

COMMUNITY FORUM ON THE STATE OF BREAST HEALTH

"National Health Care Policies and Priorities"

Presentations by

DIANNE KUBE, Finance Director,
Women's National Finance Council and
Health Care Representative, McCain-Palin Campaign

REBEKAH GEE, M.D., M.P.H.,
Chair for Women's Health, Obama for America Campaign

Moderated by

PAT CIARROCCHI, News Anchor,
CBS 3 Eyewitness News

October 3, 2008

CBS 3 Studios
Philadelphia, Pennsylvania

PROCEEDINGS

MODERATOR: Hi, everybody, and good morning. We are just so thrilled to be part of this project once again. CBS 3 loves to be in the front of this issue, and we are really happy to be able to utilize this great space, to be able to share these ideas, to be able to enhance all of us in terms of information and what direction we need to go in.

We are a proud media sponsor for the Philadelphia Philly to the Susan G. Komen for the Cure. It has been our pleasure to get the message out because it is really important for us to once again enhance the message of early detection, especially for women in underserved communities.

Today's event, launching the Pennsylvania Komen Community Challenge, is a fantastic way, we think, to kick off Breast Cancer Awareness Month.

Komen believes that many of the unmet breast health needs in our country can be solved through public policy, and it is our goal to make cancer a national priority.

I vote for the cure as a campaign aimed at educating and motivating voters about breast cancer issues, while ensuring that all candidates put our issues at the top of their agenda.

It has often been said that the road to the White House runs right through Pennsylvania. Keystone State voters have a critical road in deciding who will be the next President of the United States.

The first step is educating ourselves. We invited today representatives from Senator McCain's and Senator Obama's campaigns to discuss their candidates' health care plans and what their administrations would do to end breast cancer forever.

Both John McCain and Barack Obama acknowledge the importance of addressing the many gaps in our health care system, the disparities in access to care, the advancement of personalized medicine, and in reinvigorating the fight against cancer, a disease that claims more than a half million lives and costs our country \$219 billion each year.

It is important for us to note at this point, at this outset, that Susan G. Komen for the Cure is a non-partisan, non-profit, 501(c)(3) organization and does not endorse candidates and does not endorse a particular candidate's cancer plan. The information presented today is strictly for educational purposes.

Now, after we look at breast health public policy on the national level, we will then turn to a panel of wonderful experts who will address public policy at the State level.

I am sure that you are also full of questions. So what we encourage you to do is to take note of the index cards that you do have at your seat, and we will provide volunteers to pass them on up and where you will be able to have some of your questions answered today.

Now, our guests today from the national campaigns. Dianne Kube serves on the McCain-Palin Campaign as the Finance Director for the Women's National Finance Council and as Senator McCain's representative on health care issues.

Ms. Kube has over 30 years of administrative and advocacy service in the medical community and in the last 12 years in medical oncology.

Ms. Kube, if you could come forward, please, and take your place here.

[Applause.]

MODERATOR: Our other national representative is Dr. Rebekah Gee. She is the Chair for Women's Health for the Obama for America Campaign.

Dr. Gee is an obstetrician/gynecologist and a Robert Wood

Johnson Clinical Scholar at the University of Pennsylvania. She is clinically active and is currently caring for women veterans at the Philadelphia VA Hospital.

Ms. Kube and Dr. Gee will give a four-minute overview of their candidate's breast cancer and health care plans, and then I will ask the campaign representatives four questions and give them one minute to respond each.

Dr. Gee, if you could come forward, please.

[Applause.]

MODERATOR: I must tell you once again just how exciting it is to be able to have these two national representatives with us today.

So we will open it up also, as I said, for your questions. You can take notes as we go along, and also, somewhat like last night, we actually based the opening statement on a coin toss. So we will start with Ms. Kube.

MS. KUBE: It is such an honor to be here, and we just so appreciate being invited to attend this event. We all are a little war weary. I woke up this morning and said, "Where am I? I am in Philadelphia." A few days ago, I was in Texas.

So thank you again, and on behalf of John McCain and Sarah Palin, they too are honored to be included in this.

As someone who ran cancer centers for many, many years, they have asked me to come here to represent them, and so I am very honored to do that.

You know, a lot of things are said about health care right now, that we have a major broken system. Well, I am looking out here, and I see a lot of cancer survivors. The system isn't totally broken. Yes, there are things that need to be fixed, and yes, we have to sit down and work together on this.

Presently, on our campaign, we have over 700 health care advisors to Senator McCain. We have a coalition that includes physicians, nurses, radiation technologists. Every angle of the health care system is included in our campaign, and we are listening to those people to take advice on how we can help in the battles that we have ahead of us.

There is a perfect storm brewing in health care. We have an aging population. We have issues with funding research, with clinical trials, and we need to look at this on a reasonable state and say how can we help all patients in all different disease states.

So, first thing that John McCain is proposing is access. We need to have access for patients to get treated, and how do we do this? He is working on tax credits, so that families that cannot afford at this present time to have insurance can purchase that insurance. We do not want to change the employee-based health care system. We don't want to break things that are working to fix things that need to be fixed.

The second thing is we need to break down those barriers of insurance portability. You know, presently, you can buy car insurance, and you can move from State to State. If you are employed, if you are a breast cancer survivor and you are employed and you would like to move from Philadelphia, say to California, there are issues of being able to be portable with your health care insurance, and you may not be covered because of preexisting conditions. We want to break those barriers down.

The next thing is we want to go back to basics. We need to go back to the basics of how patients take responsibility in preventing chronic disease. We need to look at education, how are we educating our young people. We have issues in the schools where we are not having physical education anymore. We have obesity problems that are leading to diabetes, heart disease, and ultimately issues and increasing your chances of getting cancer. So we want to have some preventative measures, and we need to do this through education.

We also want to put your health care back into your hands. We want you to be able to have choices as to where you go and how you get treated, and you know, we have had a lot of switch and a lot of change over the last 15 to 20 years, specifically in cancer care. It used to be in institutional-based treatment centers. Now we are out in the communities. So patients can stay at home. They can be treated in their community centers, and we have got to get some of the disparity between the dollars that are going to institutions, as well as the dollars going to private practices for research and for clinical trials. That is a huge, huge concern of ours.

Now -- excuse me. We all have our cancer -- or our campaign cold, so excuse me for my voice.

The other thing is that I would like to point out is that John McCain is a cancer survivor, and it has been pretty egregious the last few months when we hear people say, "Oh, John McCain is not going to survive if he wins the Presidency because he is a cancer survivor." I think every cancer patient in this country ought to stand up and just say that is outrageous.

We have made cancer a disease state that is more of a chronic disease state. This is not a situation where we cannot cure patients, and you all are a perfect example of that. So you are my heroes, I must say.

And finally, since we have just the four minutes, I would like to say that we are very concerned about the fact that there has been so much pitting of disease states. Last week, I spoke at the Congressional Black Caucus, and we talked about prostate cancer specifically and the fact that there is such a problem with access to getting patients screened early, to getting them treatment, and we really want to go back into the communities.

We need to look at the structure of the medical team, getting access to these patients and going out to where these patients live, and we shouldn't be pitting one disease state of cancer against another. Breast cancer survivors have been in the forefront of demanding that our government officials fund cancer research, demanding that we fund NIH and NCI properly, and John McCain has supported this over the years.

He supported the Breast Cancer and Cervical Cancer Act that gave access to patients that didn't have insurance. He supported mammography access as well, and as a cancer survivor, he knows that every single disease state and specifically breast cancer, because of the rates in this country, has got to be funded properly, and we have to have the right dollars going to NIH and NCI. And over the last few years because of budgetary constraints, it hasn't happened.

So we are there. We want to listen, and anybody who wins this race has got to have access and openness to hearing from everyone here in this audience, and that is what we are here for. So thank you so much.

[Applause.]

MODERATOR: Ms. Kube, thanks very much.

Dr. Gee, I apologize for mispronouncing your last name. Dr. Gee, please.

DR. GEE: So thank you so much for being here this morning.

Breast cancer is one of the issues that is most close to my heart. I have been advising the campaign for the last two years. I am Chair of Women's Health for the campaign, but helped write the Breast Cancer Plan.

You know, my mom died when I was 16 of breast cancer. She had every chance of surviving, more than 95-percent chance, and lost her battle, but she taught me about advocacy and how important that was, and it gave me the mission that I should continue her torch and fight for her and fight especially for others that didn't have the kind of care that she had. So I have become a women's health physician because I care so much about that, and I really believe that Barack Obama has the right plan.

You know, our health care system is failing a lot of Americans. Yes, if you have employer-sponsored care or you are in the federal system, you are fine, but if you are in the private market -- and most uninsured are women, 19 million Americans are uninsured -- the system is failing them. We know that more than 51 -- or about 51 percent of Americans don't get a breast exam or a mammogram every year, which is just a travesty in a country like ours, and if Barack Obama wins, we will end that.

So the Obama-Biden health care plan will reduce inequality by ensuring that very basic health conditions are covered.

He is going to end the ability of insurers to not allow people with preexisting conditions, like John McCain, to get health care coverage. So, right now if you have had cancer, no insurer will actually accept you for their health care plan, and John McCain doesn't have a plan to end that. Barack Obama does.

Barack Obama has promised that he will include maternity care, breast and cervical cancer screening, as well as preventative care, mental health care, and appropriately treat our women.

I work with women veterans, and I know that they need more care than they are getting too, so also have a responsibility to those folks who we have sent over to Iraq and Afghanistan to take care of them and their breast cancers.

So Obama-Biden will guarantee that every American woman, regardless of preexisting condition, will have access to health care.

He is also going to establish a national health insurance exchange, so that folks that are in the individual market, which we know is failing women, where folks can have premiums that are as high as 6-, 7-, \$8,000 a month will be able to buy into a federal system. So there will no longer be uninsured Americans. He will not require Americans to have health insurance initially but will provide a system that is just as good as that, that our congressmen give themselves.

He is also introducing about \$50 million for helping survivorship programs. We know that we need to expand work on what happens after a cancer, how do you -- even if you got a BRCA or a genetic test and don't -- and know that you might get cancer, that those folks are survivors too, and improving those conditions.

And you know that he has personal experience with this because his mom was 53 when she died of ovarian cancer, and she didn't have health insurance, and he watched what happens when someone doesn't have health insurance and

has cancer and how stressful that is. It is punishment enough to have a cancer.

We shouldn't punish folks more by having them worry about their academic situation when they get into a problem.

So Barack Obama is going to fix the fact that Americans are uninsured by providing an alternative plan. He is also going to save every American \$2,500 a year on their health care because he is going to provide a \$50-billion plan to improve health information technology, provide better incentives to physicians, hospitals, make the market -- the insurance market now pays \$50 billion just to decide who not to cover for care. We are going to end that and have them cover everyone, so they don't have to make those -- you don't have to make that call saying, "Well, do you really cover this?" No, they are going to cover it under Barack Obama's plan.

And just a couple points. John McCain as a cancer survivor would not get health care coverage in his plan because he does not end preexisting conditions. In addition, his plan is to tax you, and I think it is about -- it's over a trillion dollars for the care that -- \$3.6-trillion increase in taxes on families because he will tax you. If your insurance is now through your employer, you will be paying taxes on that for the first time in American history, and I just don't want to let that happen.

I think we have a big enough problem paying for our health care now, and paying an additional tax on that is not the answer.

He says he is going to give a \$2,500 tax credit for individuals, \$5,000 for families, but we know that families are paying at least \$12,000 a year. So, as you know, if you are on the edge and trying to make decisions about gas, food, all the increasing costs that we are seeing and want to buy health care too, this \$5,000 for a family just isn't going to cut it, especially if you are going to tax your health care.

So Obama is very, very focused on women. We have over 3,000 people on our health care committees who are working to make sure that we have an appropriate health care plan, and until last week, if you went on McCain's website, you couldn't even find the word "women" or "woman," not one mention, and I urge you to look at it. And Barack Obama has an entire section on women. We are very, very detailed in what we propose, especially about cancer.

So I believe that he has the right plan. I helped write it. So I also think it's the right plan, but as the daughter of a woman who died of cancer, I don't ever, ever want to see a woman in this country feel a lump in his breast and not go to a doctor because she is worried about paying for it. I find that unacceptable, and

Barack Obama will end that.

MODERATOR: Dr. Gee, thank you very much.

[Applause.]

MODERATOR: All right. Dr. Gee, you get the first question.

The federal investment in cancer control programs has declined over the past five years. What would President Obama do to close existing gaps in the health care system and ensure every woman has access to timely, high-quality breast health care, including cancer screening and treatment for breast cancer?

And we ask you to keep your response, each of you, to a minute. Thank you.

DR. GEE: So we have talked about how more than 19 million women are uninsured in this country, and women are usually the givers, and they are more likely to give up their own needs for the needs of their family.

The first, the number-one thing that is most important to making sure women have access is to provide them with insurance, provide them with a health plan.

So we will do that.

We are going to save American families \$2,500 on their health care expenditures. We are going to modernize the U.S. health care system by providing improved information technology, also prevent -- help promote prevention. We are going to bolster up the Food and Drug Administration, look into environmental causes of cancer, why are cancer rates increasing, really provide people -- also, Senator Obama has voted for the National Breast and Cervical Cancer Early Detection program, so putting more money into that, making sure that we focus on prevention and focus on the public health efforts that we know work to prevent breast cancer.

MODERATOR: Dr. Gee, thank you.

Ms. Kube, I ask you the same question.

MS. KUBE: Sure. First of all, very quickly, I would like to say that some of the facts that Dr. Gee gave you are actually not true, and what we are working on and as someone who has been with the campaign for over a year, I can tell you that women's health, we have a woman as our Vice Presidential candidate. So we are very aware and are very actively involved in this, and our funding --

DR. GEE: But what's not true?

MS. KUBE: Well, it's not true what you are saying about the tax credits, as well as that we are going to tax people on their health insurance. That is absolutely not the truth.

We are also not getting rid of employee-based health insurance and --

DR. GEE: You are not going to tax Americans?

MS. KUBE: No.

DR. GEE: You are not going to end the tax exemption --

MS. KUBE: No.

DR. GEE: -- for employer-sponsored care?

MS. KUBE: Absolutely not, and that is basically a fallacy that has come out of the campaign.

DR. GEE: I urge you to go on the website and look at it.

MS. KUBE: It is not true. It is absolutely not true. So let's get some facts straight.

The facts are that John McCain wants to have a gap insurance, an access program for patients.

Right now, we have a crazy quilt across this country, 50 different States. I have been on the trenches running these cancer centers, and I don't want another woman to walk in and sit at my desk, which happened when I was running the

cancer center, and say, "I can't afford to live." And this was someone who had Blue Cross and Blue Shield. There are access issues even with people that have insurance.

We need to look at the other side. We have physicians going out of business because they can't afford to stay in business because of reimbursement issues.

I worked for five years on the Medicare Modernization Act. There is something in Washington known as "reasonableness of the law." So how are we going to make policies? We can wave a magic wand and say, "Look, everybody is going to have access. We are going to give insurance to everyone," but guess what, folks? How are we going to pay for this? We need to look at the other side of this as well. If you don't have the access because your physicians cannot stay in practice because they are not getting paid to take care of you -- it has happened all over this country where we have had cancer centers closing down. We need to protect that. So it is not just providing insurance. That is a huge part of this.

And we are also -- let me just add one other thing. We are losing our bright scientists, our researchers, because we can't get those people funded. Unless you know how to play the game at NIH or NCI and how to get into the clinical trial business, you are not getting -- you know, you're just not getting money.

You're not getting funded. We need transparencies on those sides. It is more than just insurance.

There are all different angles that we have to look at to have safety, to have screening and early detection, and John McCain has fought for this for many, many, many years in the Senate, and we need competition.

The insurance that we are talking about paying \$12,000 a year, if we can get rid of all of these insanities across the country where we have all these different State regulations and have competition in that market, we can lower those costs.

MODERATOR: Ms. Kube, thank you very much, and ladies, I would just encourage you to kind of try to stay to the point in terms of the questions. Thank you.

Ms. Kube, you get the next question. Economic and social inequalities persist within and across racial and ethnic groups in the U.S. What would President McCain do to reduce the disparities that exist in health status, educational attainment, income and so forth?

MS. KUBE: Okay. We talked a little earlier about getting back to basics. We

are now facing in this country, medical schools turning out physicians that are not going into private practice for primary care, for internal medicine, and we have got a real problem with this. We need to look across at all different angles of the health care team.

We need to increase our physician assistants, our nurse practitioners. We need to look at the medical team as a team and say how can we access, how can we get education out into the communities.

There are already hospitals, for instance, in Washington, D.C. Georgetown University actually has an outreach program to go into the inner cities to take medicine to the community. We need to do this through education, educating our population. You know, we have got a lot of issues. Health care is tied into the education system. We need to make sure that people see in their communities, and we need to get across language barriers. We need to cross racial barriers, and we need to have access, and we need to look for the funding to get this to be done.

So getting back to basics is number one. We need to be able to screen people in their communities, so that we can get them the care and take it back to those communities.

And you know, just very quickly, on an economic and social issue, breast

cancer, all of this -- many of you have told me earlier that you have traveled to Budapest, that you have been all over the world working on these issues. This is a global issue.

I myself have also done that. I went to Ukraine. Actually, my clinic in Washington actually treated some of the victims of Chernobyl.

So, when we look at breast cancer, we look at these issues. This is a global issue, and Senator McCain believes that we need to knock down the race barriers, knock down all of the things that are stopping patients from having access, and we need to do this, and we need to do it in a critical stage and not let patients not be treated and not have the clinical trials that can help them be cured.

MODERATOR: Thank you.

Dr. Gee?

DR. GEE: Well, we do know that this is a global issue, but unfortunately, the United States, though we spend more for health care than any other industrialized nation in the world, we have some of the worst outcomes. We have some of the worst outcomes for minorities. We have some of the worst

outcomes for premature infants, and it is unacceptable.

I just wanted to let you know that John McCain voted against extending Medicaid coverage to pregnant women and infants up to one year of age with incomes below the poverty line.

He also voted against transferring \$200 million from the Department of Defense into breast cancer research.

And on the taxing health care benefits, I just urge you to go on his website and read what he has said. He has also --

So, in terms of health care disparities, health care disparities need to be ended, and the way to end that is to make sure that we have equal access for all Americans to health care. So Barack Obama is going to do that by allowing an affordable plan for every American. So the first step is access.

The second step is to understand the underpinnings of why, what are the biological causes of different outcomes. For example, African-American women, even if their breast cancers are found at the same stage as Caucasian women, die more often. Why is that? That means that we need to do research, and Barack Obama has vowed that in his first term of office, he will double funding

for the National Institutes of Health and the National Cancer Institute.

I would let you know that John McCain voted nine times in the last 10 years against increasing funding to the National Institutes of Health, and the NIH is hurting and struggling, and doctors like me who need grants from the NIH are having a very difficult time. And McCain has supported George Bush's policies over the last eight years of not increasing funding to the NIH, which is going to be a disaster and make us fall behind the rest of the world in terms of the strength of our research.

The last thing is just education. He was a community organizer, and I know some people don't believe that that is important, but one way to get to communities that don't have access to information is to go to them. Go to the community. Talk to people. Educate them about their health, about economics, how to sign papers.

I tell you, I was in a horrible accident two months ago. My husband died. It was awful, and I am a doctor, and I tell you, it has been so confusing for me to fill out papers and deal with materials and figure out how I am going to pay for the co-payments, et cetera, et cetera, et cetera. Imagine the average American, someone without health insurance or even someone with average health insurance, dealing with this. We have got to make it easier. We have got to

make it more affordable. We have got to go into communities, community organize, and help people understand how they get access to services.

MODERATOR: All right. Dr. Gee, we are going to stay with you, and once again, we ask you both to stick to the question, if you will, about what your Presidential candidate would be doing.

DR. GEE: I am going to talk about energy next.

[Laughter.]

MODERATOR: What would President Obama do to ensure the U.S. does not lose momentum in biomedical research and to chronic diseases of all kinds, including cancer, heart disease, diabetes and so forth, and that new and innovative medical advances make their way from laboratory benches to patients' bedsides?

And again, it is from the point of view of what a President Obama would do, Dr. Gee. Thank you.

DR. GEE: Of course.

So I am at -- I do primarily research. I am 80-percent research time, and I will

tell you that over the last few years, folks like me who are in research have had more and more and more trouble getting grants, and the most important thing is to increase funding at the NIH. And Barack Obama has vowed to double funding, double funding for the NIH, double funding for the National Cancer Institutes, and these are the folks that make significant advances in cancer, biology, and science, and bring it from bench to bedside, and that is the primary way to help focus on this.

In addition, he supports the Food and Drug Administration. We have seen the Food and Drug Administration over the last eight years become party to political ideology, when something like the morning-after pill, which has been safe and is not an abortive fashion, does not cause an abortion, and the federal government and the executive branch was interfering in the FDA's ability to pass that, or in the FDA's ability to push through drugs that maybe should not have been pushed through.

And so the political has become the medical, and that is totally unacceptable, and Barack Obama will end that. We will no longer have politicians running our Food and Drug Administration.

So we need to end what has happened over the last eight years, where partisan politics and ideology has competed with science and really had a major impact

on our ability to find answers to scientific questions. Those are answers to scientific questions. They are not answers to political questions, and we need to double funding and end the executive's influence over our scientists and our researchers.

MODERATOR: Dr. Gee, thank you.

And let me just, you know, for the sake of clarification. Let me restate this, Ms. Kube. What would a President McCain do to ensure the U.S. does not lose momentum in biomedical research and to chronic diseases of all kinds, including cancer, heart disease, diabetes, and so forth, and that new and innovative medical advances make their way from laboratory benches to patients' bedsides?

MS. KUBE: Well, the first thing that a President McCain is proposing is transparency.

Right now, we have issues between the privacy sector in medicine, as opposed to the academic institutional side. There is a battle always going on, on the Hill, as to how they are going to get funding, and one of the problems and one of the issues that we have had with funding NIH and NCI is that there hasn't been transparency. It has become sort of a situation where the people that know how

to get the grants are the ones that are getting it, and we are losing scientists. We are losing bright people that are researchers to other countries. They are going to India. They are going to China. We need to keep that brain power here in this country, and we need to look at how this is funded.

Just to go back, in the past, Senator McCain has voted to double the funding for NIH, and he has a major, major stake in the research programs in this country, and he among anyone will tell you that looking at the advances in laboratory tests.

You know, there is a blood test now out there that for a patient who has breast cancer, they can be screened to see which medications are going to treat them best, what is going to be the best treatment for them. Those are the things we need to keep bringing to the forefront. Those are going to be money-saving in the long run as well.

So, as President McCain, he is looking at this. He has worked on the Food and Drug Administration, and I absolutely agree. The Food and Drug Administration has become more of a policy arm instead of getting these medications to the people.

Years ago, John McCain said, you know, all the research in the world isn't going

to help if we can't get the medications and we can't get the clinical trials to the people in the community and have them be treated. So there has got to be this disconnect stopped, and if anyone has done this in a bipartisan manner, it has been John McCain, and that is what he wants to break down, those barriers, so transparency, working on all sides of the medical community, and making sure that this can get funded so we can advance this research and stop the drain pull of our researchers moving out of the country because they can't get funded.

MODERATOR: Ms. Kube, we will stay with you for the final question. What would a President McCain do to make high-quality health care more affordable and accessible for all Americans?

MS. KUBE: Well, as I restated, John McCain is proposing a tax credit to families who are not covered under employee-based health insurance, \$5,000 to a family, \$2,500 to individuals.

We want to close the gap. We are going to look at the programs that are working. There are some amazing programs across the country where patients are getting access, and I have to tell you that if you look at the State of Massachusetts that does have insurance for everyone, well, I talked to one of the Representatives from Massachusetts, and he said, "We will don't have everyone covered. There are still access issues." So it is not just getting

insurance for every single person. We have to make sure that that insurance is affordable, and that they have the clinics to go to once they do get this.

John McCain believes that no American, simply because of preexisting conditions like cancer, should prevent them from getting treatment and prevent them from getting coverage.

You know, as we get older, our medical care and our costs for medical care are increasing. There's a lot of words thrown around in the government, "quality control," "access to quality," how are we going to control the medical profession.

I have a great deal of respect for people that are physicians, nurses. You know, as an administrator who helped run their centers, I can tell you that I have seen the other side. I have been the person who has tried to keep them in practice.

I had 56 people working for me in the cancer center, and I was on both sides of it. I had the patients and fighting for the patients to be covered because their insurance companies denying coverage, but I was also the person, as our reimbursements were going down and patients were having less and less access because their insurance companies were saying know, I was also negotiating the health insurance for my employees, and I was looking at those premiums rise by 30 to 35 percent. That has got to stop.

So, as the physician's reimbursement and the insurance companies were telling me, "Well, we can't afford to pay you for a patient to have breast cancer treatment and to get their Herceptin," or whatever it happens to be, and they are denying treatment or they are saying, "All right. We will treat them the first two rounds, but we are not going to do the third round," and yet I am paying 35-percent more for my employees to get insurance, that is wrong.

We cannot look at this from one side. We have to look at the whole picture, and that is what John McCain as President will do. The first thing he will do after being inaugurated is to put together a panel of experts to sit down, and we are going to look at this on a State level, on a federal level, and on a local level, and we want to hear from everyone.

My advice and what I would like to say as a message from John McCain is whoever is elected, hold their feet to the fire. Make sure they are going to be there for you, and that every person, every woman in this country has access to mammography, has access to clinical trials, and we thank you for bringing this attention to the administrations and to your Members of Congress.

So thank you very much.

MODERATOR: Ms. Kube, thank you very much.

Dr. Gentleman, let me again, once again, restate this question. What would a President Obama do to make high-quality health care more affordable and accessible for all Americans?

DR. GEE: Well, you know, Obama-Biden plan is somewhat based on the Massachusetts plan. I trained in Massachusetts, and I can tell you that the situation there is much better now than it was before. Not everyone is covered, but so many more are covered, and we need to do even more.

But one issue -- and as a physician, I can tell you my colleagues have absolutely unbelievable amounts of debt, over \$100,000, some over \$200,000 in debt, and Barack Obama is going to increase the ability of physicians to be able to pay for that education by getting grants, to be able to go out into communities and serve. So service is going to be part of education. You are going to get some free education, but you are going to have to serve, and that is going to also help situations where areas that are underserved are going to be able to get more doctors. And we are going to need to get more people into the system, but we can't do that unless we are going to help them with their educational expenses.

Now, saying that, once doctors' debt goes down, then some of these payment

issues aren't going to be as great. People are going to be more interested in going into fields that are underserved because they are not going to have to be a cardiac surgeon. Maybe they can do primary care because they are not worried about paying off so much debt.

The other thing that Barack Obama and Joe Biden are going to focus on is that there has been a free-for-all in this country for the last eight years. There has been a free-for-all for business, and we can see what happened with that. There has been a free-for-all with insurance companies, and there has been a free-for-all with pharmaceutical companies.

We have been paying as Americans for the rest of the world to get their drugs, and that is no longer acceptable.

McCain argued against Medicare Part D, for us, the United States, to be able to negotiate with pharmaceutical companies to get good prices for our seniors, and I think that is wrong. And Barack Obama is going to try to change that, at least for Medicaid.

In addition, we have seen what happens when the market is not regulated. We have seen what happens with Wall Street. This is not a great market, and the

individual market which John McCain is going to push 20 more million Americans into with his health care plan is a market that has been unregulated, that doesn't have anyone to speak to or looking after what kinds of benefits are being offered, are preexisting conditions being covered. So that is very important.

But on affordability, it is basically the scale. We call it -- what insurers do now is "cherry-picking." So they pick the very healthiest people and say, "Well, we will cover you in our plan." That saves them money, but it doesn't save Americans money. So getting more people into the pool is going to spread that risk over a greater number, and that is going to lower our health care cost.

Also, with bureaucracy and having all these forms that people have to fill out because they need to say whether they have preexisting conditions or not, that costs \$50 billion a year. So we are going to get rid of that.

We are going to increase health information technology, so that sort of like in the VA system, where Medicare -- you may know that Medicare and Medicaid have about a 3-percent overhead, whereas most private insurers have a 20-percent overhead. That means a lot of our health care dollars are going toward bureaucracy and to things that really aren't covering health care, and we want to change that.

In addition, just having this national health insurance exchange, we are going to ask that insurers actually have a plan about what basic things they are going to cover, such as prevention.

You may know that in the private market, 40 percent of plans don't even cover pregnancy. I mean these are basic, basic conditions that are not being covered.

So, just having a conversation, if you have a national health insurance exchange, the federal government will then have more of a role in saying what is appropriate, what is not appropriate to cover, and what insurers -- that they have to pull up their end of the bargain. They have to meet the expectations of Barack Obama and Joe Biden and the rest of us in terms of what is reasonable to cover, and that will be part of the plan.

MODERATOR: All right. Dr. Gee, thank you. Ms. Kube, thank you very much for being here with us.

Can I expect that the two of you will be staying through the end of the panel, or are you leaving before?

MS. KUBE: I am staying.

MODERATOR: You are staying? Okay, terrific. Because I think we will take questions at the end, since we are running a little bit over, if that is okay. So thank you so much.

[Applause.]

- - -