



*U.S. Delegation to the  
United Nations Economic Commission For Europe  
2007 UNECE Ministerial Conference on Ageing  
November 6-8, 2007  
León, Spain*



**Remarks by  
The Honorable Josefina G. Carbonell  
Assistant Secretary for Aging  
U.S. Department of Health and Human Services**

Ministerial Panel  
*A Society for All Ages*  
**November 8, 2007**

Mister Chair, fellow delegates, ladies and gentlemen, I am delighted to be here with you today, and honored to represent the United States of America.

I extend my great appreciation to the United Nations Economic Commission for Europe and to the government of Spain for convening this ministerial conference. We all know how hard the UNECE team worked on the agenda and the draft Ministerial Declaration.

I want to especially thank the government of Spain, and the conference organizers at IMSERSO in the Ministry of Labor and Social Affairs, for its generosity in serving as a host for so many of our aging conferences, starting with the World Assembly on Ageing and most recently, today's conference.

The United States (U.S.) of America, under the leadership of President Bush, affirms its commitment to the themes the Madrid International Plan of Action on Ageing (MIPAA) addresses. In my address to the Second World Assembly on Ageing in 2002, I stated:

“For the United States Government, the continued improvement in the lives of older Americans and their families is a priority... We are committed to strengthening and modernizing our health insurance program for the elderly, improving access to health care, expanding prescription drug benefits, and preventing diseases.”

I am very pleased to report that five years later, we have achieved all of these objectives. Also, I am pleased to report that we have been mindful of the MIPAA priority areas which set a vision and an implementation plan for developing, “*A Society for All Ages.*”

The significance of this week's conference is what the MIPAA encouraged – nations gathering together, sharing ideas and building synergy to advance our knowledge of aging and to improve the lives of the elderly and their caregivers. Earlier this year, during a U.S. Department of State Summit on Global Aging, Secretary of State, Condoleeza Rice, stated:

“The impact of global aging is enormous and complex, and we stand to benefit from sharing our common solutions to our common problems. In today’s interdependent world, how one nation addresses a challenge like this has international implications. We must do a lot to more integrate the issues of aging into our international discussions and our foreign policy.”

More than at any other time in history, today it is critical to address issues of global aging. In the U.S., every five minutes, 23 adults are turning 65 – and in less than 20 years that number will double. The report, *Why Population Aging Matters: A Global Perspective*, presented at the U.S. State Department Summit on Global Aging, highlighted worldwide aging trends. Soon, for the first time in the history of the world, people over 65 will outnumber children under 5. Today, almost 500 million people are age 65 and over – 8 percent of the world’s population. By 2030, we expect the world will have one billion older people, or 13 percent of the total population.

The oldest old, traditionally those 85 and older, are now the fastest growing portion of the total population. This is significant because these older persons have higher levels of disability and thus require long-term care. This increase in the need for long-term care for the oldest old has implications for the length of time pensions and retirement income will be needed and portend major increases in health care costs if we do not make major changes now to our systems of care.

Although we come from different countries with different health and long-term care systems, we share the common challenge of preparing for global aging and determining how we as governments, communities, and individuals will care for our loved ones – and, most importantly, ensure their dignity and independence as they age.

In the U.S., we are working diligently to address these long-term care challenges. In 2001, President Bush began the New Freedom Initiative in the United States, as part of a nationwide effort to remove barriers to community living for people with disabilities. Today, there are more than 54 million Americans living with a disability, representing a full 20 percent of the U.S. population. In addition, there are more than 25 million family caregivers and millions more who provide aid and assistance to people with disabilities. In this initiative, President Bush called for a fundamental rebalancing of our care system so that emphasis is placed on providing care in the community and on giving people more choices and control over their care options.

Above all, in the US we are committed to empowering people to control their own lives; last year, President Bush said:

“We’ve got an interesting debate in health care in America. And I guess if I had to summarize how I view it, I would say there’s a choice between having the government make decisions or consumers make decisions. I stand on the side of encouraging consumers. Health care policy ought to be aimed at bolstering the consumer, empowering individuals to be responsible for health care decisions.”

Thus our central policy strategy is to make our system of care more responsive to the needs and preferences of our citizens, and ultimately, more cost-effective for all. We are doing this by empowering our citizens with greater choices and control over their own health and their care, including increased control over the types of benefits and services they receive and the manner in which those benefits and services are delivered.

Additionally, we are providing incentives to the US states to expand the provision of home and community-based services at the community level to help older adults actively “age in place.” In this process, we see great promise in the use of technology to assist us in this regard both at a system level and in terms of assistive technologies at the individual level to help people remain independent and mobile.

We have updated and modernized our federal insurance program for people over 65 and people with disabilities which is called Medicare. Medicare covers over 43 million eligible Americans regardless of income or medical history and in 2006 benefits exceeded \$ 374M. We modernized Medicare by expanding benefits to include prescription drug coverage and to refocus the program away from just paying the bills when people get sick, into a program that focuses on prevention and partners with recipients to help them stay healthy.

As part of our strategy to provide better and timelier information for consumers, President Bush directed all federal agencies administering health insurance programs to increase transparency in pricing and quality; encourage the adoption of health information technology standards; and provide options that promote quality and efficiency in health care. The President’s directive seeks to empower Americans to find better value and better care by knowing their options in advance, knowing the quality of their doctors and hospitals, and knowing what procedures will cost. By giving people good information about their options, we are putting consumers in the driver’s seat so they can play a more central role in shaping the future of health care in the U.S.

All of our programs are dependent upon consumer input. From the Federal to the local level, the views of private citizens, local and national non-profits and for-profit organizations are heard by Congress, the Executive Branch, and by our state, regional and local community services provider organizations through public hearings, advisory boards, surveys and listening sessions held around the country. This “bottom up” model has proven successful for over 40 years and has resulted in continuous policy improvement and in community-based services reflective of the input of local citizens. Further, this approach is consistent with the methods outlined for the follow-up to the MIPAA.

In the U.S., we face two unique senior housing challenges: housing seniors of limited means and housing those with some level of accumulated assets. Our Federal housing department promotes community-based living opportunities for the elderly and persons with disabilities, and makes supportive services available to residents of rental housing, enabling them to live as independently as possible in the most integrated setting. To adequately address the housing needs of this growing population, it is estimated that an additional 730,000 rent-assisted units will be needed by 2020 to help seniors with housing challenges. We recently announced that \$ 518.9M in grants is being invested to assist very low-income elderly. So, we are aggressively seeking ways to better address the needs of our nation's seniors.

We know that older people represent some of our greatest resources. They support our societies by providing millions of hours of volunteer, community and civic service through formal service organizations and through a variety of informal arrangements. They add great value to our communities and families by sharing and transferring knowledge of cultures, values, and life experiences among generations.

As we prepare for the demographic changes in the U.S., we are seeking ways to enable greater workforce participation by older Americans. We are exploring ways to increase opportunities for older individuals who want to or need to remain in the workforce. Such approaches will ensure a skilled workforce, help businesses meet their workforce needs, and will ease the strain on the government's ability to pay for or guarantee retirement programs and other public services.

Each generation has an opportunity to leave its mark on the world. Today, we are faced with the unique situation of rapidly aging societies. But this is also a unique window of opportunity to act now to create better care and reinforce healthier societies for all ages.

The United States is honored to stand with you all in this critical moment in history to achieve exactly this result.

Thank you Mister Chair.

