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Preface

Representative Speeches

Speeches inform people of important facts, persuade them to adopt a particular point of view, and motivate them to take action. Speeches are used in a variety of contexts: more than two thousand years ago, religious sermons propelled the growth of Christianity, then a brand new religion. Throughout the nineteenth century, political candidates running for president of the United States and other national offices spent months traveling the continent, delivering speeches to persuade voters across increasingly far-flung states and territories; strong orators often had a significant advantage at the polls. World War II was fought with both weapons and words, as Nazi propaganda was delivered to the German masses through powerful speeches delivered at rallies, and President Franklin D. Roosevelt used his “fireside chat” radio addresses to motivate Americans to sacrifice personal comforts in support of the war effort.

Speeches continue to be a powerful means to deliver a message. Presentations at large-scale political conventions still hold significant weight for many people assessing which candidates to vote for. The popular TED Talk series presents speeches on an enormous variety of topics, many of which are available freely to the public online. And motivational speeches delivered at university commencements increasingly “go viral” online and inspire people far beyond the group of graduates to whom they were originally delivered.

In 2013 and 2014, the United States faced many diverse issues. These included implementing healthcare reform and the federal Affordable Care Act (ACA); gender issues such as the underrepresentation of women in the workforce, especially in the science, technology, engineering, and mathematics (STEM) fields; wealth inequality and its impact on national and global economic stability; education reform; and the need to protect and secure the world’s oceans from environmental and security threats. Throughout the year, government officials, nonprofit and civic organizations, corporate leaders, scientists, and entertainers delivered many speeches touching on these topics. Some informed the public about important issues or clarified facts about a complex situation, while others sought to persuade the audience of a particular point of view or motivate listeners to take action.

Informing the Public

Speeches can efficiently and effectively provide factual information to the public. This is especially helpful for complex topics such as healthcare reform, because it allows experts to provide additional information and answer specific questions about how a new law or policy will affect people’s lives. A lack of comprehensible information can cause panic and misunderstanding, which in turn can lead to swift implementation of poor policies; thus, these speeches often address explicitly the

challenges of communicating the details of healthcare, medicine, and related policy matters to the general public.

For example, in his speech at Town Hall Los Angeles, Drew Altman of the Henry J. Kaiser Family Foundation addresses the Affordable Care Act (ACA)—commonly called “Obamacare”—and its challenges. He observes that many Americans do not understand the law or how it might affect their families, and that the media has not been helpful in resolving the confusion. He believes that the problems with the ACA, and the difficulties communicating its provisions to the public, are symptoms of much greater issues in the US political system. The heavily politicized approach, combined with oversimplification in the media, leads to rash judgments about whether the ACA is “good” or “bad”—a determination that is extremely difficult to make about a highly nuanced law—and does not foster helpful dialog about how to improve the ACA. To help the audience better understand how the law operates, Altman describes the large number of “risk pools” that spread the insurance cost across the United States, and explains why this complicates making accurate nationwide statements about insurance costs, premium increases, and other significant aspects of the ACA’s implementation.

In another example from Town Hall Los Angeles, Keith L. Black explains the growing concern about Alzheimer’s disease as the American population ages, and the challenges faced by researchers hoping to cure the disease. He cites statistics on how many individuals might experience Alzheimer’s disease, and estimates of the costs of the long-term care these individuals will need. He then explains a significant challenge of Alzheimer’s research: as of 2014, patients are not typically diagnosed until the disease has reached a very late stage. As a result, researchers must figure out how to regenerate brain cells in order to help patients regain cognitive functions, which is extremely difficult. Black describes his team’s cutting-edge research, which explores new ways to diagnose Alzheimer’s disease early enough to halt its progress before the patient experiences significant cognitive impairments.

In both of these speeches, experts educate the public on the scientific initiatives being pursued to address serious and growing public health problems. They strive to balance the need for specific, technically correct information with the understanding that a nontechnical audience might not understand all the details of complex topics such as insurance risk pools or neurology research. If successful, the result is a well-informed and empowered public.

Motivating the Masses

Another important role of speeches is to motivate. Dynamic public speakers stir their audience’s emotions through their delivery style and their message. The speeches on gender issues in the workforce in this collection illustrate how different approaches effectively motivate different audiences. Research shows that greater female participation in the workforce leads to stronger economies in developed countries, so experts want to understand how to motivate women to join the workforce, and how public and private organizations can provide support to help them remain active participants.

At the launch of the World Bank's *Gender at Work* report, Catherine M. Russell discusses the role of women in the workforce and the economy worldwide. Her speech is a call to action to governments across the globe to encourage women to enter the workforce and protect their rights adequately once they arrive. Russell wants to motivate world leaders to remove the legal, social, financial, and educational barriers women face when seeking to enter the workforce. To support this, she cites studies demonstrating that many of the world's developed economies experienced significant growth during the second half of the twentieth century as a result of women entering the workforce. These arguments are calculated to persuade government leaders, for whom the economic stability of their constituency is a significant concern.

By contrast, in her speech at the International Women in Aviation Conference, Deborah A. P. Hersman addresses a group of women and men who work in the aviation industry, including astronauts, pilots, maintenance technicians, air traffic controllers, aviation safety officials, airport managers, and related business owners. Throughout her speech, Hersman reminds the audience of women's significant contributions to aviation, and motivates the audience to consider how to encourage more women to pursue STEM-related careers. She concludes by imploring audience members not to be content with small victories, but instead to be ambitious with their vision.

While the messages are similar, Hersman's approach to motivating her audience is different from Russell's: rather than speaking to government officials, Hersman is addressing individuals—including many women—who are already working in the STEM-related field of aviation. Policy-based arguments about global economic stability are less likely to motivate this audience than a rousing reminder of the significant achievements of women in aviation and related fields.

Speaking to the Audience

To achieve maximum effectiveness, speeches must appeal to the audience to which they will be delivered. Examples of this appear in the collection of speeches regarding wealth inequality, most of which address one of two groups with a significant stake in the issue: those who have a lot of money or influence in the government or corporate world, and those who are workers, wage-earners, and small business owners. Even when the underlying message is the same, speakers address these audiences in different ways, based on the audience's background, knowledge, and experiences.

For example, President Barack Obama delivered a speech in Kansas City, Missouri, where he addressed key economic issues affecting the working population. Many people had written him letters describing their personal financial situations, and Obama arranged to speak with several of them privately before delivering a wider address. Then in his speech, the president cites some of the specific concerns voiced to him by the community members. He also mentions his desire to see people make more than the current federal minimum wage, the need for people to have secure retirements, and the significance of attending college without undertaking

unmanageable amounts of debt. He discusses some of the federal government initiatives such as the Affordable Care Act, and notes that wages improved and unemployment decreased in many areas around the country. Finally, he criticizes Congress for blocking additional initiatives that he believes would help individuals provide for themselves and their families. In this case, the president's casual delivery style and the content of the speech is very much tailored to his audience.

By contrast, Christine Lagarde, managing director of the International Monetary Fund, begins her speech on economic inclusion and financial integrity by defining the idea of "inclusive capitalism" and reflecting on the origins of capitalism as a broader concept. Her tone is quite different from President Obama's address because she is speaking to a group of financial professionals and world leaders at the international Conference on Inclusive Capitalism. But her message is similar: she notes that excess risk-taking by leaders and financial institutions have damaged the public's trust, and led to high unemployment and rising social tension. Like Obama, Lagarde's speech stresses the importance of involving the average worker in the economy and keeping employment rates high. But Lagarde's arguments focus on studies that support the notion that more even wealth distribution leads to more stable economic growth, whereas Obama's speech addresses the direct, personal impact that initiatives such as increased minimum wage would have on the individuals and families in his audience. These varied approaches are necessary to reach effectively the specific audience to which the speech is addressed.

Achieving a Goal

Achieving a goal that is both large-scale and specific requires motivating a vast array of people and organizations, which in turn requires multiple speeches combining all of these elements. For example, addressing the environmental damage and security threats to the world's oceans requires international cooperation from government and civic organizations, private companies, scientists, and individuals. Each of these groups has a different level of expertise in the issue, requires a different amount and type of information, and is motivated by different considerations.

US Consul General Jennifer McIntyre's speech at the Maritime Trade and Security Conference in Chennai, India, addresses the subject of security in international waters. Speaking to an audience of government officials and large corporate interests, McIntyre addresses the economic impact of this issue. She cites statistics about trade in India and Southeast Asia, and notes the significant impact on the United States of trade in this region—which includes more than \$500 billion in exports, and supports approximately 2.8 million American jobs. She observes that securing waterways from piracy and other attacks requires the cooperation of both government and private interests, and uses economic impact to motivate the audience to care about the potential consequences of ignoring this key issue.

On the other hand, in his speech at the Google Workshop for Maritime Domain Awareness, Icelandic president Ólafur Ragnar Grímsson details the steps Iceland has taken to preserve its waterways, both environmentally and economically. As an island nation, much of Iceland's economy is based on fishing; as a result, the

economic health of the country is closely tied to the health of the oceans. Grímsson explains that, to prevent overfishing, the Icelandic government and local community leaders work closely with the Marine Research Institute to understand and limit the impact of fishing on the environment. He credits this careful management with helping Iceland recover quickly and effectively from its financial crisis in 2008, and notes the wider benefits of the engineering and information technology advances made in order to help the fishing industry.

Grímsson's speech outlining Iceland's approach to ocean resource preservation underscores the importance of bringing together multiple interest groups to achieve a common goal. The collection of speeches presented here illustrates the wide variety of groups that must be reached to achieve significant and lasting change in any area affecting the United States and the world today—as well as the equally wide variety of approaches leaders must take to motivate these groups to act.

—Tracey DiLascio

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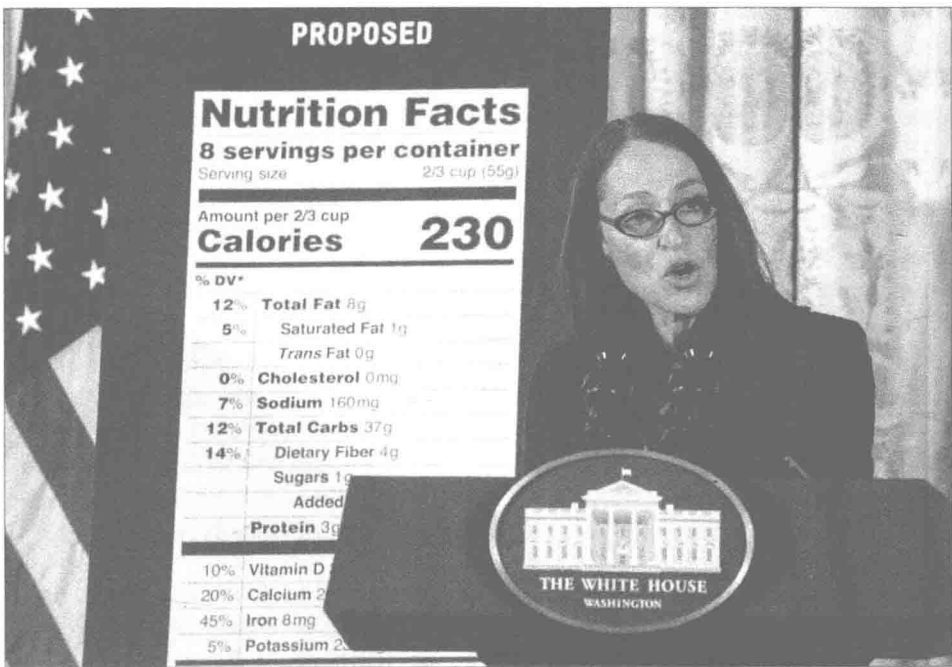
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1

A Year in Review



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FDA Commissioner Peggy Hamburg makes remarks as proposed changes to the Nutrition Facts labels of foods are announced during an event in the East Room of the White House in Washington, DC, on February 27, 2014. The changes highlight the calorie count and add detail on added sugars in all foods to make the information easier for the consumer to understand.

Will Obamacare Succeed?

By Drew Altman

In this speech, Drew Altman, president and chief executive officer of the Henry J. Kaiser Family Foundation, delivers an address on the Affordable Care Act (ACA), also known as Obamacare, to a group gathered for Town Hall Los Angeles on April 24, 2014. The Kaiser Family Foundation is a nonprofit organization that produces surveys and policy analysis for the media and policy makers, providing research-based studies of public opinion and the function of various policy initiatives. Altman describes the ACA from two perspectives. First, he explains why the law has been unpopular with citizens, media, and legislators. Then he discusses the benefits of the ACA, including reducing the number of uninsured, addressing the issue of insurance restrictions for those with preexisting conditions, and addressing the issue of the lifetime cap. Altman argues that the national debate surrounding the ACA's success is largely misinformed because it fails to recognize the fact that the success of the program will differ from state to state, especially given the Supreme Court's ruling for state discretion on the expansion of Medicaid. On this point, he criticizes the twenty-four states that have failed to expand Medicaid for contributing to the middle-class insurance problem. Discussing efforts to judge the success of the ACA based on surveys, he then reports that the Kaiser Family Foundation does not find any of the current surveys sufficient to judge the overall success of the program. Altman joined the Kaiser Family Foundation in the early 1990s, significantly changing the focus and function of the organization.

Thank you so much, Kim. I've come to talk about the ACA, and about health reform. There are many days now—I'm sure you may feel this way too, maybe most days—when the debate about the ACA is kind of a through-the-looking-glass experience for me. It's kind of, I don't know, a fantasy world where the focus is on the wrong things and it's on the wrong numbers, and there is misperception, and there is also sometimes deliberate misrepresentation. And maybe it's a little bit more on one side than on the other side, but it is both, it is on all sides. And our monthly tracking polls, which I think some of you see, show that the public is still more than a little bit confused about the ACA, and the media, which tries very hard and is our best protection against a broken political system, just seems still incapable of giving the American people the information they need to come to an informed judgment about this law. And most importantly—we were talking about this: helping people answer what is really the question they have about this law—which is, what does this mean for me and my family? They are really just trying to figure out that one

question. If we work on anything in our organization, it is trying to help people answer that one very basic question—and employers have that question, too, what does it mean for us?

This is a little bit of an academic point, but I was once an academic—I have come to the view that the debate we've had about the ACA maybe tells us more about ourselves and the problems with our political system and our media and our ability to have an informed debate about any big issue, but also about this issue, than it does about the good or the bad in the ACA itself. So one way of looking at this is, maybe we got the health reform law, or if not the health reform law, the debate about the health reform law, that we deserve until we deal with some of the more underlying problems in our political system. I've spent a lot of time in Washington, so I actually feel that very tangibly. And so, what I want to do today is focus on what I see as the real challenges facing the ACA. I'll be very practical, and mostly focus on the year ahead for you, and also on what I see as the challenges to having a better debate, a real debate, a more informed and rational debate about this law.

But before I get into this, I do often find that a little explanation about us is helpful when I'm speaking to California audiences. It's somewhat ironic, because we're a California-based organization based in Menlo Park, but there was a headline about us in a California newspaper that said, nationally very well-known but not so much in California, and that's absolutely true. So just very quickly, I did start the modern day Kaiser Family Foundation. That was in the early '90s, and it was in the middle of a very different health reform debate with the two Clintons, with Bill and Hillary Clinton. And many of you will remember that debate, and it was because I believed there needed to be an independent voice and source of information and research on all these big, hotly contested national health policy issues—not so much because I'm obsessed with research, which I may be—but because I felt there needed to be a counterweight to all of the money and politics and vested interests which so dominate everything that happens in our system. And we do that at our organization by producing basic facts, we do it by producing heavy-duty policy analysis which is sometimes interesting and sometimes will make your eyes glaze over. We do that by producing lots of polling and survey research. You may have seen our poll in *The New York Times* today. We do a lot of our polls with news organizations and we do that through journalism. We've launched the first national nonprofit health policy news service with the goal of producing in-depth coverage of these complicated issues. We actually have three journalists right now based in LA. We're defined a little bit by what we're not, which is kind of frustrating, but we are. As Kim mentioned, we're called Kaiser, but we have no connection with that giant HMO which is so much better known in California, except I get lots of angry letters from their enrollees who want to know why we wasted their premium dollars on this study or that study.

We are called a foundation, but we're actually legally not a foundation. We are a different—it's called a public charity, but I know that sounds like we're sitting on the street corner with a tin cup. The important thing for you to know is we do not make grants. We operate the programs that we run. We were called the think tank

of the year, this year, by *The Washington Post*. Happy to have the recognition, but I refute it. Please do not have an image of us sitting up in Menlo Park in togas, eating grapes. We actually try and do things. We just believe deeply that there needs to be an independent voice and source of information in the hyper-partisan world of health policy, and that there actually are facts, and we try and—you know, we're under new illusions, I am, that objective is neutral in the hyper-partisan world of health policy, but we think there is a need for that. Our benefactor, Henry Kaiser, had a motto, which was find a need and fill it. We actually try and do that, and we try and do it to the best of our ability. We don't always get it right, we're not perfect.

Ok, the ACA. Let me give you two views of the Affordable Care Act. See if you recognize one or both of them. Here's one view: this is a law with few friends. Republicans hate it and Republican politicians rail against it while Democratic politicians give it only lukewarm support. Media stories criticize it, I would say, with a kind of reflexive negativity. It's not very popular with the American people and it's become a lightning rod for all that ails the American healthcare system. This is the—remember Colin Powell's Pottery Barn rule about Iraq, you break it, you own it? It kind of applies also to the ACA. It has an individual mandate that Americans don't like, and narrow networks which we were talking about, which people don't really like either, and some people in the individual market don't like it because they have to pay more. So, sick people can get coverage and pay less, and nobody exactly told them when this started that it was going to work out that way, and there were tradeoffs involved to fix the utterly broken individual market. And so, it's an overreach. It's too big a role for the federal government. I won't ask you if that's your view, but I'm sure you recognize the view.

Here's another view. The ACA has survived an election, a Supreme Court challenge, a government shutdown, a website meltdown, far exceeding year one enrollment expectations. It has more lives than, I don't know, Arnold Schwarzenegger in "The Terminator" or Bill Clinton in a presidential election campaign. It will cover 25 to maybe 30 million of the uninsured, and in so doing address a national shame—our roughly 50 million uninsured people in our country. It will also eliminate the worst abuses in our health insurance system—the most famous one is not covering people with preexisting conditions, but there are many, many others, like the lifetime caps which can bankrupt many families, including someone in my family who is quite sick right now. It does that. We can debate whether it will control costs, and maybe we'll do that in the Q&A, but it absolutely does that while paying for itself, which the Congressional Budget Office has determined and so have we. It passed without any bipartisan support because it had to. The lack of bipartisan support is a defining characteristic of this law, but it passed without any bipartisan support because it had to. Republicans were not going to support a health reform law brought to them by President Obama. So, it's the best that could be done, it's the right thing to do, and maybe now it has turned a corner. That's another view.

So, I won't ask you which view you hold, or if those are your views, but which of those views is right? Do any of you remember, I don't know if any of you saw this, but I thought it was amazing, *The Daily Show* segment when Jon Stewart ridiculed

CNN for reducing Obamacare and a few other issues to a single judgment, which was, was it good or was it bad? And I'm sure that some producer came up with that largely to drive ratings, but in the middle of every discussion, every CNN anchor had to interrupt the guest and just say, but is it good or is it bad? There was no context, there was no nuance, there was no complexity. It was an analysis of the ACA that you were intended to be able to grasp if you were getting dressed in a hotel room or running through an airport. It may be that what happens with CNN viewers is you actually go to the airport in order to watch CNN. I'm not sure how it works.

My answer to this is that neither of these good or bad views is right because the ACA is going to play out differently in every state, in every insurance market, for people at different income levels and depending on where they live and where they work and what kind of employer they work for. And so, while this will frustrate the American desire for a winner or a loser—you are either Rocky or the Russian, if you saw the movie—it will vary tremendously across the country. We just finished the first year of open enrollment in the ACA, and if you followed the national narrative for the first year, here's what you heard. If the ACA enrolled 7 million people in new marketplaces and enough of them are young adults, then the ACA was a success, and if it didn't, it was a failure. It was as simple as that, and there were two metrics—7 million, which was actually reduced by the CBO to 6 million, but let's call it 7 million, and young adults. The problem is, as I wrote in a column not too long ago, actually virtually nothing about that narrative is right because the 7 million is a number that was made up for different purposes, as I'll discuss in a minute, and because risk is pooled at the state level, and premiums are actually set in little local marketplaces depending on how much, largely on how much competition there is between insurers in those marketplaces.

So now, let me begin to get into some of the substance of the ACA and break this down for you. First of all: the 7 million. The CBO, the Congressional Budget Office, invented that number. The CBO developed that number for one purpose only—this is all the CBO does—to estimate the potential impact of the ACA on the federal budget. That is why the CBO exists. They were making no judgment about how many people should enroll in the ACA in the first year, how many people might be needed to have a healthy risk pool, what the goal should be for the ACA for the first year. Their only purpose in life was to come up with a likely number of people who might enroll in order to estimate the potential impact of the ACA on the federal budget. Nevertheless, that number, 7 million, became a magic number. It became a litmus test which the ACA, by the way, and the administration passed with flying colors, ultimately enrolling 8 million people. And I think they deserved the victory lap after the website problems. But it actually has little or nothing, almost nothing to do with what the real impact, as I'll describe in a second, of the ACA will be on people, on employers, in the country.

Second: young adults, that was the other big number. We put out a number, CBO put out the same number, that 40 percent of the potential market are young adults. And then magically, everyone latched onto that number as the goal. And you would hear media story after media story that unless Obamacare enrolls 40 percent

of young adults, it's all over, and there will be a death spiral, and the goal is 40 percent of young adults, just like the 7 million. Well, it turns out that if they enroll just half of that number, 20 percent turn out to be young adults, the premiums will go up by about 2 percent. So yes, young adults are very important because they're healthier and the more the better, but never were young adults a make it or break it issue for the risk pool. What really matters are healthy people, not young people. So to put it as simply as I can, a healthy 50-year-old matters much more than a 27-year-old, and 60-year-old gym rat is worth his or her weight in gold, actuarially. What they did was, they transferred electoral politics—the young adults really mattered for the election of the president—to risk pools. It doesn't really work.

Third: they're talking about the 7 million and the make-up of the 7 million and how many are young adults. But there's actually no national risk pool at all. Under the law, risk is pooled at the state level. So, that means, some states are going to have good risk pools and some states are going to have bad risk pools. We don't know yet what those risk pools are going to look like. And that's going to vary a lot around the country.

Fourth: and this is my personal favorite ACA number, the premiums for the ACAs are set in what are called local rating markets. And guess what, there are 501—that's my favorite number—501 local rating areas under the ACA. Some states have one, California has 19, Florida has 67 because they're very inclusive in Florida—it's each county in Florida. So, the way to think about it is, if you're thinking about the premiums for the ACA, there are 501 ACAs running around out there. You can go adopt your own, whichever one you like.

And finally fifth: what matters most, even more than any of that, are the bets that insurance companies made about what their risk pools would look like in those markets. So, if they made good bets about how healthy or sick the people would be in their risk pools, their premiums are not going to go up very much this year. And if they bet wrong—there's more to this, I'm oversimplifying—but if they bet wrong, then the premiums could really go up a lot, and that again has nothing to do with how many young adults are in this 7 million, or whether it's 7 million or 6 million or 10 million or 15 million. So, the numbers to have in your heads are not 7 million or the percentage of young adults at all. It's 50 states, it's 501 rating areas, and what it means is, there will be tremendous variation by local market and state, and how the ACA plays out around the country is really going to be very different. You cannot look at a few national numbers and answer Wolf Blitzer's is it good or is it bad question. And so my metaphor for that is, it's like trying to predict the local weather from national averages. And that wouldn't matter, except for people it's the local weather that matters. It's, what's my premium, how much is my premium going to go up, and can I afford this?

So then, the issues we were talking about at our table, what are the real questions that we should be asking about the Affordable Care Act now? Probably the biggest one, I think it's the biggest one, is will the people who get coverage think it's affordable, will they think it's a good deal or not a good deal in this first year? I think much of the verdict on the law will turn on this. Everybody including the press is