded myself with people who probably can—not probably—will be able to explain the subject better than me.

But before we get talking about health care and how to make sure the costs are reasonable and health care is affordable and medical errors are reduced by using information technology, I do want to thank the good folks here at the Vanderbilt University Medical Center for your hospitality. I particularly want to thank Harry Jacobson for welcoming us, for allowing us to use this facility to talk about health care. No better place to talk about health care than at a place that delivers

excellent health care, right here at Vanderbilt. Thanks for having us.

Neal Patel is with us. Where are you, doc? There he is. Neal showed us the new children's hospital, some of the parts of the children's hospital. It's an impressive facility. Thank you for being a doctor. Thank you for caring about America's kids, and thank you for giving us a tour. I want to thank Jim Shmerling, who is the CEO; Bill Stead, who is the chief information officer. Thank you all for coming.

This is a—the reason we're here is because this hospital knows how to use information technology for the benefit of patients and docs. That's why we're here. You're ahead of the country in using technology to your advantage, and we'll talk about that here in a second.

I want to thank my friend Senator Bill Frist for joining us today. Senator, you're doing a heck of a job. You cut your eye teeth here, right? That's where you started practicing? That's good. He married a Texas girl, I want you to know. *[Laughter]* Karyn is with us, a west Texas girl, just like me. We both married above ourselves, didn't we, Senator? *[Laughter]* But Karyn, thank you for coming. I'm proud you're here.

I want to thank Members of the Congress who are here with us today. First, Congressman Jim Cooper from this district. Thanks for coming, Congressman, proud you're here. Jimmy Duncan is with us, Jimmy. And you brought your son John, I see. Thank you for being here. I know Zach Wamp and Kim are here. Thank you all for coming. Appreciate you being here. And Marsha Blackburn is with us today. Marsha, thanks for coming.

I know the mayor is here. Mr. Mayor, I appreciate you coming. Thanks for being here. Fill the potholes, that's the only advice I can give you. *[Laughter]* I'm sure you are.

Today when I landed, I met Phuong Le. Phuong, please stand up for a second, will you? Thanks for coming. I'll tell you why I wanted to introduce Phuong. She is a soldier in the army of compassion. That's why I want you to hear about her. She is a person who just graduated from high school, like a week ago, right, Phuong? Yes, a week ago. For 6 years, she has been volunteering at the Siloam Family Health Center to not only

help people who can't speak English communicate with the caregivers there, but to help provide love for those who hurt. That's what she's there for. The reason I bring up Phuong is because I want to remind you that the strength of this country is in the hearts and souls of our citizens. We're a mighty military power. We will stay that way to make the world more free and more peaceful. We've got a mighty economy. We are a wealthy nation compared to other nations, but our strength is in the hearts and souls of our citizens. That's our true strength. Our strength is found when people take time out of their life, like Phuong has done, to help somebody who hurts.

See, the great hope for America is neighbor loving neighbor. The hope for this country is when somebody who is hungry or needs shelter or needs love can find it when a fellow citizen says, "What can I do to make your life better?" I appreciate, Phuong, you serving as such a great example for the folks here in this community. I call on others to love your neighbor just like you'd like to be loved yourself. And you can join the army of compassion, which is changing America for the better one heart, one soul at a time. Thanks for coming.

One of the important subjects in America is how do we make sure health care is affordable and available. Part of making sure health care is available is for medicine to use information technology, and that's what we're here to discuss.

I want to talk real quick about some other ways we can help with health care. One, we've modernize the Medicare system. Senator, thank you. Members of the House who voted for the plan, I want to thank you for your vote.

The modern Medicare system begins with making sure seniors have got drug discount cards, and they're now being passed out. And seniors are going to be able to save between 15 to 30 percent off the retail price of most brand drugs and more for generic drugs. As well there is going to be a \$600 credit for poor seniors. This is the beginning of a reform package that will affect seniors' lives in a very positive way, by making sure our drugs are more affordable.

And the cards are out. They're heading out right now. Unlike most Government programs where they say, "The check's in the mail," actually, the cards are in the mail—[laughter]—and people will be able to use those cards to their benefit. They'll also be able to get on the Internet and comparatively shop for drugs. In other words, you can get on the Internet, put in your zip code, and you'll be able to see the price of retail drugs in drug stores close to you and in your community. And that in itself will serve as a way to put pressure, downward pressure through the market, not through Government edict or Government declarations but through the market, for the benefit of consumers. This is a major—the beginning of a major reform to the benefit of our seniors.

We've also got in the—inherent in that bill, what's called health savings accounts. You can put in after-tax money. You can earn interest after tax. You can take out money after tax—put it in tax-free, earn it tax-free, take it out tax-free in order to pay for not only medical costs but also catastrophic care. These are called health savings accounts, which will be a really good vehicle to help control costs and to make sure patient and doctors are the center of the decisionmaking process in health care.

We're working with Congress to expand what's called association health care plans, which will allow small businesses to pool risk, so just like big businesses do to get better prices for their health care plans for their employees.

We've also got to make sure that we continue to expand community health centers—again, appreciate the Members of Congress here. Community health centers are a really effective use of tax payers' money, in my judgment. They provide primary care and preventative care for people who need help with medicine, and it takes the pressure off the emergency rooms. The most expensive place to find health care is an emergency room.

These community centers are being expanded all across America. They want to open up—or expand 1,200 community health centers. That's on top of the 3,000 that exist. We want to see to it that 16 million Americans are taken care of in these community

health centers. In other words, it's a safety net for people. I recognize people aren't covered by insurance. We'd like more people covered by insurance. Until they are covered by insurance, here's a way for people to get good, cost-effective health care, cost-effective for them and, as importantly, cost-effective for the taxpayers.

And finally, in order to make sure that we've got available and affordable health care, the United States Congress needs to pass medical liability reform. Our doctors—if you get sued all the time, you're going to practice defensive medicine. And when you practice defensive medicine, it means somebody's cost is going to go up. In other words, you're worried about winning a lawsuit, and therefore, you're going to do more procedures than might be necessary just to protect yourself. And these lawyers are filing suit after suit after suit, and you know what I'm talking about. That's just the way it is. People ought to have their day in court. But frivolous lawsuits are running up the cost of medicine, and they're running docs out of business. Just talk to docs. Just talk to people in rural America what it's like to try to keep a professional—a group of docs around when these junk lawsuits are making it hard for them to stay in business.

When I got to Washington, I said, "We'll just let the States take care of it," and then I saw what the cost of defensive medicine and increased premiums are doing to our budgets. The cost of Medicare goes up with all these junk lawsuits. The cost of Medicaid goes up with all these lawsuits. The cost of veteran health care goes up for all these lawsuits. It's time for the United States Congress to pass national medical liability reform. It's out of the House of Representatives. You don't have to worry about your United States Senators from Tennessee. They're on board. I appreciate you. We've just got to convince some other ones.

These are all ways to affect cost and to make sure the doctor-patient relationship is central in medicine. What we can't afford to have happen in America is for the Federal Government to decide to run it all. That will not work. America has got—is on the leading edge of medicine for the whole world. We've got the best research and development.

We've got great docs. We've got fantastic hospitals. The Federal Government cannot run the system as well as docs, professionals, administrators, and patients can.

Another way to save money is to introduce information technology into the health care world. One of the amazing discrepancies in American society today is, we're literally changing how medicine is delivered in incredibly positive ways. And yet, docs are still spending a lot of time writing things on paper, and sometimes it's hard to read their handwriting—[laughter]—and therefore, sometimes it's difficult to have the spread of accurate information so that doctors can make good decisions.

The idea of making sure we use information technology starts with setting this goal: Within 10 years, we want most Americans to have electronic health care records. That means your records. And what—you'll hear us talking about it here today. I'll try not—I'll try to give it my best shot. Your records are on—in a digital form that can be transformed—transferred over the Internet, so that if you happen to be traveling somewhere and you get in a wreck, a doctor or emergency physician in Texas can call up the information or ask for information or seek information not only off the card but to your home doctor's office, and they'll be able to know what's wrong with you or right with you, what has been wrong with you and how to treat you.

You can imagine what kind of system that will do. It will cut down the cost of paperwork. It will also cut down on medical errors, which, if you're going to be a patient, that's something you really hope happens. [Laughter] Sometimes information gets lost. Sometimes people inadvertently prescribe the wrong drug because the information isn't correct. And so the fundamental question is: How do we use technology; how do we modernize health care? That's what we're here to talk about. How do we, you know, do the same thing that is happening in other industries to health care? And we believe we can change how health care uses IT. And it starts with the Federal Government. Listen, the VA is doing a fabulous job with using information technology. This hospital is doing a

fabulous job for using information technology, which we will talk about.

And so, one of the first things we're going to talk about is what can the Federal Government do to help. Now, we hired a guy name David Brailer. David's right here to my right. David's an expert on information technology and how it is applied to medicine and to health care. Tommy hired him, see—yes, he's got a pretty good title, the National Health Information Technology Coordinator. [Laughter] The way I look at it, his job is to use the Federal Government's abilities and our Medicare law and our VA and other assets we have to spread this fantastic opportunity throughout America.

And I just want to say one other thing before I turn it over to David. Privacy is really an important part of, in my judgment, of an American system that works well. I don't want some people looking at my records. Of course, my line of work, everybody gets to look at my records. [Laughter] It's too late for me. [Laughter] It's not too late for you, and therefore, as you hear the idea of moving your information across the Internet, you've just got to know it's got to be with your permission. These are your records. It's your health, and you can decide whether or not people can use your records. This is important for people to understand that, that those of us in Government who talk about spreading information also, first and foremost, keep your privacy in mind.

Now with that, David is the Coordinator named on May the 6th. And here he is sitting with the President right here in Vanderbilt talking about his job. But David, tell us what you do, why you do it, and when you're going to finish it. [Laughter]

Dr. Brailer. What time is it?

The President. Yes, exactly.

Dr. Brailer. Well, thank you, Mr. President. And first, let me just say thank you from American medicine for your historic leadership in information technology.

The President. Thank you very much. Thanks.

[Dr. Brailer, National Health Information Technology Coordinator, Department of Health and Human Services, made brief remarks.]

The President. Good. Let me ask you a couple of questions. One of the interesting challenges—evidently the medical lingo varies. In other words, part of your challenge has been to standardize as well as develop a common vocabulary. Would you explain that so—obviously I can't. Would you explain it, please, so people can understand it better?

Dr. Brailer. We have a different vocabulary. Sure, when a physician sees a patient, we write down a problem list, which is the list of issues that's active with that person. We create a label called a diagnosis, which is the formal name that you know. We do procedures, the things that we do to people's bodies whenever they have to have treatments. We make estimations of what is happening with someone, and all of these things are codified in language.

And traditionally in medicine the language has been informal. It's been variable by physician. I might call something hypertension; someone would call it high blood pressure. I might say you have a high temperature; someone says you have a fever. And there are over 50,000 language terms that are in medicine that cover. And the point of standardization is to make it one vocabulary. This is very hard, not just in terms of what the vocabulary is but being able to make this part of the normal daily activities of physicians' days.

The President. Yes, see, that's part of the challenge. I'm sure you can envision it. If people call the same disease or symptoms by different names, obviously there needs to be a standardization process. The Federal Government can help. As I understand it, we're quite far down the road in terms of developing the standards.

Dr. Brailer. Mr. President, the Federal Government has had an extremely positive effect in the last 2 years. Secretary Thompson set up an effort to take the standards that are being developed in the private sector—the Federal Government hasn't developed the standards—but has taken those and put them into Government procurement, into the contracting arms of Health and Human Services and elsewhere. So they go from being on paper into real systems that are used everyday. And we have a lot more that can be done.

The President. Good. I imagine they say "scraped your chin when you fell off the bicycle" the same in Tennessee as they do in Texas, though. [Laughter] What do you think?

Okay, thanks. Good job.

Dr. Jim Jirjis is with us. Jim, thanks for coming. He is the assistant chief medical officer here at Vanderbilt University Medical Center. Appreciate you coming.

Dr. Jirjis. My pleasure.

The President. Here's your chance. [Laughter]

[Dr. Jirjis made brief remarks.]

The President. You helped set up the electronic records here at the hospital?

Dr. Jirjis. Correct.

The President. So what does that entail?

Dr. Jirjis. Well, I have the funnest—second funnest job in the world. [Laughter] Vanderbilt is a wonderful sandbox, I like to say. Harry Jacobson, Bill Stead are visionary leaders, and they have developed an infrastructure that allows guys like me and Neal, whose passion—you know, I was the guy in high school behind the computer—I was also an athlete too, don't make any mistake about it. [Laughter] But when I came to medicine and computers, who knew, at Vanderbilt, I would have a sandbox.

[Dr. Jirjis made further remarks.]

The President. Yes, and one final question along these lines. You do prescribe prescription drugs over the—through the Internet yet?

Dr. Jirjis. Most of the prescriptions through the Internet, we can't interact with the pharmacies yet, though there's a lot of work going on nationally to try to arrive at that.

The President. Yes.

Dr. Jirjis. In our hospital, 100 percent of our prescriptions are done in the computer.

The President. Which is important.

Dr. Jirjis. If I try to order the wrong thing, Bill Stead, even if it's 1 a.m., a little "beep" comes up, says, "You're going to hurt this patient."

The President. See, that's really important for people to understand. The ability to make sure that we prescribe the right drug

and the right dosage can be controlled by proper use of medical records, which is really important. And it's cost effective.

I hope you're getting a sense for what we're talking about here. It's a really exciting opportunity. Again, I repeat, we're at Vanderbilt for a reason. It's because this hospital is—and system is innovative and different. And it's on the leading edge of change. It benefits a lot of patients, obviously, in your illustrious career here, one of whom is Bob McNeilly. He's a patient, Bob. He's like your patient, right?

Dr. Jirjis. Yes, he is.

The President. Bob, welcome.

Mr. McNeilly. Thank you.

The President. Tell us how electronic records affected you.

[Mr. McNeilly, patient, Vanderbilt University Medical Center, made brief remarks.]

The President. How does that work? I mean, you say it communicates with you.

Mr. McNeilly. Well, I've got e-mail. [Laughter]

The President. Yes, there you go. [Laughter] There you go. You look like an e-mailing kind of guy.

Mr. McNeilly. Absolutely. [Laughter] Give me your address, and I'll send you one. [Laughter] There's another advantage also. I've got more than one doctor here at Vanderbilt. I've got, as a matter of fact, two other doctors who are both cardiologists. One calls himself my plumber and one my electrician. [Laughter] They prescribe medications, and I want to make sure that Jim Jirjis knows exactly what they have prescribed and what changes are in my medication. And they, in turn, need to know anything that he's prescribed. This system takes care of that automatically.

The President. Yes, that's fantastic. If you're beginning to get the drift here, it not only helps the docs make right decisions; it helps the patients as well. It helps the patients—keeps the patients on a timetable. It reminds patients about patient responsibility, but it also has got—give you peace of mind to know that you're getting the very best care all the time.

Mr. McNeilly. Absolutely. I really have a great deal more confidence in the system.

Although, I'm looking forward to the next step, which is to have access to my own medical records, which are computerized now, which really enables me to take charge of my health care even more than I do now.

The President. Absolutely. Gosh, thanks. I'm glad you're here. I appreciate you coming.

Mr. McNeilly. Thank you. I'm glad I'm still here. [Laughter]

The President. All right, we've got J.T. Finnell with us. He's an emergency medicine physician right out of Indianapolis, Indiana. You're probably wondering why we asked somebody from Indianapolis to come. And one of the reasons why is the health care system in Indianapolis has done a fantastic job of implementing and employing information technology.

Is that an accurate description, J.T.?

John Finnell. That's correct.

The President. All right, well, tell us why you're here.

Dr. Finnell. Well, it's race week.

The President. Get out of town, huh?

Dr. Finnell. That's right. [Laughter]

[Dr. John "J.T." Finnell, emergency medicine physician, Wishard Memorial Hospital, Indianapolis, IN, made brief remarks.]

The President. Let me stop you, one question. One of the interesting things that—the reason why Indianapolis is farther down the road, if you notice, hospitals can talk to hospitals, which hasn't happened in many communities. In other words, it's easier to talk intra-hospital system than it is inter-hospital system. And part of the challenge is and the reason we standardize language is so that when a—one emergency room can talk to another emergency room or a State facility. Indianapolis has done a good job of integrating the capacity to talk amongst different facilities. I think that's an accurate statement.

Dr. Finnell. That is accurate.

The President. Yes, and so the challenge is, by the way, is to do that within a community and then is to get communities hooked up with communities so that the whole—there's a whole nationwide network. That's the real challenge we're going to face in America. Step one was to get the language

standardized so words can travel and be understood on a more common basis. Go ahead. Examples.

[*Dr. Finnell made further remarks.*]

The President. Information saves lives, and it saves money. That's what we're here talking about, and we've got a strategy to encourage information—the spread of information technology throughout the entire health care industry to help control the costs and raise the quality of health care. That's what we're here to talk about.

And somebody who can testify—I think you can—

Jennifer Queen. I hope so.

The President. You will—is Jennifer Queen. She's here as a mom. Tell us about Courtney, your daughter.

[*Jennifer Queen, mother of a Vanderbilt University Medical Center patient, made brief remarks.*]

The President. Thank you for sharing that. That's a great—you know, a great story. I saw Courtney. You're right, she's strong. She's doing great.

Ms. Queen. Yes, she's our little beautiful angel.

The President. She is your beautiful angel.

Ms. Queen. We have two little angels, and they're doing real well.

The President. That's good. Listen, I hope that story helps you understand—listen, if you're having to tote around written records, not only is it cost ineffective, there's a chance there's going to be errors. And as the system evolves, it puts these records on the computers, on disks. They can move information at lightning speed. You not only save money; you improve the quality of care through the spread of good information. It lets these docs do their jobs. It eases the minds of the patients. They can take Courtney's records with her if she were to go down to Crawford, for example. [*Laughter*] And you can take the records with you.

And it's—we're changing medicine. Medicine's changing. That's what we're talking about. It's changing for the better. We're here because this little center of excellence is on the leading edge of change. And the

goal for our country is that, most everybody—medical records are digitized, and every health care system can talk to each other; every office can talk to each other to share information in a better way, to make sure America's health care system remains the best in the world.

That's what we want. We want only one thing. We want the best health care system in the world for our patients at the best possible price. It can be—it will be achieved. That's what I'm here to tell you. It's going to be achieved. One of the ways we do so is to properly use information technology. I want to thank our panelists for sharing your stories and your information. I want to thank you all for coming to listen. I hope you have found this as interesting as I have.

Let me conclude by telling you, we're lucky to live in the greatest country in the face of the Earth. God bless. Thanks for coming.

NOTE: The President spoke at 1:43 p.m. in the Langford Auditorium. In his remarks, he referred to Harry R. Jacobson, vice-chancellor for health affairs, Neal R. Patel, assistant professor of pediatrics and anesthesia, James E. Shmerling, chief executive officer, Children's Hospital, and William W. Stead, associate vice-chancellor for health affairs and director, Informatics Center, Vanderbilt University Medical Center; Karyn Frist, wife of Senator Bill Frist; Kim Wamp, wife of Representative Zach Wamp; and Mayor Bill Purcell of Nashville, TN.

Remarks Following Discussions With Prime Minister Anders Fogh Rasmussen of Denmark

May 28, 2004

President Bush. Welcome. Thanks for coming. It's always good to be with a friend. Friends are candid with each other. Friends are open, and friends are constructive. And that's the kind of conversation we've just had and will continue to have.

I told the Prime Minister that our Government and our coalition will transfer full sovereignty, complete and full sovereignty to an Iraqi government that will be picked by Mr. Brahimi of the United Nations. He said, "Do you mean full sovereignty?" I said, "I mean