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Speaker: [Michael D. 'Mike' Huckabee \(NA\)](#)

Title: Remarks by Mike Huckabee at the Livestrong Presidential Cancer Forum

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REMARKS BY MIKE HUCKABEE, FORMER GOVERNOR OF ARKANSAS, PRESIDENTIAL CANDIDATE, AT THE LIVESTRONG PRESIDENTIAL CANCER FORUM

MR. HUCKABEE: Well, Lance, thank you very much, and Chris, it's great to see you. I'm not sure I'll say that when I finish, but it's great to see you at the beginning. (Laughter.)

One of the reasons it's really nice to see Lance is because -- actually I ran the New York marathon with Lance last November. (Applause.) He doesn't remember that because -- maybe I should say I started the New York marathon with Lance. (Laughter.) We started both at the front of the line, and as soon as the gun went off, I saw his backside. That's all I saw, and then the next day I saw in the paper that he had finished about in half the time I did. So I'll see a little more of him here today.

I want to say thanks to all of you for being a part of the forum. For most of us we're here because cancer has touched our lives. I'd like to think that today is not so much about our politics, but about our passion for the realities of what cancer does to people. Most of us who are going to be here have our own personal stories of how it has touched us.

For me, it happened on September the 29th, 1975. My wife was wheeled into surgery that day. We had been married for just a little more than a year and three months. Two weeks before that, after being treated for what the doctors had called a textbook case of slipped disc, a doctor took me down the hallway in a hospital in Little Rock, Arkansas, took me into one of those little side rooms -- and many of you in this room have been through that experience, and you know you're never taken into those little side rooms with a doctor because it's good news -- and he told me that my wife didn't have a slipped disc, she had a tumor in her spine.

And then he began to tell us that a neurosurgeon would be called in, that there was a good likelihood that it was inoperable, and if so, there was little or nothing they could do. The neurosurgeon came and told us that if he were able to remove it, there was a strong likelihood that she would be paralyzed from the waist down because of the location of the tumor. September 29th was the day of her surgery, and I'll never forget when she came back into the room; seeing her toes move was a sign that she in fact did have use of her legs. Six weeks of radiation therapy, and doctors told us we'd never have children. We have three grown adult children now. (Applause.)

We were just kids. I was in my final semester of college scared to death by the very word "cancer," and for the next 10 years, every pain, every ache, everything that happened we tensed wondering has it come back. Some people have a five-year, some a 10-year window in which they are considered monitored for the purpose of being cured -- her's was a 10-year. And I remember very vividly September the 29th, 1985 going out to dinner

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and celebrating that she was finally going to be insurable again, and many of you have been there, too.

My wife was the recipient of research. She was the recipient of people who had gone before and developed technologies, that had she been diagnosed five years earlier she would not have been able to have survived. Unfortunately, my own father wasn't quite so fortunate, and three-and-a-half months before I was sworn in as Arkansas' 44th governor, melanoma took his life in 1996.

I don't have all the answers to how we fix this, nobody does. But the fact that we're engaging in this conversation tells us that there are a lot of people in this country who are finally beginning to realize that if we would spend some money on the front-end -- not only preventing and researching -- we would spend a lot less money on the backside of treating people at the catastrophic level.

One thing we know for sure -- when people ask, "How could we save lives?" Well, one way we could save 160,000 lives is if there was no smoking, because 160,000 lives every year are lost because of smoking. (Applause.)

As a governor, I led our state to become the first state in the South to have a statewide ban on smoking anywhere indoors, and I'm proud of that, and it wasn't the easiest thing in the world to get done. (Applause.) You can imagine in a state in the South where smoking rates are higher than the national average -- to even propose that is not exactly the most politically advantageous thing in the world. Even in the days before we entered into special session to get it done, people had assumed there was no way that Arkansas would ever have an indoor smoking ban, but we have one. And now when I visit other states and I walk into an indoor area and I smell smoke, I want to call the fire department or the health department. But I just wonder, why don't these other folks come to the conclusion that there is no such thing as "safe" or "innocuous" secondhand smoke or firsthand smoke? (Applause.)

In addition, I would further point out that in our state, we eliminated copays and deductibles on colonoscopy, mammograms and prostate cancer exams for all of our employees for the simple reason that it costs a lot less money to provide screenings than it does to wait until people are diagnosed in Stage IV and then wonder how on Earth we're going to find enough money to treat them for the long-term effects of the cancer. (Applause.)

And if 580,000 people who die of cancer every year in this country -- a lot of those deaths -- in fact, a third of them -- could be prevented with good nutrition and exercise and the kind of preventive health measures that we need to put front and center in this country.

Now I know that it's time for me to go over here to the desk, so just as you pray for those who have cancer -- (laughter) -- pray for me as I face these guys here. (Applause.)

MR. MATTHEWS: Hey, Governor.

MR. HUCKABEE: Good to see you, Chris.

MR. MATTHEWS: Hi.

Let me start off with an e-mail question for you, Governor. It's from Liz Craker (sp) in Fort Wayne. "It took me seven years after diagnosis to be able to purchase additional life insurance. What are you going to do to stop that discrimination?"

MR. HUCKABEE: Well, I've experienced it, as I said earlier, Chris. It was 10 years for us before my wife was insurable. And I think a lot of people don't understand -- it's not the financial issue that is the only one that really hurts

a family; it's the emotional reminder every time you try to apply for insurance, and you're told, "I'm sorry. We can't insure you." Unless you've been there, you have no idea how that hurts. You have no idea what it does to the psyche of the person who has in essence just been told, "You're a leper." It's the equivalent of leprosy.

And I believe that we need to make it so that we have insurance availability for people who have had cancer for the simple reason that just because a person has had cancer does not automatically mean they're going to be less healthy. Our whole insurance system is upside down because we don't necessarily insure just against risk. The reality is that having a broader level of coverage but including in that healthy lifestyles as a part of reducing the premiums is a much more sane way of getting to that goal of universal coverage.

Now, one thing we know is that just having coverage, universal, unlimited, is not tantamount to good health. If it were, the healthiest people in America would be those on the Medicaid program because they have, in essence, the very best health care plan in the country -- unlimited access, unlimited capacity -- yet they're also the unhealthiest population we have in the nation. It's a combination of coverage that also combines incentives for personal steps of good healthy behavior -- for nutrition, for exercise, for screenings -- and eliminating the impediments to the screenings, which is one the ways that we virtually eliminated people not getting those initial screenings for colonoscopy, mammograms and prostate cancer exams we found that a lot of people weren't getting. We -- ask why. Well, if it's \$200 or \$300 and you're a person for whom \$200 or \$300 is your capacity to send your kid to camp or maybe buying clothes for school, if you're not presenting symptoms, you don't go get those screenings.

The reality is we save money in the long term by spending it on the front-end screening and preventing, as opposed to waiting until a person has significant symptoms, and then it may be too late. And the cost of intervention is simply prohibited versus the cost of prevention. (Applause.)

MR. MATTHEWS: What made you make that life decision?

MR. HUCKABEE: What made me?

MR. MATTHEWS: You were very heavy --

MR. HUCKABEE: Yes.

MR. MATTHEWS: -- you were very heavy, you were rotund.

MR. HUCKABEE: Yes.

MR. MATTHEWS: And --

MR. HUCKABEE: That's a nice, polite way of saying, "You were fat, Mike."

MR. MATTHEWS: Okay.

MR. HUCKABEE: Go ahead.

MR. MATTHEWS: No, but you did it, and I always wonder -- I just lost 35 pounds because I had a little health scare. But do you -- tell people here what -- because you're -- you have the zeal of the converted here. You're talking about we need to take our own responsibility. It's not just the financing, it's self-health. What made you help yourself to lose all that weight so dramatically --

MR. HUCKABEE: Well --

MR. MATTHEWS: -- and keep it off.

MR. ARMSTRONG: And how much weight was it, just so we --

MR. HUCKABEE: A hundred and 10 pounds.

MR. ARMSTRONG: Ooof.

MR. HUCKABEE: Yeah, a hundred and 10 pounds. (Applause.)

MR. MATTHEWS: And you're still off it. You're still a hundred and 10 light.

MR. HUCKABEE: Yeah. I mean that's more than Lance and his bicycle weighs, so that's a lot of -- (laughter) -- that's a lot of weight.

MR. MATTHEWS: But what was it that kicked you into gear?

MR. HUCKABEE: For me what it was was when my doctor sat me down and told me that if I didn't make a lifestyle change, I was entering my last decade of life. Now a lot of patients get that kind --

MR. MATTHEWS: What was he warning you about -- I'm sorry I'm really trying to be particular because a lot of people --

MR. HUCKABEE: Type 2 diabetes.

MR. MATTHEWS: Type 2, oh --

MR. HUCKABEE: I was diagnosed with type 2 diabetes, and then he did me the best favor of all. He described what type 2 diabetes would do in my body over the next decade.

MR. MATTHEWS: Give it -- give it to us.

MR. HUCKABEE: Well, he just described that as the blood can't get down through the smallest capillaries -- those capillaries are first in your eyes -- so you start having vision problems. As it makes it more difficult for the blood to get into your extremities, particularly your toes and your feet, then you begin to have significant problems with your feet, walking, sores don't heal. Ultimately, the capillaries that go into your internal organs begin to find it difficult to supply the blood. Therefore, your internal organs begin to disease, decay and eventually die.

The heart is one of the areas where so many people who die of what is on the death certificate as heart disease actually have died of diabetes.

MR. MATTHEWS: Right.

MR. HUCKABEE: It wasn't the heart that killed them, it was the diabetes that killed their heart.

So what we have in essence, then, is -- for me was this reality that I had two choices. I could either make a lifestyle change, or my exit strategy wasn't a very pretty one.

MR. MATTHEWS: Good for you.

MR. HUCKABEE: And I decided that it was just going to have to change. And so after all those years of Southern fried foods and all the habits of eating any and everything and exercising zero -- Lance, I got to tell you, I was not a guy that said, "I think I'll get back on my bicycle." You know, I had never run, walked, biked. I mean, I avoided exercise.

MR. MATTHEWS: What year -- how old were you, Governor, when that happened?

MR. HUCKABEE: I was -- this was five years ago.

MR. MATTHEWS? So you were in your late 40s.

MR. HUCKABEE: Yeah, late 40s.

MR. MATTHEWS: You know, it's great, I went into a coffee shop this morning here in Rapid -- Grand Rapids -- can't remember --

MR. HUCKABEE: Cedar Rapids.

MR. MATTHEWS: Cedar Rapids. (Laughter.)

MR. HUCKABEE: I know where I am, because I'm trying to win Iowa. I know where I am. (Laughter.) So --

MR. MATTHEWS: I'm not running for anything.

MR. HUCKABEE: -- there you go. (Applause.)

MR. MATTHEWS: Good for you. This is Tuesday; it must be Iowa.

And I said, "What healthy foods do you have?" And this nice lady behind the counter said, "Nothing." (Laughter.) And then she finally said, "We got some fruit cup here," fruit salad, whatever.

So it is true that the whole economy has to be shifted around to people. I mean, this is a big health thing. I think you made a point here. It's not just health financing, although we -- people have (disagreement ?) on that with different people. We do eat a lot of junk. You know? That's what your point is, right?

MR. HUCKABEE: Well, it is, Chris. And you mention poverty. Because it's easier for people to get processed, packaged foods, and in many inner cities they don't have access to fresh fruits and vegetables because the marketplaces aren't there.

MR. MATTHEWS: The real markets.

MR. HUCKABEE: The real markets.

MR. MATTHEWS: People say when you go to a store don't go in the aisles, go around the supermarket. Stay outside the aisles; go to the fruit section, go to the vegetables, go to the meats. Don't go in the aisles, because in the aisles all it is is refined sugar. That's where you die, in those aisles. (Applause.)

MR. HUCKABEE: Chris, here's something we could be doing --

MR. MATTHEWS: That's right.

MR. HUCKABEE: Here's something, Chris, we could be doing with our agricultural policy that is not being done. For the people who are on food stamps, why don't we leverage the purchases of food stamps so that if your dollar of food stamps is used toward a fresh fruit, a vegetable or some type of produce or a healthy food, that dollar could be worth a dollar and a quarter. (Applause.) If you wanted to use your food stamp on junk food, you know, by law you couldn't prohibit because then you get into the whole issue of discrimination, but make it only worth 75 cents. Create the incentives so people are willing to try the fruits and vegetables.

MR. MATTHEWS: Okay. Let's go to cancer. Let's go to cancer.

MR. HUCKABEE: Okay.

MR. MATTHEWS: We're here for Lance, and for the people here.

Let me ask you --

MR. ARMSTRONG: Not for me, no.

MR. MATTHEWS: Yes, you are. For cancer.

Do you have a sense that the food we've been eating the last hundred years, all our lives, our parents' lives, has somehow contributed to cancer? We didn't have evidence of -- you know, 200 years -- I was just reading something the other day about General Grant dying of mouth cancer. He smoked like a chimney, of cigars, so there was some obvious symptomatic connection. But it seems to me that so many people have cancer today from different -- is it environmental? Is it food? Is it -- what?

MR. HUCKABEE: There's no doubt but that nutrition and exercise play a very significant role, studies have shown.

MR. MATTHEWS: Bad food -- no, but bad food, eating bad food?

MR. HUCKABEE: Bad food, absolutely. Sure. Look, if you ingest chemicals, which is what many foods are -- if you look at the label, people aren't eating food, they're eating food products. Read it. You don't even know. All you see is a big, long list of chemicals. The simple thing is, if it wasn't a food a hundred years ago, it isn't a food today, it's a food product. (Applause.)

MR. MATTHEWS: It's in the aisles.

MR. HUCKABEE: It's in a box. You'd be better off throwing the contents away and eating the package -- (laughter) -- because at least you would get some fiber out of the cardboard. (Applause.)

But you've asked about cancer. Specifically we know that a third of the cancer deaths in this country could be eliminated with nutrition and exercise alone, because bad nutrition and the lack of exercise breaks down a body's capacity to throw off bad cells, bad internal workings that -- our bodies are a masterfully created and designed piece of work.

I believe God created these wonderful bodies of ours, and they're a masterpiece. But they were designed to be used in a way that we're fueled properly and then we're exercised properly. And when we don't fuel them properly or exercise them properly, it's like having a car in which you pour mud into the tank and never run it. Well, guess what. The car's not going anywhere.

And we wonder why our bodies break down, but the truth is, if we don't use these bodies in the manner in which they were intended to be properly fueled, with the foods that are a natural part of our world, and with the exercise for which we were created -- we were created to be active and energetic, not slothing about. It will eliminate a third of the cancers in this country.

MR. ARMSTRONG: I want to -- because I know that we share this issue -- it's an issue of fertility. And I was able to preserve my fertility, and I know that you mentioned your wife was still able to have children.

MR. HUCKABEE: Yes.

MR. ARMSTRONG: Many times you'll have -- for example, you'll have a young woman. Her insurance coverage will treat or will get her treated, but many times the insurance company will not insure the preservation of her fertility, which, I think, for a young woman, is a -- is just the -- I mean, obviously they would like to live --

MR. HUCKABEE: Sure.

MR. ARMSTRONG: -- but that's the second-worst piece of news they could receive. So how would you approach this in order, you know, to ensure that a woman can preserve her fertility?

MR. HUCKABEE: Someone who's -- like diagnosed with cancer early on?

MR. ARMSTRONG: Sure.

MR. HUCKABEE: I would be in favor of that, for the simple -- having had the experience of knowing what it does to you emotionally, psychologically. It is a part of your long-term health.

Mental health is health. You can't just say that mental health is this compartment over here and it doesn't have any impact on the rest of your health. (Applause.) And if you don't have good mental health, it affects your physical health. The two are intertwined. And this idea that we can separate the two is nonsense. It's always been nonsense.

But as far as treatment and even insurance purposes, we have acted as if they are completely separate entities, and they're not.

MR. ARMSTRONG: And let me -- and I'm going to ask the question, and I'm sure that Chris is going to follow up with a question. But since we've asked everybody else, and we all want a new war on cancer, and we all want to fund that war on cancer, I'd like to ask you how you would go about -- I mean, what your idea for proper funding would be. And I'd think that Chris is going to ask you how you would go about that.

MR. HUCKABEE: Sure. (Laughter.)

MR. ARMSTRONG: But for a disease -- just to recap, for a disease that costs us --

MR. HUCKABEE: Do you think he might actually ask me that?

MR. ARMSTRONG: -- for a disease that costs us \$200 billion a year ==

MR. HUCKABEE: Yeah.

MR. ARMSTRONG: -- and us spending 5 (billion dollars) or 6 billion (dollars), I think, is out of line. But I'd like to get your perspective.

MR. HUCKABEE: Well, Lance, my only experience as a governor was this. When we would put money on the front side, it didn't cost us, it saved us.

MR. ARMSTRONG: Of course.

MR. HUCKABEE: We did a study, Central Arkansas Veterans Health Care System. For every dollar we would spend in preventive health, we got \$8 back. We started doing things very few states have done. We were the first state that used every dime of our tobacco settlement money for health, the health of our citizens, 20 percent of which went into research. (Applause.) We are still the only state that does that.

A lot of it was focused to help people to overcome the effect of tobacco, because that's where the real killer is and many, many cancers.

In addition to that, we opened up so that we would have -- provided mammograms for any woman in Arkansas, prostate cancer exams for any man in Arkansas. No one should be diagnosed with that disease in a late stage because they couldn't -- not wouldn't but couldn't -- have the screening. So by making those possible for everybody, not just state employees and Medicaid, that was a big boost.

Then we took another step. We became the only --

MR. ARMSTRONG: Can I just interrupt real quick?

MR. HUCKABEE: Yeah.

MR. ARMSTRONG: So you would do that as president.

MR. HUCKABEE: I would do that as president.

MR. ARMSTRONG: I love Arkansas, but we can do that in United States?

MR. HUCKABEE: Yeah. Well, I'm telling you -- but reason is, because it saves money, it doesn't cost money.

MR. ARMSTRONG: I agree with you.

MR. HUCKABEE: It's the old oil filter commercial. "You can pay me now, or you can pay me later." I'd rather pay it on the front end. It's not going to be a matter that will take money from the budget.

It will add money not only to the budget, what it's going to add is years of life and years of better budget spending. And study after study show the return on investment.

MR. MATTHEWS: Let me ask you -- just to -- just so -- to follow up on Lance, are you for a new war on cancer?

MR. HUCKABEE: Yes, I am.

MR. MATTHEWS: Okay.

MR. HUCKABEE: But I would want to expand it to a war on chronic disease as well as just cancer -- (applause) -- and not just cancer but on all chronic disease, which now, Chris, represents 80 percent of the \$2 trillion a year that we spend on health care. It's where we are spending our money.

MR. MATTHEWS: You are very strong on the issue of smoking. I think everybody here was impressed with that, but let me ask you a question.

MR. HUCKABEE: Okay.

MR. MATTHEWS: If you were president of the United States, if you are president in 2009 and Congress brings you a bill to outlaw smoking nationwide in public places, would you sign it?

MR. HUCKABEE: I certainly would. In fact, I would -- just like I did as governor of Arkansas, I think there should be no smoking in any indoor area where people have to work, and it's not a -- here's the issue. I don't support a restaurant bar smoking ban because then you're basically saying we're dealing with consumers. Broaden it. Here's the issue. It's a workplace safety issue. The same reason that we regulate -- (applause) -- that you can't pour radon gas into a workplace is the same reason that we shouldn't allow people to pour the toxic, noxious fumes of a cigarette into a place where people have to work.

MR. MATTHEWS: And you got that passed.

MR. HUCKABEE: I got that passed. Yes, I did.

MR. MATTHEWS: So all workplaces, offices --

MR. HUCKABEE: Every workplace in the state of Arkansas.

MR. MATTHEWS: Wow. It seems like that'd be harder to get through. (Applause.)

MR. HUCKABEE: It was hard. (Continued applause.) And I'll tell you something, Chris, it takes the personal involvement of the chief executive to make that happen. If I hadn't personally gotten on the phone and pushed for legislators, went throughout the state -- we had a wonderful partnership with organizations like the Cancer Society, Lung Association, the Heart Fund. They all worked diligently with us. The nonprofits were critically important to help get that message and to bring to bear the message.

But this isn't 1964. No longer can someone argue that it may or may not be harmful. We know without a doubt that second-hand smoke is deadly. Cigarettes are the only product that we have in this country that when used according to the package directions will kill you. (Applause.)

MR. MATTHEWS: Do you want to take an electronic question?

MR. HUCKABEE: Sure.

MR. MATTHEWS: This is a question that we got from electronic mail. Every candidate's gotten one.

Q (From video.) My name is Nikki Sancrest (sp). I'm the director of the American Lung Association of Iowa. There is a health care crisis that is going unnoticed by our candidates. It is the rising cost of treatable and preventable chronic disease. If you were elected, how would you address this issue?

MR. HUCKABEE: In the same way that we did during my tenure as governor, which we had, frankly, some landmark programs, some of which I have mentioned. One of the things that I was going to mention a moment ago for both our Medicaid population and all state employees, if they would be willing to get off smoking, we would pay for the total cost of a smoking cessation program, which included patches, the gum, 24-hour-a-day access to telephonic counseling, whatever it took, because whatever we spent to get a person off of smoking we got back multiples from the cost of what smoking was going to take from them. We do the same thing for bariatric surgery, which I know there are very few states that will actually provide -- for us it was a three- stage level.

MR. MATTHEWS: What's that? What is bariatric?

MR. HUCKABEE: That's to assist with weight loss for people who are morbidly obese.

We had a first stage for those who were overweight, a second stage for those who were obese, and then all the way up to covering, with insurance, which again is very rare, bariatric surgery for people who are morbidly obese, because the truth is, you can save some 60 to 70 percent of the health care costs with the bariatric surgery versus not having it.

I was able go through a program that was largely behavior modification, through our med school. You know, I changed my lifestyle. But I've had friends for whom that didn't quite work, and they went the route of the surgery.

The surgery is still incredibly better than allowing people to go for the rest of their lives -- which, by the way, will be dramatically shortened and more expensive -- without some type of intervention. And that's why the more that we can do to curb it, the better. (Applause.)

MR. ARMSTRONG: Thank you.

In 2007, 2008, 2009, we see what the Internet has done in the last decade.

We see how we have developed technologically in this country. Should America have electronic medical records?

MR. HUCKABEE: Oh, absolutely. It's ridiculous that I can go to an ATM anywhere in the world and draw money, and it knows exactly where my bank is and how much money I've got and whether can take a hundred dollars out, but if I want to go to a specialist, I have to call my doctor and ask him, if he doesn't mind and if it's not too much trouble and if he could get to it by Thursday, would he please make a copy of my medical records. Those are my medical records. It's my body, my life, my health, and there's no excuse for this country not having electronic medical records. (Applause.)

MR. MATTHEWS: Here's a question from Tom Staub (sp) from Sherwood, Illinois. Is a cure for cancer more important than the war in Iraq? And do you feel the war on cancer deserves the same funding?

MR. HUCKABEE: You know, when people ask questions -- ask me, "Is it more important this way or that way" -- you know, do we fight the war in Iraq, do we fight the wars here at home -- it's like asking me which wing on the airplane is the most important, the one on the left or the one on the right. I like to fly with both wings firmly attached to the fuselage.

We do have a war on terror. It's an important war. But we can't fight that one to the exclusion of the terror that we have in our own country: the terror of lack of education, the terror of people not knowing if they're going to have money to send their kids to college, and the terror of wondering, if they contract cancer and are diagnosed, how on Earth will they pay for the treatment, and will they survive it?

So it's not a matter of picking and choosing whether we're going to fight certain wars to the neglect of the other. We have a responsibility as a nation to protect our citizens from the threats that are real outside this country, but we can't do that and neglect the threats that are internal to us, because if we fight off every enemy out there under the banner of al Qaeda, and we don't fight the enemies that we have here at home, then it won't matter how -- that we've won with al Qaeda, because we're not going to have another generation healthy enough, well enough, strong enough to fight the wars that we'll have in our future. That's why you can't ignore them. (Applause.)

MR. MATTHEWS: Explain this question of -- that is an argument which is very sound, but we look at the other industrialized countries of the world, who have national health insurance, and they don't have the foreign policy that we do in terms of forward-leaning -- elective wars, if you will, and the president's made that decision to go to Iraq, and he's the commander in chief, and Congress went along with it. Okay .

But these are decisions that the -- the Canadians have a health care plan. They don't have a military commitment like we do. The Europeans don't get involved in wars like we do.

There is a policy question here, and it seems to me you have to make judgments as a leader. I went back to what Senator -- I'd go back to what Senator Brownback has to deal with.

Every leader must choose, and you say it's not a choice. You simply can conduct these wars and you simply do this other thing, but then you have a tax policy that has to conform to it, and that's a choice. There's not a trade-off here in all these policies that has to be made by our leaders?

MR. HUCKABEE: Chris, when you ask me is there a trade-off -- the trade-off is do you spend the money on the prevention side, which I believe you can clearly demonstrate gives you the money to give to the coverage side. The reason we have so many people uncovered in this country -- and of the 45 million that's estimated to not have coverage, a third of them don't have it because they can afford it; they're wealthy enough and they just simply

wouldn't buy it, even if they could -- they could, they just don't do it because they don't have to. A third could afford it; they just choose not to because they're young, they're healthy, they're typically, you know, young, white males that don't think they're going to get sick. And then you have a third of just absolutely can't afford it, period.

We're not talking about the largest universe. The bigger universe is the underinsured, the people who have something but not enough if they really face a catastrophic illness. But even with that population, when we start thinking about how many billions of dollars that we have poured into waiting until people are catastrophically ill -- put that more on the front end, and you've got enough to put a net under the average American. Make sure that it is a net that involves incentives and some level of personal responsibility, some level of participation.

We found out in our Children's Health Initiative in Arkansas that preceded SCHIP that if people had even a very small, not a -- you know, access-prohibiting -- but a small copay and deductible, something that just had a little bit of skin in the game -- they didn't go to the emergency room at 2:00 in the morning for things that weren't urgent, but they did go to their doctors, they did get health care, and we saw the health of children dramatically improve as a result. And it was not that expensive. It didn't cost us more money. In the long term, it costs less money. And also, you're going to see a more able population to go to work.

You know, right now we've got a new phrase in the economy. Harvard University coined it two years ago called "presenteeism." The biggest threat to the workplace today is not absenteeism, people not showing up; it's people who show up, but 60 percent of the American workforce can't give 100 percent of a day's work because they don't feel good. They're there, but they're not really fully functioning because they are lethargic and they're tired. Those are the kind of things we've got to address in this country, because otherwise, we then run the risk of not being able to be competitive in a very challenging economy.

MR. ARMSTRONG: You know, I just want to bring up what Senator Brownback talked about with drugs in Phase I clinical trials. So say, for example, you have somebody that's really just sort of gone through everything and for all intents and purposes, the doctor says it's hopeless, but then they choose to go and take a Phase I drug and really just sort of go for it, basically. They can't do that today, but, you know, some would say that ideally, they could do that in the future. Do you have a view on that?

MR. HUCKABEE: I think people -- if they have been in essence --

MR. ARMSTRONG: They've been to their doctor --

MR. HUCKABEE: -- right, if their doctor has determined, look, we have done everything that we know clinically to do; there is an experimental drug and that patient wishes to do it, I think that's the patient's right and privilege to give it a try. I would do it, and I think many people in that particular condition would, if not to save their own lives, to determine whether it may save somebody else's or maybe it wouldn't.

We've got a similar situation right now with coverage for people under CMS, with the Medicaid program. There are drugs that the FDA has approved.

There are drugs that have been deemed clinically viable and a proper protocol in clinical trials, but they're not drugs that are being covered, and that ought to be corrected. That's not a big thing. (Applause.) But it's the kind of thing that there's no excuse for our government not adding those, called ESAs, to the list so that we make sure that people who might have their lives either improved or, even better, saved, would have access to those medications.

MR. MATTHEWS: Governor, you've been very tough on smoking, and you made a real decision on that. And you've been very clear about self-reliance and responsibility in health care. Let me ask you about one of your rivals for the Republican nomination -- another governor, Governor Romney. Now Governor Romney had begun a big health care program in Massachusetts. People say he's distanced himself from that recently.

Where are you on that? Because I find it ironic that the Democrats always talk about national health, and yet it's Schwarzenegger, and it's Romney, that have state programs. What do you think of -- let's start with the Romney program, since you're head to head with this guy now and you're challenging him more than anybody among the conservatives. What's good or bad about the Romney program as governor of Massachusetts?

MR. HUCKABEE: Well, before there was a Romney, Arnold Schwarzenegger program, there was one in Arkansas called ARHealthNet that we actually launched and initiated. Being in Arkansas, we didn't --

MR. MATTHEWS: Universal health for Arkansas?

MR. HUCKABEE: Well, it was a coverage for small business. It wasn't universal for everybody.

MR. MATTHEWS: Okay, all right.

MR. HUCKABEE: But it did give small businesses an opportunity to access health care coverage for employees that had none at all. Again, it didn't get a lot of national attention, though I thought it should have, because it was -- what's that?

MR. MATTHEWS: Did it get -- it was enacted. It's in effect?

MR. HUCKABEE: It is in effect, right. It went in effect a year ago.

MR. MATTHEWS: What percentage of your people are covered by it -- (off mike)?

MR. HUCKABEE: It's a small percentage now, because it's not well known among the small businesses. But as it becomes known, people are accessing it and finding that it gives them an opportunity to put a safety net under their employees who otherwise didn't have one at all.

When we talk about universal coverage, the main thing I want to make sure that we understand is for me, the basic difference between, let's say, what many of the Democrats have proposed -- and look, what they're proposing is better than nothing, you know? And I think that there's -- sometimes, we get in these fights about Democrats and Republicans. The average American doesn't care who fixes it. They just want somebody to show some leadership and bring some proposal that might help this country be healthier. (Applause.)

My concern is that many of them -- what they want to do is to make universal health coverage the primary goal, which the primary goal ought to be universal health. Coverage helps get there if that coverage focuses in on creating the incentives and the preventive measures. But if all we do is just provide everybody everything, unlimited access, we get right back to the issue of Medicaid, which means you have the best coverage and the worst examples of actual health. That's not our goal. Our goal is healthy people, not just covered people.

Now the next goal is that we need to make sure that you pick your doctor, that your doctor, Chris, ought to work for you, not the insurance company, not the federal government, not even for your employer. Because if the insurance is owned by your employer and you change jobs, you lose health coverage. That's one of the problems we face in our current system. If it's

the responsibility and the insurance company owns it, they're going to do everything they can -- again, it's just the nature of the business. It's not necessarily because they're evil people, but they're going to try to do everything possible to squeeze every dollar away from having to pay, if they can find a way to do it.

When I empower you to make decisions, and those decisions empower you to access the health care you need but not use health care you don't need, and then you get to keep the differences and the benefits, similar to a health savings account, which I think is a great plan.

But the problem with the health savings account on the front end is most people don't have the money to set aside for the start-up. So the only way a health savings account will really work functionally is that if you provide some type of initial account to give them access so that they can get it started. And that makes, to me, more sense, that type of model.

MR. ARMSTRONG: Let me ask you a weird question. I don't know if it's a weird question, but, you know, let's just say that you're the president, and obviously, you have the power and the ability to appoint the head of the NCI. And I know how this works, because President Bush appointed me to the President's Cancer Panel. So they call you and they say, "Well, who have you voted for recently?" (I won't tell you ?) the answer. But let's just say that you and your staff and everybody in the community feels like they've got the guy and he's the best man for the job, and you call him up and he says, "Well, for the last 30 years I've voted for Democrats." Would you appoint him?

MR. HUCKABEE: Absolutely, if he's the best person for the job. And again, it's not just rhetoric. Let me say that I've got a long history; 10-1/2 years as a governor, I appointed a whole lot of people who never voted for me, people who were in my Cabinet. Hopefully, after I appointed them they voted for me the next time so they could keep their jobs. (Laughter.) You know, they may be dumb, but they're not stupid. They're not going to just vote against me. (Laughter.) They didn't put yard signs up for my opponent. But that was never a criteria when it came down to, if this is a professional process, we need the best people in the jobs. (Applause.)

And here's what I learned as a governor. That the best -- if you exercise good policy, it's great politics. Sometimes we worry about what's your politics. No, the question is, how effective are you going to be? If you're effective, you're going to truly make my politics better.

And I used to tell a lot of people that worked for me, "You handle the policy, I'll handle the politics. You make good decisions, you improve, whether it's education or it's health or it's the road system, and if you go out there and make these systems better, people will forget that I'm a Republican, and by golly, even in Arkansas they'll vote for me." And they did.

And that's exactly what we need in this country, is leadership that is not horizontal, not left, right, liberal, conservative, Democrat, Republican, where people think vertically. Are we going to take this country up, are we going to lead it down? And that's, to me, the kind of leadership that's needed. (Applause.)

MR. ARMSTRONG (?): Well said.

MR. MATTHEWS: Thank you, Governor.

MR. ARMSTRONG: Thank you.

MR. HUCKABEE: Thank you, Lance. A pleasure to be here. (Applause continuing.)

MR. MATTHEWS: Thank you, Governor.

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