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against HIV/AIDS on two fronts—the fund you set up, $15 billion fund, some of which has helped to, in a way, save and also make life easier for over 400,000 afflicted people.

Then on the education front, I was honored with a visit from Mrs. Bush just about 2 months ago, during which she launched a program towards linking the messages of the United States and Africa, to work out curriculum for primary and basic education, and also for supplying textbooks and education materials for children, and also helping with education for girls.

And then there's AGOA, which Ghana is benefiting from, even though there we need more help. [*Laughter*] And then there's the TIFA, Trade and Investment Framework law. I believe this is a President that is helping Africa help itself. And we count on your support.

On the MCA front, everything going to plan, Ghana and the United States will sign a compact by July. And that would enable Ghana pursue modernized agriculture. We are largely an agricultural country, and these projects that would free hundreds of millions of dollars to help modernize our agriculture would affect as many as 3 million people, help reduce poverty, and also push growth for the economy.

So we see the President as a friend of Ghana's, and I can say, of much of Africa. Thank you.

President Bush. Thank you, Mr. President. Let's go have lunch.

NOTE: The President spoke at 11:57 a.m. on the South Lawn at the White House.

Remarks in a Discussion on Medicare Prescription Drug Benefits in Annandale, Virginia

April 12, 2006

The President. Thanks for coming. I first want to thank Bob Templin, who is the president of Northern Virginia Community College, for hosting us again. This is a place of educational excellence, and what you're about to watch is a seminar on the new Medicare benefit. And the reason why we've got to conduct seminars on education about what's available is because there is a lot of people who haven't signed up yet for the Medicare benefit, and we want people to pay attention to what's available.

And one of the interesting things about this meeting is, I'm trying to show that our Government is reaching out to people from all walks of life and all neighborhoods. And so this is my job. I'm the Commander in Chief, but I'm sometimes the Educator in Chief, and that's what I am here to do today. So thank you for coming.

As you can see, we've got a different way of doing this—it's not going to be just a speech, but it's going to be—I'm going to rely upon our fellow citizens to help share what's available and why you ought to take a look, if you're eligible for the Medicare program. We want everybody around our country who's eligible for Medicare to take a look and see if it will make your life better. What I'm saying is, it will.

So, Bob, thanks for having us. I want to thank Vellie Dietrich-Hall, the commissioner of the President's Advisory Commission on Asian Americans and Pacific Islands. Thank you, Vellie. Clayton Fong, who is with us, he is the National Asian Pacific Center on Aging executive director. I want to thank all the community leaders here.

I particularly want to thank the veterans who are here with us today. We have been joined by a special group of people, the veterans from the 442d Regimental Combat Team. By the way, Senator Inouye of Hawaii was a member of that very important regimental combat team, and I want to thank you all for being here today, and thanks for serving our country. Welcome.

I also want to thank the Secretary of Labor, Elaine Chao, who is going to have some remarks here.

So we're talking about Medicare. Our Government made a commitment to our seniors to provide health care. My attitude is, if Government makes a commitment, then we better make sure we make a good commitment. And I was worried that the commitment we made to our seniors was not as good as it could be. And so I went to the United States Congress and said, "Let's work together to make sure the medicine we provide for our seniors is modern and is up to date."

One of the things that we didn't do through the Medicare system prior to this reform was, we didn't provide prescription drugs. But prescription drugs was an important part of medicine. I'll give you an example. If you would have ulcer surgery under Medicare, the Government would pay about $28,000, but the Government wouldn't pay one dime for the medicine that would help you prevent the ulcer surgery in the first place. Now that didn't make any sense. It didn't make any sense to not pay $500 to save 28,000.

And so I said, well, we can do better than this. Let's make sure the medicine we deliver to our seniors is modern. Let's make sure the program works as well as it possibly can. And we passed a bill.

And so one of the things that this bill does is, it says to seniors, here's a new plan for you to look at. As a matter of fact, in the State of Virginia, there's over 40 plans to look at—40 different options for a senior to choose from. I thought that was very important to have available for seniors. Government tends to say, sometimes, "I'll choose for you." I believe Government ought to say, "We trust you with your choice, and here are some options from which to choose."

The problem with that is that can be confusing to some seniors. Some people reach the stage in life where they just simply don't want a choice. They're happy with the way things are. And I knew that would be the case when we started to bring out the Medicare program. So we put in place—and you'll hear from some people who have been involved with outreach to our senior citizens. That means, we'll go out and explain to people why the different options may make sense to a senior, so a senior can design a program to meet his or her needs, that makes the medicine modern. This program helps all seniors with their drug benefits. That's important to know. This program provides choices for seniors. And although that can be somewhat confusing, it's an important part of the program.

As a matter of fact, it's part of my philosophy. My philosophy is, let's trust the consumer. Let's trust the taxpayer. Let's give people different options from which to choose. Let them design the program, not have the government design the program for them.

By the way, they estimated the cost at something like $34 per month premium for the drug program for the typical senior, because there are choices. It now costs about $25 a month. In other words, choices mean people are going to compete for your business, and that's an important part of helping to hold the cost down for the people we're trying to help, as well as the taxpayers who are paying the bills.

This program provides what's called stopgap insurance. In other words, when you reach $3,600 for drug costs, the Government pays 95 percent of the bills for you. I think that makes sense. It makes sense for a senior to know that he or she doesn't have to worry if something out of the ordinary were to occur; kind of, a catastrophic plan would be available to help. It makes sense for a son or daughter who might be worried about his or her parents' finances. And so this new plan has got what we call catastrophic care or stopgap care which is very important.

And, finally, if you're a low-income senior—about a third of the people eligible for Medicare are low-income—or incomes are such that they qualify, the Government will pay over 95 percent of all the costs. If you're a low-income senior, you really need to look at this program. Any senior needs to look at this program. The average cost savings per senior on the Medicare program, on these pharmaceuticals, is one-half. People's drug bills have been cut by half because they have signed up for this program. And that's really important. It's important for peace of mind. It's important for the person's pocketbook.

Now, I know that sounds too good to be true, but it's happening all across the country. As a matter of fact, 29 million people have signed up for this program. There are 42 million seniors eligible for Medicare, and 29 million people have signed up since January. And that's positive.

And by the way, when 29 million people show up for a new program, there's going to be some glitches. And you're about to hear from a man whose job it is to make sure that he takes care of the glitches. That's what Presidents do—they delegate. [*Laughter*]

We straighten out problems as they occur. Twenty-nine [million]* people have signed up. There are 6 million people who are eligible who have got a job, and they don't need the Medicare. I'm about to talk to a good man in that situation. And there's 7 million people who are eligible who have yet to sign up. And so the reason I've come today is to urge every senior here in the room and around the country who might be listening on TV that if you have not signed up for the Medicare Part D program, you really need to do it. That's the seminar part. That's trying to educate people.

And by the way, there's a lot of other people helping. It's not just me. We've got the National Asian Pacific Center on Aging helping. We've got the Organization of Chinese Americans helping. AARP is helping seniors realize what's available. The Federation of Korean Associations is helping to sign up people. Other Asian American groups all around the country are helping. Faith-based programs are helping people realize what's available. If you're a son or a daughter whose parent is eligible for Medicare, you need to do your duty. Be a good—be a good, loving child and explain to your parents that which is available for them.

And how do you do it? You can get on the computer, medicare.gov, and look and see whether or not your mom or dad ought to sign up for a program. I'm just telling you what's happening so far. People are saving a lot of money when it comes to their prescription drugs.

By the way, prior to this bill, we had people in this country who had to choose between food and pharmaceuticals, and that wasn't right. We had people who had to choose between paying their utility bill and whether or not they could pay for their prescription drugs. And that's not right.

This bill I signed and this program we're discussing helps change that. If you're eligible—and a third of the seniors are eligible—the Government will pay over 95 percent of your pharmaceuticals. We're a compassionate country. We want our program for Medicare to work well for our seniors.

I fully understand some of the seniors say, "I don't want any choices." And that's okay. But somebody ought to at least help you look. It doesn't cost a dime to look and see whether or not this program is meant for you. It doesn't cost one penny to see whether or not you can save money—and I bet you can. So part of the outreach here is to say to those of you who are helping our senior citizens realize what's available, thank you for what you're doing.

We've set a deadline for May 15th for people to sign up in order to get the discounts involved in the program. And so we're going to spend—"we" being the Government and people involved in the Government—are going to spend a lot of time traveling around the country explaining to our senior citizens, the 7 million who have yet to sign up, take a look. It's a good deal.

So I've got with me today some people who are involved in the program. First, Elaine Chao, she just spoke. She's the Secretary of Labor. She's been in my Cabinet since day one; she's doing a fine job. I'm proud to call her friend. Do you have some words of wisdom here?

Secretary of Labor Elaine Chao. Mr. President, I sure do. Number one, remember—please remember May 15th is the deadline date for the first enrollment. If you don't take advantage of the benefits by May 15th, your premiums will increase if you register by the second date, which is in November. Please remember, May 15th is very important.

Second of all, it's not that difficult to sign up. There are many organizations in your communities that can be of help. Also, call on your children, ask your children to help you sign up. Now, we know that there are many people who speak different languages, so the Department of Health and Human Services has actually toll-free numbers—now, I'm going to see whether I have them here—we have booklets and brochures in all different languages, including Chinese, Spanish, Tagalog, Vietnamese, Japanese. And if you are a non-native speaker and you want some help, let me give you some toll-free numbers as well.

If you speak Chinese—that's Cantonese and Mandarin—the toll-free number is 1–800–582–4218. Don't bother taking it down;

* White House correction.

there will be these numbers available at the desks, but I do want to tell you now just in case. The Korean number is 1–800–582–4259. And the Vietnamese toll-free number is 1–800–582–4336.

So as the President mentions, this is a good deal. For the majority of people, you're going to save money. So take a look at the Medicare Part D program, and please, do remember, May 15th is the signup date.

The President. Thank you, Madam Secretary. Okay, so here's the way this works. You're the President, you say to the Secretary of Health and Human Services, "Make sure the plan gets implemented." That's called delegation. He then turns to another guy, who happens to be a Texan named Dr. Mark McClellan. He's the administrator of the Centers for Medicare and Medicaid Services. It's a long word for, he's in charge of making sure people know what's available.

So when there's not enough operators to answer the phones—which took place earlier this year; as we said, call 1–800–MEDICARE—a lot of people called 1–800–MEDICARE, and they got a busy signal. So we said, wait a minute, make sure you've got enough operators. We had a problem with dual-eligible citizens, and he worked it out with the States. He's a troubleshooter.

He's also responsible for making sure that enough information gets out so that people can realize what's available. And I want to thank him; I want to congratulate him, even before he talks, for recognizing ours is a diverse nation. And this is an interesting meeting, isn't it, when you think about it. In other words, there are seniors from all walks of life, some of whom require a little special help to learn what's available—maybe a little assistance with the language. Maybe a special group, they've got confidence in a special group that might represent their heritage and their culture, and that group will help explain. We're reaching out to everybody. We want every senior eligible for Medicare to realize what's available.

Anyway, McClellan, you're doing a fine job. Why don't you explain to me what your responsibilities have been and what you intend to do to make sure people know what's available.

Dr. Mark B. McClellan. Well, thank you, Mr. President. As you said, this is the most important new benefit in the Medicare program in 40 years. And while prescription drug coverage is really important, this is part of making Medicare work in a new way to help people stay well and live longer, and not just pay the bills when they get sick. We can't afford that anymore.

To do that effectively, we need to collaborate. And you talked about delegation; well, what I've done is help, worked together with many partners around the country so that people can find out about what Medicare offers today. We're not just a program to think about when you get sick. Medicare can help you stay well and live much longer through prescription drugs, preventive benefits, and other help.

So we've started a new approach of reaching out at the grassroots level, we're partnering with more than 10,000 organizations around the country to reach all of our diverse beneficiaries where they live and work and play and pray.

That includes groups like the ones represented here, like the National Asian Pacific Center on Aging. Clayton Fong works very closely with me to help provide some of those translation services that you mentioned. It involves many local partners, like the Asian Service Center in Washington, DC, has worked closely with Qien, who is on my staff at CMS, and many of our other partners to help get the word out locally.

We want to make sure people know about this important new benefit, and if they have questions, there are lots of places to go to get the personal information they need to make a good decision and start saving. That includes the medicare.gov web site, which many of the sons and daughters of our beneficiaries are using, as well as the beneficiaries themselves. It includes our 1–800–MEDICARE, 24/7 customer service line, which has around 7,000 trained representatives now and can provide help in multiple languages for people who call in.

And it includes events like this one, that are taking place all over the country, more than 1,000 a week, where people like me, many of your other senior officials, are helping to get the word out and helping people

find out about how they can take advantage of this new assistance.

The President. Back me up here on the low-income part of the program.

Dr. McClellan. Well, the benefit for prescription drugs is important for everyone with Medicare. A typical senior can save about $1,100 compared to not having drug coverage. That's more than half of their drug costs. And for people with limited incomes, that's about one in three of our seniors who are living month to month on a fixed income, they can qualify for extra help, they can get their prescriptions for no premium and usually just a few dollars for each drug—paying 95 percent of their drug costs. And that's a very important extra help to sign up for as well. And we can put you touch with the application process and get you into that program as well. It's very important extra help. It's worth about $3,700 a year.

So for people—if you're on Medicare, if you've got a parent who is, someone you care about who is, looking into this program between now and May 15th means, literally, $1,100 worth of help, at least; $3,700 worth of coverage if you have a limited income; and protection for the future against those high drug costs that you mentioned earlier, Mr. President.

The President. Yes, this is a good deal. And it's really worth people looking at. I'm going to repeat: If you're a son or a daughter and your mother or dad is eligible for Medicare, you need to help your parent. You really do. You need to get on the phone or get on the computer, medicare.gov, or 1–800–MEDICARE.

Now, Qien He is with us. Qien, where were you born—yes, I know where you are. [*Laughter*] Where were you born?

Qien He. I was born in China.

The President. Isn't that interesting. Now he is a part of making sure that people realize the opportunities of Medicare. Born whereabouts in China?

Mr. He. Okay. First of all, on behalf of Asian——

The President. No, where were you born in China?

Mr. He. In China, in Beijing.

The President. Beijing. See, I'm asking the questions. [*Laughter*]

Mr. He. Okay.

The President. And you're a doctor?

Mr. He. Yes.

The President. Of what?

Mr. He. Doctor of social linguistics.

The President. Social linguistics. And when did you come to the States?

Mr. He. Nineteen-ninety.

The President. Nineteen-ninety. And here you are sitting on the stage with the President. You're welcome. We're glad you're here.

Mr. He. Thank you.

The President. And so what is your job?

Mr. He. Okay, I'm a health insurance specialist for the Centers for Medicare/Medicaid Services. My office is in Philadelphia.

The President. Your office is in Philadelphia?

Mr. He. Yes.

The President. So you've come all the way from Philadelphia to be here?

Mr. He. Yes, I come here last night. Tomorrow and tonight, I have to come back and organize a similar event tomorrow for seminar for people in Philadelphia. It's called, Market Closure Enrollment event, in Philadelphia. Actually, Secretary Chao will go with——

The President. Okay. So your job—one of the jobs is to continue to reach out to people in the Asian American community to convince them to pay attention to this program. So are you having any success?

Mr. He. Well, we have a lot of success. But here, I would like to share some successful stories with you.

The President. Okay, let me hear some.

[*At this point, Mr. He made brief remarks.*]

The President. See, one of the interesting things about America is that there are thousands of people who work in the grassroots to make the communities in which they live a better place. It's really one of the great things about our country, isn't it, when neighbors help neighbors. And what he's really saying is, his job is to convince a neighbor to help a neighbor. That's called grassroots. That's what—it's kind of an odd word, maybe, for some to understand. It means at the local level, that people are willing to help somebody who needs help.

And that's what your job is, isn't it?

[*Mr. He made further remarks.*]

The President. Well, thank you. Listen, well, I appreciate it. [*Applause*] Hold on, hold on. Thank you. Save your energy. Thank you, very much, for that, Qien; thanks for your kind words.

What Qien is saying is, is that we recognize there are some people out there that sometimes aren't able to get the message like other people. And so we want this message to go throughout all the neighborhoods. Here, we're talking to Asian Americans, but we want people in every neighborhood to hear the message.

So, for example, we're working with the AARP to get the word out. The NAACP has been helpful to make sure that certain seniors who are eligible for this program get the message. That's what we want.

And so if you know somebody or if you're listening on TV and know somebody who's eligible for Medicare, make sure you call their attention to the program. And remember, there's a lot of seniors who might be a little confused at first over the number of choices. But convince them to be patient and look at what's available and help them design a plan that meets their needs. And what you will find is, there will be savings. People benefit from this program. It's worthwhile to look at.

I'm talking to Dr. Yining Wang. Welcome, Dr. Wang. Thank you for being here, sir. Got to speak into the mic. You're a doc?

Dr. Yining Wang. Yes, I'm doctor in the research area.

The President. Where were you born?

Dr. Wang. I'm born in Shanghai.

The President. Shanghai. And here he sits, as well, talking to the President of the United States. We're glad you're here.

Dr. Wang. Yes. Thank you very much, Mr. President.

The President. Proud you're here. When did you come to the United States?

Dr. Wang. Well, it's 1988.

The President. Nineteen eighty-eight.

Dr. Wang. Yes.

The President. That's a fine year.

Dr. Wang. No.

The President. Yes, it was. [*Laughter*] Well, maybe not for you, but for, you know—my dad got elected President in '88. Anyway—[*laughter*]—so you were a doctor. Where did you work?

Dr. Wang. I'm sorry?

The President. Where did you work?

Dr. Wang. I work in the cardiovascular area for the physiology and pathology.

The President. Oh, fantastic. And you're now retired?

Dr. Wang. I'm retired at the end of year 2004.

The President. That's good.

Dr. Wang. That's good. [*Laughter*]

The President. And so what happened? So you hear—how did you hear about the Medicare program?

[*Dr. Wang made brief remarks.*]

The President. Very good. Interesting story, isn't it? So here's a man, he's a well-educated fellow. The first reaction, however, to the program was, "There's so many choices; I don't think I want to get involved." That's a natural reaction, by the way. And yet, nevertheless, as he said it, "patience" was the word I think he used—but somebody helped you understand. AARP gave you some advice.

Dr. Wang. AARP, yes.

The President. You can get good advice from AARP; you can get good advice from somebody who works for the CMS; you can get good advice from somebody from your church; you can get good advice from your son or daughter. There are all kinds of ways to get good advice.

What we're doing here today is explaining to seniors, there's a lot of people willing to give you advice. And it's worthwhile taking a look. And the reason it's worthwhile taking a look is—you just heard the reason. The man said he's going to save about $200 a month. That's good savings.

[*Dr. Wang made further remarks.*]

The President. That's great. You did a good job, doc. Thank you. Very good job.

Dr. Wang. Okay.

The President. I appreciate you. Thank you. Good job, sir.

Dr. Wang. Thank you so much.

The President. Bob Nakamoto, third generation American. Welcome.

Bob Nakamoto. Thank you.

The President. Look, this is a guy still working. Remember I said there's 6 million people still working who get good health care? He's one of the 6 million. Working strong at age 74, and he's not going to slow down a bit.

Mr. Nakamoto. That's right.

The President. Isn't that right? What do you do, Bob?

Mr. Nakamoto. I'm a chairman of a company called Base Technologies. We do IT consulting work, primarily with the Federal and State government; based in McLean, Virginia, and third generation Japanese American.

The President. Congratulations. And how is your company doing?

Mr. Nakamoto. We're doing well. We could do better with your help. [*Laughter*]

The President. Give a man a mic, there's no telling what he's going to say. [*Laughter*] Give us your experience. You took a look at what was going on, didn't you?

Mr. Nakamoto. Pardon?

The President. You took a look at the Medicare.

[*Mr. Nakamoto made brief remarks.*]

The President. See, here's the reason why we've asked Bob—one, is we like to be around successful people, don't we? Secondly, he is a fellow who is eligible, but has chosen to stay on the current program provided by his company, but recognizes that upon leaving the company, there's a good program available. And that's important for people to understand.

Twenty-nine million people have signed up. Here's one right here. There are 6 million people who have not signed up because they're working—and that's Bob. I bet there's somebody out there who represents that part of the 7 million people who are eligible, yet who haven't signed up. And it's really important for you to look.

So you've been looking around at these things, taking a look. You find it okay? I mean, you're a computer guy, so it's a little unfair to say whether—you know, whether or not——

Mr. Nakamoto. We're okay with that.

The President. Using friendly—it's user-friendly?

Mr. Nakamoto. Right.

The President. Yes. See, we try to design this program so it's called, "user-friendly." That means you can get on there if you're—you don't have to be a computer genius like Bob—and take a look.

Mr. Nakamoto. Right.

The President. Your advice is? Retire and get on it.

Mr. Nakamoto. Right.

The President. Well, not retire, but when retire.

Mr. Nakamoto. Yes. I don't know when that's going to be, but when that time comes, you'll know about it.

The President. There you go. [*Laughter*] Well, listen, I hope you get the feeling for why we're here. We're here to explain a really interesting opportunity for our seniors. If you don't want to sign up, by the way, you don't have to. The Government is not making you do anything you don't want, but what the Government is doing is giving you a lot of opportunities. In the case of Virginia citizens, over 40 opportunities to choose a program that suits your particular needs.

And by that I mean there's all different kinds of structures for the programs. You might be taking this kind of drug or that kind of drug. You might be taking a lot of drugs a month or no drugs a month. And therefore, you can design a program that says, this is best for me.

I strongly urge our fellow citizens to take a look. I want to thank those of you who are helping our seniors see what's available. And keep doing it up until May 15th. And even after May 15th. I repeat, if you're a son or a daughter and your parent is eligible for Medicare, do them a favor and do your duty by getting on medicare.gov or calling 1–800–MEDICARE and find out what's available. Just get people to send the forms to you and look. Ask your parents questions, or ask your parents' doctors questions, or ask your parents' pharmacist questions about what program they need. If you're a senior and you're going to your local pharmacy, many of the pharmacists are helping our seniors design a program that meets their needs.

Is it worth it? I really think it is. If you're a poor senior, the Government will pay most of your drugs. We really don't want to be a society where seniors have to choose between food and medicine. It's worth it even if you're not in that income category because you'll save money.

And saving money is good after you retire. It'll help you. If you're a son or a daughter—again, I repeat—do your duty. It will give you peace of mind to know that your mom or dad are taken care of.

We worked hard to get this bill passed. It's a good piece of legislation. It's one of those times where people are going to be able to say, "Well, the Government actually did a good thing for us."

And so I want to thank you all for coming. I particularly want to thank our panelists. I want to thank my fellow citizens who've come. I particularly want to, again, thank the vets—veterans who are here. Bob, thanks for your hospitality. Thank you for paying attention.

May God bless you all. Thank you.

NOTE: The President spoke at 2:07 p.m. in the Richard J. Ernst Community Center at Northern Virginia Community College.

Remarks at the Small Business Week Conference

April 13, 2006

The President. Thank you all. Please be seated. Thanks for coming. So I see Eric behind the stage. I said, "Congratulations on being the Small Business Owner of the Year." And he said, "You know, if I thought part of the prize was having to stand in front of those cameras and introduce you, I might not have accepted it." [*Laughter*] But I appreciate your introduction, Eric. Thanks.

I want to thank you all for allowing me to come by to celebrate the Small Business Week with you. You know, I'm an MBA, but I got to tell you, the most instructive part of my understanding about how the economy works—when I was trying to meet a payroll. The entrepreneurs of this country not only create and run their own businesses, they work hard. But I've learned that it's a calling to run your own business. I mean, there's something special about somebody who stands up and says, "I got a dream; I got a hope."

The great thing about the entrepreneur in the small-business sector of our economy is that you provide great steam and strength to the growth of our economy. And today I want to talk to you about why the small-business owner is at the cornerstone of our progrowth economic policies and what we intend to do to make sure that the environment for taking risk is strong and viable here in this country.

Before I do, I want to say thanks to Eric's wife as well, for being here. I appreciate my friend Hector Barreto. He's the Administrator of the SBA. Thank you for being here, Hector. Thanks for serving. I also had the honor of congratulating Andrew Field, who is the founder and president of printingforless.com, Livingston, Montana, for being the runner-up; as well as Barbara and Leroy Shatto, owners of Shatto Milk Company, Osborn, Missouri, for also being the runner-up to the SBA Small Business Persons of the Year.

This economy of ours is good. It's strong. It's a good time to be a small-business owner in America. After all, we grew at a healthy rate of 3.5 percent last year. That's the fastest rate of any major industrialized economy. We've now had 17 straight quarters of economic expansion. Real after-tax income has grown by more than 8 percent since 2001. After-tax means money in your pocket, that's what that means. That means, on average, Americans have an income that is $2,100 higher this year than it was the beginning of 2001—that's after adjusting for inflation.

More Americans own a home today than ever before in history; more minorities own a home today than ever before in history. And that's positive news for this economy. Consumer confidence is at its highest point in nearly 4 years. Productivity is high, and it's on the rise. And that's good news for American entrepreneurs and really good news for American workers. Productivity increases improves the lives of our fellow citizens over time. Manufacturing activity is strong. This economy is going well, and the small-business owner is leading the way.