

not losing our confidence. Look at the 1920s in our country's history. We shut down immigration; we had huge trade tariffs; and we were isolationist. And it didn't serve our country well, in my judgment.

All right, I've got to go to work. [*Laughter*] This isn't work; this is enjoyable. I want to thank you all for giving me a chance to come by and visit with you. Thanks for considering serving our country. It's a noble calling. It's a noble calling and worthwhile.

God bless you.

NOTE: The President spoke at 10:36 a.m. at Johns Hopkins University. In his remarks, he referred to William R. Brody, president, Johns Hopkins University; Jessica P. Einhorn, dean, Paul H. Nitze School of Advanced International Studies, Johns Hopkins University; Lt. Col. Fred Padilla, USMC, commander, 1st Battalion, 5th Marines; senior Al Qaida associate Abu Musab Al Zarqawi; Usama bin Laden, leader of the Al Qaida terrorist organization; Patrick J. Fitzgerald, U.S. Attorney for the Northern District of Illinois and Department of Justice CIA leak investigation Special Prosecutor; Prime Minister Junichiro Koizumi of Japan; President Hu Jintao of China; James A. Baker III, cochair, Iraq Study Group, U.S. Institute for Peace; and James D. Wolfensohn, Quartet Special Envoy for Gaza Disengagement. A participant referred to former Ambassador Joseph C. Wilson IV, who served as CIA envoy to Niger in February 2002.

Remarks in a Discussion on Medicare Prescription Drug Benefits in Jefferson City, Missouri

April 11, 2006

The President. Thank you all. Thanks for coming. Please be seated. Thank you. Cindy, thanks for the kind introduction. I want to thank the chamber for inviting me here, to what I think you'll find to be an interesting educational event; at least I hope so. As you can see, I mean, there's several ways to have an educational event. One is to put a podium out there and let me blow away for an hour, kind of, talk and talk and talk. Another way is to have fellow citizens sit up here and discuss important policy issues. And that's what we're here to do today. We're here to discuss health care, particularly for our seniors. And so I want to thank you all for joining me.

Most important, thank you all for a warm welcome. It's good to be back here in Missouri. My only regret is that Laura is not with me. She's actually in Midland, Texas. That's where I was raised and she was born and raised. She's doing a little event there, picking up her mom, bringing her up to Washington. Mother and Dad are coming too, so we're going to have Easter at Camp David. A little family affair which is—[*applause*]. And I'm looking forward to it.

But I've also been looking forward to coming here as well. We just came from the Lutheran Senior Service Center. Carl Rausch—[*applause*]*—yes, there you go. Thank you all. And we're about to have one of your fellow workers up here, as you'll note. The reason we were there is, we were watching seniors sign up for the new Medicare drug benefit. In other words, we were at a facility where seniors had—where seniors were, and there were good souls from this part of the world saying to people, "Here's what's available for you if you want to sign up."*

What we're here today is to talk about health care for seniors. But before we get there, I do want to recognize Members of the United States Senate who have joined us: first, your senior Senator Kitt Bond. Funny thing happened when we were crossing the river. [*Laughter*] He reminded me of how important that Missouri River is for getting farm product to market. I see the hat back there—thank you. Yes, sir. Kind of reminds me of home. [*Laughter*]

And also traveling with us is a fellow who I've come to admire a lot as a straight shooter, Senator Jim Talent—and the Congressman from this district, Kenny Hulshof. Kenny, I appreciate you. Thank you. Peter Kinder, Lieutenant Governor, has joined us; Governor, thanks for being here. Proud you're here. It's good to see you again.

Most of all, thanks for coming. Health care is a vital issue for this country. In my judgment, the best health care plan is one that says, "We'll help the poor; we'll help the elderly; and we'll make sure the doctor-patient relationship is solid for the rest of us." In other words, we don't want the Federal Government—we really don't want the Federal Government telling folks who—what to buy and how to buy it and what price to pay.

We want there to be a relationship between doctors and patients. That's what we want.

But our Government made a commitment to our seniors, and it's a commitment that I intended to keep when I went to Washington, DC. In other words, our commitment is, our seniors should have first-class health care. That commitment, interestingly enough, was first signed by a fellow citizen from Texas named Lyndon Baines Johnson. And so I came to Washington, DC, and said, "Are we doing as good a job as possible to provide modern medicine for our seniors?" You see, once the Government makes a commitment, it ought to be a solid commitment; it ought to be a good commitment. There's no need to have a health care system for our seniors that doesn't meet needs. And one of the things I noticed in the analyzation of the health care system for seniors, analyzation of Medicare, was that medicine had changed but Medicare hadn't.

I'll give you an example. Medicare would pay thousands and thousands and thousands of dollars for ulcer surgery but not a dime for the prescription drugs to help prevent the ulcer from occurring in the first place. That didn't make sense. It certainly didn't make sense for the seniors, did it? In other words, if you're going to have a modern system, you ought to have a system that says, pharmaceuticals have helped change medicine. And it certainly didn't make sense for the taxpayers. After all, if you would spend \$50 a month to prevent ulcer surgery, and the surgery costs thousands to begin with, it saves money.

And so I said to the people in Washington, DC, "Let's modernize the system. Let's figure out how to make it work better for our seniors." A commitment made is a commitment we've got to keep. And we finally got a deal done, finally put aside needless politics. I must confess to you, Washington is full of needless politics. We can do a better job.

We need to focus on big problems, and a big problem was that Medicare wasn't living up to its expectations. And I signed the bill, and I proudly signed it. And so this bill helps all seniors afford prescription drugs. It really helps a lot. It gives seniors choices.

I knew this would be a problem at first. Some people just simply don't want to be confronted with choice. You kind of get settled in and everything seems to be going fine, and all of a sudden, up pops a new Medicare plan, and you've got 42 choices to choose from here in Missouri. And that can be a little confusing. I knew that would be the case.

On the other hand, I also knew there were thousands of fellow citizens who would be willing to go out and help people determine what choice suited their needs. See, I believe that people ought to be trusted. I don't think the Government ought to be making every decision on behalf of the citizens. I think the more that people—citizens are given choice in life, the better off it is to meet their needs. See, when you have the Government say, "This is for you," sometimes it doesn't meet a person's needs. When you have a person say, "Here's some options for you to choose from," it means you could design a program to meet your health care needs. And that's what we did in this new Medicare plan.

And thirdly, one of the things the Medicare plan didn't have was catastrophic coverage. One of the things this drug plan says is that something may happen, out of your control, and therefore, you may have a big expenditure. And therefore, it seems to make sense that there would be catastrophic, kind of, stop-gap coverage. And so over \$3,600, the Government will pay 90 percent in this new plan. To me that makes sense. It gives somebody peace of mind. People say, everything seems to be going okay right now, but if something goes bad, the Government will help you. And so the new drug benefit that we're describing today has got a catastrophic component. And when people sign up, it should give you peace of mind, give your family peace of mind.

Fourthly, it's—I recognize that certain people need help in our society. And therefore, if you're a low-income senior—about a third of the seniors qualify—the Government is going to pay over 90-something percent of your—95 percent of the bill. In other words, we recognize people need help in this society; we're a compassionate society. And so the drug benefit, if you're a low-income senior, is really going to help. It's going to

help all seniors. Matter of fact, it's estimated that all seniors' drug bills are cut in half under this program. And if you're a low-income senior, it's especially beneficial. And that's the way it should be.

I remember the debate in Washington, DC—the language gets a little rugged up there. We had people say, “The prescription drug plan is just simply a hollow promise,” or, “The bill will leave millions of seniors worse off.” That's not the facts. See, when you cut through all the rhetoric and look at the results, I think people are going to be amazed at what's available.

One the reasons I'm here is that even though 29 million people have signed up, there's still about 7 million people who are qualifying for this program, and they ought to take a look. One way to convince people to take a look is to have others talk about the benefits of the program. They've probably got a little more credibility than I do. [Laughter] You don't have to agree with that. [Laughter] I'm just telling you, it's a good deal.

As a matter of fact, we estimated the premiums to be \$37 a month. They're down to \$25 a month for the seniors—for most seniors. When people have choice, the 42 plans helps bring cost-effectiveness into medicine. You got one choice, you don't get cost-effective. You got 42 programs to choose from—it's amazing what happens when somebody kind of competes for your business, that says, “I'm going to try to make the plan attractive for you.” And that's the difference between a government-dictated program and a program that trusts seniors to make choice.

We've got up until May 15th for folks to get the best benefits. If you haven't signed up—if you're listening on TV and haven't signed up, please take a look, call 1-800-MEDICARE or go to medicare.gov if you want to find out what's available.

If you're a son—or if you've got a mom or a dad who is eligible for Medicare, a son or a daughter has a duty, in my judgment, to the parent to find out what's available for your mom or dad. That's your duty. This is a good deal. It costs nothing to look at it. I think you're going to find it's an amazing opportunity to really help your mom or dad with prescription drugs, make sure they get

modern medicine. Isn't that what a son or a daughter wants, to make sure the mom or dad gets the best possible medicine? Well, here's the plan that will make sure you get the best possible medicine.

If you're a church, in a part of a church or community center, find somebody who's eligible for Medicare and help them. It's not all that hard. It's a pretty simple program. It may be hard for the senior who's not necessarily computer-literate, but if you're computer-literate, it's pretty easy. The steps are easy to follow. And you'll be doing somebody a favor.

If you're a senior wondering whether or not this makes sense, you ought to take a look. It doesn't cost a dime to look, and you're going to save money. Seniors are saving about half on the prescription drug charges already. If you're a poor senior, the Government is going to pay over 95 percent of the deal.

I'm here to, kind of, cut through all the politics and cut through all the rhetoric and help people understand what's available. No better place to come than the State of Missouri, kind of the “Show-Me” State. So we're about to show you. And I'm going to start with Dr. Mark McClellan, fellow Texan. McClellan is an unusual fellow; he's got a lot of degrees.

What are your degrees, McClellan?

Dr. Mark B. McClellan. Mr. President, I have a medical degree, also a Ph.D.

The President. Yes. One of the things I like to remind people of is this fact: He's a Ph.D., and I was an okay student. [Laughter] Look who the adviser is, and look who the President is. [Laughter] I've used it before with him. He's a good sport. His job is—what?

Dr. McClellan. I'm the head of the Medicare and Medicaid programs, and we are working with groups all over the country to help people find out about the most important new benefit in Medicare in 40 years—that's the drug coverage that you're talking about, sir.

The President. See, we have got a duty at the Federal level to help people find out what's available. That's our duty. Mark is in charge of it. He works with Mike Leavitt, who's the Secretary of Health and Human

Services, and they've done a fine job. By the way, when you put 29 million people, right off the bat, into a system, you're going to have glitches, but they've handled the glitches. They're working with your Governor. They're working with the State government to work on dual eligibles. I know you read initially about the issues related to the signups—we're dealing with them. His job is to run them down, find those problems, and solve them.

His job is also to help rally the country, others to help explain the program. And how are we doing? Give us—

Dr. McClellan. Well, now over 29 million people are already participating, hundreds of thousands more seniors and people with a disability are signing up every week. But we want to make sure, Mr. President, that everybody gets the support they need to make a competent decision. Some of the things that we do in that include our Medicare help line. People can call us anytime, day or night, at 1-800-MEDICARE, and get personalized help, finding out about what the drug benefit means for you. If you like to go online, or you've got a son or daughter or grandchildren who do, you can go to medicare.gov and get personalized help as well.

But what we've really found is that events all over the country help us connect with beneficiaries, make sure we're reaching them where they live and work and play and pray, so that they can find out, face to face, what the new drug benefit means for them. We've been working with pharmacists and other health professionals—like at the event that you visited earlier today here in Jefferson City—many advocacy groups that advocate on behalf of seniors, people with a disability—

The President. AARP.

Dr. McClellan. —AARP, church groups, the NAACP—very diverse range of groups that don't agree on everything, don't agree sometimes on much of anything, but they all agree that seniors and people with a disability should find out about the most important new benefit in Medicare in 40 years.

The President. One thing that's important, that people with disability also qualify—

some people do—and they need to make sure that they take a look at what's available.

Give me some of the day—we got a time-frame here we're working in.

Dr. McClellan. That's right. We've got until May 15th—that's the end of the enrollment period. And we're urging people to take a look now so they avoid the rush that's probably going to come as we get very close to that May 15th deadline. This week, there are going to be more than a thousand events all over the country that include many senior officials from your administration, that include health professionals, that include all of these groups that we're collaborating with all over the country to help people find out about the program. We're doing it here in Jefferson City and at events all over the State of Missouri. We're doing it all over the country.

The President. Yes, change isn't easy. It's hard to change, particularly a system that's been in place since the 1960s. And yet we felt it was necessary to encourage change for the sake of our seniors. But we also understand that it requires a massive effort to show people—get it, “show me”—to show people—[laughter]—what's available. And old Mark is in charge of it. But it requires an army of compassion to help.

And one thing before we go to Linda, who's a soldier in the army of compassion, by the way—is, tell me about the low-income benefit. Describe that to the folks who are listening.

Dr. McClellan. Well, as you said, Mr. President, everybody in Medicare can take advantage of this new drug coverage, whether they've got a retiree plan now—we can help with that—whether they like to get their care through a Medicare Advantage Plan—that's the HMOs or PPOs in Medicare. Lots of people like to get help in different ways. But there is extra help available for people with limited incomes.

And so if you're living month to month on a Social Security check or some other limited fixed income, or if you know someone who is, very important to look into the extra help. You apply for this extra assistance. As you said, you can get 95 percent of your drug costs paid for, on average. That's a benefit worth about \$3,700 a year on average.

Now, for a typical senior, you're getting about \$1,100 worth of help with drug costs on average. So that's important right there. But there's extra help available for people of limited means, and we're making some extra efforts to reach out to people who may not be able to find out about this program otherwise. Here in rural parts of the States, we're working with the Grange; we're working with the USDA to get out into the community and, at a grassroots level, help people find out—

The President. We're working with Heisinger Bluffs Senior Living Center, as well.

Dr. McClellan. That's right.

The President. Weren't we?

Dr. McClellan. That's right; we sure are.

The President. Linda Detring, welcome.

Linda Detring. Good morning, Mr. President.

The President. Thanks for coming. Lutheran Senior Services.

[At this point, Ms. Detring, vice president of operations, Lutheran Senior Services, made brief remarks, concluding as follows.]

Ms. Detring. During that time, I also became a Reserve officer in the United States Navy Reserves, as a Nurse Corps officer.

The President. Fantastic, thanks.

Ms. Detring. I retired 2 years ago as a captain.

[Ms. Detring made further remarks.]

The President. See, it's interesting, when you listen to what Linda said, she said "educate" about three or four times. And that's what we're doing. That's why I've asked these people to come sit up here with me, which isn't easy, by the way, is it? [Laughter] Wait until she speaks, you're not going to believe it. [Laughter] Anyway, we want people to know what's available. And I bet you people, when they take a look at the 40-plus choices here in Missouri, get a little nervous at first.

Ms. Detring. This is a little overwhelming at first. But if you help them through it—and I went on the Internet to choose my mother's plan, and it was very simple once I got on there and understood it.

The President. Well, I appreciate you. Thanks.

Ms. Detring. Welcome.

The President. Thanks for serving as a good example two times: one, as a loving daughter, and two, as a person who is involved with the faith community, all extending a helping hand to somebody who needs a little help. Thanks for doing it.

Another person who is involved with senior citizens happens to be Jodie Baker. Isn't that right?

Jodie Baker. Yes, it is.

The President. And what do you do?

Ms. Baker. Thank you, Mr. President. I am a pharmacist. I work here in Jefferson City at Kmart Pharmacy, so I get to see a lot of seniors.

The President. You see people coming to buy—yes, exactly. That's good. So tell us about—tell me about your involvement with the Medicare Part D program.

Ms. Baker. Well, I was very excited to be involved at my place of work in trying to get the word out. And I like to talk. I think most of my customers would agree with that.

The President. We're about to find out, aren't we?

[Ms. Baker made brief remarks, concluding as follows.]

Ms. Baker. That's one thing; as a pharmacist, it's heartbreaking to me because I see people come in, and I know their conditions, and I know maybe not all their finances, but the medications are so expensive. I have people ask me, "Can you help me pick which prescription I can get this month?" And that's very hard—

The President. Yes, it's got to be. Listen, there were people literally choosing between the electricity bill and pharmaceuticals.

Ms. Baker. Yes, or food.

The President. And that's not right in this country. And this program fixed it. And one of the things you told me earlier—this, by the way, isn't the first time we've seen each other. Well, it's the first day we've seen each other but not the first time, on the stage. Tell me about what you find with the low-income seniors. And give people a sense—if you're a low-income senior, you need to listen.

[Ms. Baker made further remarks.]

The President. Isn't that neat? I appreciate it. There's pharmacists all over the country who, obviously, interface with seniors. And I want to thank those in the pharmaceutical—I mean, in the pharmacist industry who are explaining what's available. And it's an interesting example, isn't it, of somebody who is combining her work with her care for seniors and helping people see what's available.

I appreciate you coming and explaining that.

Ms. Baker. Thank you very much.

The President. Jerry, welcome. Jerry Sooter, thanks for coming.

Gerald "Jerry" Sooter. Thank you, Mr. President.

The President. Appreciate you.

Mr. Sooter. We appreciate you being here very much, and thank you. I retired as a funeral director in June of 2003. I was born and raised in north Missouri, northwest Missouri. And, by the way, my wife and daughter and son-in-law and grandson are here.

The President. Yes. Looking forward to meeting them afterwards.

Mr. Sooter. I'm sure they're looking forward to that too. [Laughter]

The President. It would be kind of rough if you said they weren't looking forward—[laughter].

[Mr. Sooter made brief remarks.]

The President. That's great advice. Isn't it interesting, the society in which we live, word gets out; Jerry gets on the computer and taps into the system which, for some, can be complicated—obviously wasn't for you.

Mr. Sooter. I found it extremely easy, and it's perplexing to me to hear people say it's difficult.

The President. Well, some people are computer-literate, and some aren't, for starters. But I like the self-starter—you're a self-starter. You said, "I'm going to look." People need to take a look. That's what you need to do. Jerry is saving 65 percent on his drugs. That's pretty healthy savings. I bet you could use the savings.

Mr. Sooter. Well, that's correct, because last week, when the computer went out on my automobile, it came in handy. [Laughter]

The President. That's good. Well, we appreciate you joining us. Thank you for being willing to tell people your story. You're a lot more credible at telling people your story than I would be. In other words, it's important for people to hear that. Here's Jerry sitting here; he doesn't have anything to—any axe to grind, all he wants to do is tell people what's available. And that's why we've asked him to come. And you're very articulate about it. Thanks for coming. Looking forward to meeting the grandkids. Appreciate you.

Helen Robinette—isn't that right?

Helen Robinette. Yes, that's right, Mr. President. [Laughter]

[Mrs. Robinette, senior citizen, made brief remarks, concluding as follows.]

Mrs. Robinette. I save approximately 200 a month on my drugs.

The President. Isn't that interesting?

Mrs. Robinette. Yes, I save approximately 200 a month.

The President. You mean you were paying 300 a month, and now you're paying about 100?

Mrs. Robinette. Yes, yes. It's probably—sometimes it's not even 100. Then also I had—

The President. So your insurance friend laid it out for you?

Mrs. Robinette. Yes.

The President. Explained it?

Mrs. Robinette. Yes, she did. She did. She was very nice, very nice.

The President. Well, she's supposed to be. [Laughter]

Mrs. Robinette. We were kind of dense and didn't understand it.

The President. No, listen, but you're not alone. When you're—this can be confusing to folks.

Mrs. Robinette. It is.

The President. And that's why we've asked people to help—step up and help somebody who needs some explanation. Jerry figured it out, but you, fortunately, had somebody who said, "Look, I want to help you see what's available." And you're saving now over \$2,000 a year, sounds like.

[Mrs. Robinette made further remarks.]

The President. Babying that inhaler.

Mrs. Robinette. I was babying that inhaler. [Laughter] And only took it when I couldn't walk across the floor.

The President. I got you.

Mrs. Robinette. And then all my allergies—if the doctor didn't have any samples, I didn't take it because it was very expensive, and I couldn't do that.

The President. Yes.

Mrs. Robinette. So now with your program, my inhaler is \$5. And I get to take the allergy medicine too, and I love it. [Laughter]

The President. I'm glad you came. Good job.

All right, we're going to end here with Bob Vanderfeltz. Got the Vanderfeltz family here. When I first met him, I said, "I like a guy with a snap-on shirt." [Laughter] Tell everybody about yourself right quick.

Bob Vanderfeltz. Your people asked me when they called me, "Are you going to wear a suit?" I said, "No, I'm not going to buy one; I don't have one."

The President. Yes. [Laughter] Yes, I wish I didn't have to wear them, believe me. [Laughter]

Mr. Vanderfeltz. I wish to acknowledge my family. My beautiful wife and four of my children are here. One of them is a little bit far away. We've got a lieutenant colonel, battalion commander, serving in Iraq at the present time.

The President. Really? Gosh, thank you. Yes, tell him thanks. You tell him. That's great. You know how to e-mail?

Mr. Vanderfeltz. No, sir, I'm one of those illiterate computer boys. I don't even own one.

The President. Yes, well, get one of your sons to e-mail him, and tell him the Commander in Chief is proud.

How do you make a living?

Mr. Vanderfeltz. How do I make a living?

The President. Yes.

Mr. Vanderfeltz. Well, at the present time, I'm retired. I was born and raised right here in central Missouri. The apple didn't fall far from the tree. I live still on the dairy farm I was born and raised on.

The President. Really?

Mr. Vanderfeltz. Yes, sir.

The President. A man of the land. That's great.

Mr. Vanderfeltz. Nothing like it.

The President. You got big hands. [Laughter]

Mr. Vanderfeltz. I know how to milk.

The President. Yes, I bet you do. [Laughter]

Mr. Vanderfeltz. It's kind of like riding a bicycle. You never forget that. [Laughter]

Getting back to what we're here for—[laughter]—well, I went about mine a little differently, like I said, being computer-illiterate—well, what did I have to lose; I called my local Social Security office. And surprising to me, I was lucky I knew someone there, and I was talking to them and in less than 10 minutes, they had me signed up on a program, in less than 10 minutes' time. And from that point, I said, well, I'll find out what it is to get into a program, so I attempted to call the 1-800 number in the middle of the day, and I found out that sometimes automated machines work better at nighttime when they aren't so busy. [Laughter]

The President. Bring that up with McClellan. [Laughter] We did have a problem initially on the 1-800 number. A lot of people were calling, and then they ended up putting a lot more operators on there. Now, I'm not making excuses. Look, I understand. But thank you.

Mr. Vanderfeltz. But I went, like I said, earlier—or later in the evening, at that time, and it was, push the buttons and right straight through.

[Mr. Vanderfeltz made further remarks.]

The President. Yes, hear that—\$140 a month, now he's paying \$7 a month. Here's a guy—he may not be computer-literate, but he's smart enough to call and ask advice for a program that's saving him a lot of money. Isn't that right?

Mr. Vanderfeltz. Right.

The President. You recommend people look at this thing? That's a leading question—I'm not even a lawyer. [Laughter]

Mr. Vanderfeltz. No, I appreciate it very much. Needless to say, I didn't have to go to school very far to find out that it saved me money. [Laughter]

The President. I bet you're plenty smart; you know what I'm saying? [*Laughter*] I bet you know what you're doing.

I hope you all have found this interesting. You may not believe me, but you'll believe Bob, or you'll believe Helen, or you'll believe Jerry. These are real-life examples of people who said, "I think I'll just take a look." Twenty-nine million Americans have signed up so far. There's 7 million more we're trying to reach. If you're one of the 7 million who have not signed up, at least take a look—take a look at what's available for you.

This Government of ours has modernized Medicare so that we can look seniors in the eye and say, "We're doing the best we can to make sure your medicine is modern." We don't want people choosing between electricity bills or food and their pharmaceuticals, like that was happening a while back.

This program makes sense for our seniors. It makes sense for our taxpayers. Do you realize that because there's choice in the marketplace, because we've trusted seniors to pick a plan that meets their needs, the estimated costs in the first year to the Federal Government are 20 percent less than thought. In other words, one of the things that's important for our society to understand is that when you trust people, good things happen. It happens for them, and it happens for society as a whole.

I'm proud to be here in Missouri. I want to thank you all for giving us a chance to come by and say hello. We're dealing with big issues. We're dealing with health care; we're dealing with keeping the peace; we're helping our small businesses thrive. It is a fantastic opportunity to come and thank you all for really being, however, the—representing the true strength of America. And the true strength of this country is not in the size of our armies or in the size of our wallets, it's in the size of our hearts.

And for those of you who are helping a neighbor in need, helping a child to learn how to read, or providing shelter for the homeless or food for the hungry or advice to the seniors, I want to thank you from the bottom of my heart for helping to make this Nation the greatest nation on the face of the Earth.

Thanks for coming, and God bless.

NOTE: The President spoke at 12:37 p.m. at the Etta and Joseph Miller Performing Arts Center. In his remarks, he referred to Cynthia Brinkley, president AT&T-Missouri; Carl Rausch, president, Lutheran Senior Services; and Gov. Matt Blunt and Lt. Gov. Peter Kinder of Missouri.

Remarks Following a Visit With Senior Citizens in Des Moines, Iowa

April 11, 2006

Senator Grassley and I are thrilled to be here. One of the things that's happening is that people around the country are beginning to realize there's a new prescription drug benefit for folks on Medicare. And it's very important for people to understand that this is a very beneficial program.

And so I'm spending time today and tomorrow, as I have in previous months, reminding people that it doesn't cost anything to look—that people ought to take a look and see what this good program does for people.

I want to thank Senator Grassley. He was very instrumental in getting this important piece of legislation through the Congress. One of the things I remember him saying to me is that "As we pass a Medicare bill, let's make sure that Iowa rural hospitals are taken care of." In other words, he was deeply concerned to make sure Medicare was modernized, so seniors have choices and a prescription drug coverage, but he was also concerned to make sure that rural health was available for the citizens of Iowa and around the country. And Senator Grassley has been a strong leader in this effort.

I strongly urge the seniors here in Iowa to take a look. So far about 29 million seniors have signed up around the country. I met with some folks today that have saved good money. Today, for example, I met with Helen and Debbie. Helen saved \$200 a month in her prescription drug coverage, and she convinced her friend, Debbie, to take a look at the Medicare prescription drug plan. Debbie now saves \$1,200 a month—saves \$1,200 a month.

So I urge people not to listen to the noise and all the politics—just get that out of the system—and see whether or not the prescription drug coverage makes sense. If you're a poor senior, this program will help