


# Press Briefing by Press Secretary Jay Carney, 11/04/2013

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The White House

Office of the Press Secretary

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James S. Brady Press Briefing Room

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MR. CARNEY: Are there some Blackhawks fans here? Must be. I think it's been announced, I know there's a call time for the Chicago Blackhawks event. Anyone who's going there should not feel badly at all if they get up and leave. I will understand -- or we could just end it when it's time to go. It's up to you.

A couple of toppers for you on this good Monday early afternoon. First of all, tomorrow the President will host a meeting in the Roosevelt Room with top business leaders to discuss the importance of getting immigration reform done to bolster U.S. economic growth. Immigration reform will reduce the deficit by nearly \$850 billion over the first 20 years, and it will grow the economy by \$1.4 trillion over 20 years, which adds 5.4 percent to the GDP by 2033. It has broad bipartisan support from Democrats and Republicans, business and labor leaders, law enforcement and faith leaders.

The President is willing to work with people on both sides of the aisle to get this done. It's good for business, it's good for our economy as a whole and it is the right thing to do. We believe it is time for the House to follow the Senate and take action.

Secondly, as you are already aware, as early as this evening, the Senate may vote on S.815, the Employment Non-Discrimination Act of 2013, which would place into law lasting and comprehensive federal protections against employment discrimination on the basis of sexual orientation or gender identity. The President has long supported an inclusive ENDA, and you may have seen his op-ed in the Huffington Post calling upon Congress to pass this bill so he can sign it into law.

We continue to urge lawmakers to act on this important legislation, because in America, who you are and who you love should never be a fireable offense. Qualified workers should not fear being fired from their jobs or otherwise denied the chance to earn a living for themselves and their families simply because of their sexual orientation or gender identity. This is about upholding America's core values of fairness and equality. So we look forward to that vote in the Senate.

Julie Pace.

Q Thank you. Just to follow on that, House Speaker John Boehner said this morning that he opposes ENDA. I know that you got this question last week, but now that it looks more realistic that the Senate could pass this and the House could not, does the President feel like signing an executive order is something that is in his power, or does he feel like this can only be done by Congress?

MR. CARNEY: We have long supported an inclusive legislative path to dealing with employment non-discrimination -- employment discrimination of LGBT Americans. I noted, and others here noted, Speaker Boehner's comments with regret. And his reasoning behind the position he took sounds familiar to the opposition to all -- almost all -- civil rights measures that have come and been passed into law in this country over the years. That opposition was wrong then and it's wrong now.

So we will continue to fight for this legislation to move through. And I understand that it may be taken or accepted as a fait accompli that because the Speaker has said this and taken this position that it cannot move through the House, but I would point you to instances where that has not proved to be the case, as recently as the reauthorization of the Violence Against Women Act, which we saw happen, fortunately, earlier this year.

So I think that the support for this is overwhelming. The support for it is overwhelming across the country, and in states that you might not expect it to be very popular it is very strongly supported. So we need to continue to pressure Congress to -- or the American people to get this done because it's the right thing to do.

Q Just to be clear about the President's position, does he feel like Congress is the only option for taking this action, or does he feel like he has the executive power to do this on his own if it doesn't get through Congress?

MR. CARNEY: Well, what we've said about this is two things. One, the preferable and better path has been through Congress, because that would be inclusive. An executive order that addresses federal contractors obviously would not be inclusive; it would not extend beyond federal contracts. So we're focused on getting ENDA through Congress.

When I used to answer questions about an executive order by saying that, there was great skepticism that we would get this far. And we have come to a moment where it looks quite likely, or quite possible, that the Senate will pass this. So we're going to keep pressing ahead.

I would note that there was a poll earlier this year that showed support for ENDA at 75 for and 14 percent against -- pretty good numbers. And that was in Texas -- 75-14 in Texas.

Q What poll?

MR. CARNEY: We'll have to get that for you.

Q On a separate topic, on health care, a few lawmakers, including Dianne Feinstein, over the weekend, said that they want to see the administration just take down the healthcare.gov site while these fixes are happening. Is that something that is even an option as far as the White House is concerned?

MR. CARNEY: Well, for sort of technical questions about how they're going about identifying, isolating and fixing the various problems with the website, I would refer you to CMS and their regular briefings. My understanding is that there are periods where, on a regular basis, the website is taken down for some of this work to be done, and that has been the case going back into October.

Q Taking it down sort of on a semi-permanent basis until all of these bugs are fixed, is that anything that is being discussed in the President's updates?

MR. CARNEY: It's not something I've heard discussed. My understanding -- and I would point you to what Jeff Zients and others have said -- is that the site is fixable and that there is an enormous amount of work going on on a daily basis to make the necessary fixes and to upgrade the site with the goal of making it fully functional for the vast majority of users by the end of this month. And that work continues.

It is important to remember that even as that work continues to improve the website, which, unquestionably, needs improvement, as we've acknowledged, people are able to get online, get information that they need, sign up and enroll. The problem has been that not enough people have been able to do that and too many people throughout this period since launch have experienced frustrating delays or difficulties in making that happen.

But from day one -- far too few, in our view, obviously, because of the poorly functioning website -- from day one, people have been able to use it to get information and enroll, and that has improved as we've been addressing the problems that exist. So, in our view, we're able to do this so that the website is functioning for the vast majority of users at acceptable standards by the end of this month.

Yes, sir.

Q Thank you. Can you tell us about the President's event tonight, speaking with the OFA? What does he hope to get from it and what's the purpose?

MR. CARNEY: I think you'll hear the President talk about the importance of the Affordable Care Act and the benefits that it provides to every American and, in particular, those millions of Americans who are either underinsured or uninsured.

And there's obviously a big effort underway to make sure that Americans across the country get the information they need, understand what benefits are available to them, including tax credits that are available to them, in order to purchase affordable and quality health insurance. And we're going to continue that effort, including with the President's remarks tonight.

Q And to ask about Iran, if I could. This week, there will be talks on Iran's nuclear program in Geneva. Today is the anniversary of the seizure of the U.S. Embassy in Tehran in 1979. What do you expect from talks? And do you have any sense that Iran might come up with new ideas later this week?

MR. CARNEY: Well, I'd say a couple of things. As the President has said, the history of mistrust between the United States and the Islamic Republic of Iran is deep and it will not be erased overnight. But what we are doing now is not about trust. We're engaged in serious and substantive negotiations that offer the possibility that we can stop the advance of Iran's nuclear program, gain more transparency into their nuclear activities, and negotiate a long-term, comprehensive solution that resolves the international community's concerns about Iran's nuclear program.

Our goal is to achieve a verifiable agreement that does not allow Iran to obtain a nuclear weapon. And we've said, obviously, that the window is open for us to pursue this option, to achieve our goal of not allowing Iran to possess a nuclear weapon, and we're going to aggressively pursue that while the window is open. But it won't remain open indefinitely.

So we're obviously going into this eyes wide open, but as we've discussed in the past, we need to take advantage of this opportunity to see if, in fact, Iran is serious about addressing the international community's concerns when it comes to its nuclear weapons program in a way that is verifiable for the United States and the whole international community that's concerned about it.

Q Do you take any message or any significance from the fact that protesters continue to chant "death to America" in demonstrations marking the anniversary of the event?

MR. CARNEY: I think that we believe that the vast majority of Iranians would prefer a better relationship with the West and would prefer the benefits of that better relationship with the West, including the economic benefits of rejoining the international community, to the current status quo. I think that's what the elections told us that led in part to this development and this potential breakthrough. We'll continue to focus on substantive negotiations to help bring about the policy goal that we seek.

I'm going to do what I did in the past here, which is move up and down.

Q The President, on Saturday in the weekly address, said that Washington can sound a lot like Charlie Brown's teacher -- a lot of unfocused noise can be hard to get past and cut through. And then he talked about the economy. There's this huge health care issue right now with the Obamacare website and signup. He's talking about the economy, he's talking about immigration. He did the op-ed on ENDA. You spoke about ENDA earlier. What is the focus of the White House right now?

MR. CARNEY: Well, as is the case with any White House, we obviously have a lot of issues that we're addressing at the same time. The principal organizing focus of this White House, as directed by the President, has always been the economy and job creation and middle-class security.

And that is why, even when, by necessity, some issues take more of our attention in public and take more of the President's attention both in public and in private -- and that includes health care reform, it includes, prior to that, Syria and the debate over what to do about the use of chemical weapons by the Assad regime -- every day, the President and his team are pushing forward on economic issues -- on creating a better bargain for the middle class; on trying to find ways that we can work with Congress to increase economic growth and job creation. And that's why you'll hear the President talk about matters economic in the coming days, because they're always the first priority when it comes to domestic issues.

You saw him last week host -- or rather speak to the SelectUSA Summit here, which was a remarkable event, bringing so many participants, and it was over-subscribed, around the idea that this country needs to do what so many other countries do, which is actively engage in the process of soliciting foreign investment to the United States so that jobs are created here -- high-paying, quality middle-class jobs.

And which is not to say that we won't continue to focus, as we obviously are, on these other issues, but the number-one priority has and will be economic progress. It was the day he was sworn into office when the economy was collapsing here in the United States and around the world, and it is today.

And when you look at these issues -- and I think this goes to the noise that the President spoke about in his weekly address, and the way that Washington often seems irrelevant to the concerns of the American people and, therefore, can sound like the grownups in Charlie Brown -- what most Americans when these sort of issues break through, of late, what they hear about Washington is that because of a political fight, an ideological fight, they shut down the government and did harm to the economy, reduced job creation. That's got to be enormously frustrating, and I think we've seen that borne out in some of the public data.

We ought to be doing what we can every day to help the economy and help the middle class. That's certainly the President's view.

Jon.

Q Jay, as I'm sure you remember, the President went in the Rose Garden on October 21st and talked about troubles with the website and said you can bypass the website and apply by phone or in person, and even said that once you get somebody on the phone, you can -- it usually takes about 25 minutes for an individual to apply, 45 minutes for a family. A new memo released by the Government Reform Committee shows that CMS was talking about how the very same issues were affecting written applications, phone applications. In fact, one of the memos says, at the end of the day, we are all stuck in the same queue because all those applications have to go through the website, have to go through the same computer system. Did the President know that the very same problems would be facing consumers when they called on the phone when he said that they could apply in 25 minutes?

MR. CARNEY: Well, Jon, as you know, the answer is, yes, as was reported widely at the time. The whole point is that CMS is processing paper applications through healthcare.gov, but it bypasses the need to create an account. And creating an account is what led to the bulk of issues for users in the initial days.

Initially, on the launch of the marketplaces on October 1st, you were not able to do that by phone, and in response to the troubles that users were having online -- the unacceptable troubles that they were having, we bulked up the staffing of the call centers and made it possible for individuals to call and enroll, to sign up and bypass, most importantly, the creation of an account so that could be handled by the call-in centers.

These applications are then processed through healthcare.gov, and we're working to fix healthcare.gov. But in terms of the user experience, the whole point was to alleviate the frustration that so many Americans were having online, and to take that frustration away from them and allow a live person at a call-in center to handle their questions and their signups and their enrollment for them.

So I know this -- I know it's spoken in tones of dramatic revelation, but it was a known fact at the time. We never pretended otherwise. So I think, as you know because I know you've talked to people about this, that this is -- the whole point was to beef up the call-in centers to give the American people who are looking for information a way to avoid some of the frustrations they were having online.

Q But, Jay, I want to go back to exactly --

MR. CARNEY: That would be that tone I'm talking about. (Laughter.)

Q I want to go back to exactly what the President said. He said you can bypass the website and apply by phone or in person, and that it can be done in 25 minutes. But these memos say that at the end of the day, we are all stuck in the same queue because they all have to go through the same portal.

MR. CARNEY: Jon, I get it. But the person who calls isn't the one who continues to wait after the paper application is filled.

Q Your mocking me is entertaining, but the President said that you could apply within 25 minutes.

MR. CARNEY: That's right.

Q That was not true.

MR. CARNEY: The work that you do -- I think everybody else is looking quizzically because there's a reason to be quizzical here. You call up, you give your information, you get the questions answered that you need answered, and then they take over from there. And then you find out what you're eligible for and the process goes forward.

Q In 25 minutes?

MR. CARNEY: No, once your application is processed. The point was to relieve some of the frustration that Americans were, understandably, experiencing.

Q Well, why does it take 25 minutes? Maybe you could clarify that.

MR. CARNEY: If it's an individual -- roughly, this is on average -- the interaction you have when you give the information and you bypass the creation of an account and you sign up, so that you didn't have to do that online. And then, to enroll, obviously you would be given the information you need. That would be processed and you would find out how much you qualified for and you could be enrolled that way.

Q But, Jay --

MR. CARNEY: But obviously -- but, Jon, we have never said that you wouldn't -- that the process, the endpoint in the process wouldn't still have to go through healthcare.gov. So this is not --

Q Actually, that's not true, Jay. Look at your own words. On October 21st, the same day, you said you can enroll over the phone, you can enroll in person.

MR. CARNEY: Right.

Q On October 23rd, you said there are four ways to enroll in the exchanges. You didn't say they all had to go through healthcare.gov. You said there are four ways to enroll in the exchanges -- by phone, in person --

MR. CARNEY: Jon, you don't have to go through healthcare.gov.

Q -- at local health centers, or by mail, or the website. You said there were four different ways. There's only one way. It all has to go through, as you just said, healthcare.gov.

MR. CARNEY: I'm saying what I said and what everybody said -- and, again, you can have this --

Q I've got your quotes here.

MR. CARNEY: -- soliloquy by yourself, but the --

Q No, I'm trying to understand why the President gave the American public the impression that they could imply -- they could apply -- not impression, told people they could apply in 25 minutes.

MR. CARNEY: They can get on the phone and call. And the paperwork is filled out for them and the process is taken over from there.

Q And when do they enroll?

MR. CARNEY: When their paperwork is processed through healthcare.gov. But they don't have to go online to do it is the point, Jon. That was the whole purpose of while we are fixing the website, making it meet the standards that we set, that Americans could

have this alternative way with beefed up staffing and new rules allowing the call-in centers to do this, the individuals on the call-in centers to do this, to provide that relief to Americans who are frustrated by the experience.

I'm not sure what you think you've discovered here, Jon, but, I mean, if you're asking me -  
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Q Are you being accurate when --

MR. CARNEY: Yes, I am.

Q -- the President is saying you can bypass the website? Because you just that it all has to go through the website. So which is it?

MR. CARNEY: Jon, I think we've been through this. You call, you have an experience with -- you have a conversation with somebody in the call-in center. You give them your information. They process it for you. They bypass the creation of an account, which is where most of the bottlenecks were happening for users on the website. Eventually, that still has to go through healthcare.gov. But you've done the work with --

Q -- do the "eventually" part.

MR. CARNEY: Jon, I give up.

Q Well, let me -- one more thing. From Kathleen Sebelius -- tell me if this was accurate. This was October 24th. She said, out of the Phoenix call center, a person on the other end of the phone can get questions answered up to 150 languages, as well as walk somebody all the way through the process and enroll at the end of the day.

MR. CARNEY: Right, at the end of the day. You give somebody your information -- when you call up and sign up for something right now, Jon, and somebody takes your information and they process that, they process whatever it is you're signing up for and enrolling in, they can do that once you're off the phone. You don't have to stay on the phone. That's the point, is to relieve Americans who were frustrated by the --

Q She said you can enroll by the end of the day. Is that right? You can call somebody up and enroll --

MR. CARNEY: Jon, I think everybody else here understands what I'm saying. I'm sorry I can't say the same for you.

Yes, Jim.

Q Given that there are enrollment issues and people are having trouble enrolling in Obamacare, buying insurance, whatever, what about all of these folks who are losing their insurance currently because they're getting letters of cancellation notices from insurers? Are all of those people going to be able to obtain insurance in time to avoid the fines and the penalties and so forth?



MR. CARNEY: Yes. And that's why we're so hard at work on making the website function. That's why we expanded the means by which you can get the information you need and bypass the creation of an account and enroll.

As you know, the people that you're talking about are -- and it's important every time you report this for your viewers that they understand the universe -- 80 percent of us across the country, 80 percent of the population receives insurance coverage through their employer or through Medicare, Medicaid or the VA. Fifteen percent of us, of the remaining 20 percent, are uninsured. And for the first time those 15 percent who fall through the cracks in the current insurance system that we have in this country have access to quality, affordable health insurance.

Five percent -- the remaining 5 percent currently purchase insurance on the individual market. A portion of that 5 percent -- so not even the 5 percent -- because they are not grandfathered in because the policy that they currently have is not the policy they had when the Affordable Care Act was signed into law are being told by insurers that they have to get new insurance policies that meet the minimum standards of the Affordable Care Act.

And for them, there will be an abundance of options through the marketplaces -- a greater abundance in almost all cases than exists today -- and there will be the opportunity for many of them, more than half of them, to get tax credits to reduce the cost of insurance. Without question, by definition, they will be getting better insurance than they currently have because the insurance they currently have doesn't meet basic standards that the President believes and those who support the Affordable Care Act and passed it into law believe are necessary.

Q But clearly, an unanticipated number of Americans -- perhaps millions of Americans -- may be experiencing these glitches, these technical problems, what have you, in enrolling for at least the next several weeks -- who knows how long, right? I mean, that is something that has been occurring.

MR. CARNEY: What we've said is that we believe that the website [healthcare.gov](http://healthcare.gov) will function effectively for the vast majority of Americans by the end of this month. And there are teams hard at work on making that happen, and they are making incremental progress towards that end every day. And while the site is not by any means without challenges or glitches today, it is better today than it was in early October, and it gets better virtually every day as these fixes are made.

There's no question that this is important work. There's no question that the fact that the website had performed so poorly initially that Americans who tried to use it were often frustrated by it, and we are behind in getting the kind of information that we need to get to the American people and getting them signed up and enrolled, which makes it all the more important for us to make the website function effectively, make sure that these other means are available to Americans to get the information they need so they can sign up and enroll.

And it's one of the reasons why it was important to have, or it is good to have a six-month enrollment period. Because as we noted last week when the President visited Massachusetts, in the closest existing example of a program like this, a very similar program that was launched in Massachusetts, you had a dynamic where enrollment was very slow, initially -- only 123 people in the first month in Massachusetts -- and then built up steadily over the course of time. That 123 I think represented .3 percent of what would be the overall enrollment by the end of the enrollment period.

Q And on ENDA, is the President challenging the Speaker to call for a vote?

MR. CARNEY: The President is calling on the House to take up the legislation and to pass it. So we're not laying down a challenge. We're obviously disappointed when any lawmaker announces that he or she doesn't support extraordinarily fair, basic protections for LGBT Americans -- protections that other Americans enjoy and they should enjoy.

So we're going to work with Congress. We look forward to passage in the Senate. We're heartened by the developments in the Senate that have brought us this far and believe that the momentum behind equal rights is such that we will prevail as a country on this issue.

Q And just very quickly, in that book that's coming out, "Double Down" -- apparently it's already out for some people --

MR. CARNEY: You didn't get your copy?

Q Not yet, no. The President attended a super PAC fundraiser, according to reports on what is in this book, the President attended a super PAC fundraiser last year. Did he, indeed, do that?

MR. CARNEY: I don't even remember. I don't know the revelation. We'll have to take the question.

Major.

Q There was quite a bit of reporting this weekend about internal conversations here at the White House about implementing the health care law. David Cutler produced a memo for the economic team back in May of 2010 in which he raised several flags. And he was someone who wanted the law to work well, he was someone that the White House trusted as an outside consultant on health care. And he identified several problems that he thought were beginning to build and that should receive more White House attention than they were at the time, or that he says now, did subsequently. Was there a lack of a singular leadership focus within the White House on pulling together all the vast array of implementation issues that would come with this law? And looking back on it, does the President regret not having someone singularly focused on that task?

MR. CARNEY: Well, I think there were senior people focused on passage of and implementation of the Affordable Care Act. There is no question about that. If the question is, do we wish the website was working more effectively and, thus, that more had

been done to make sure that it would work effectively come October 1st, the answer is, unquestionably, yes. And as we've said, we own that. We acknowledge that. And nobody is more frustrated by it than the President. And that's why, on his orders, there are teams working around the clock to improve that experience for millions of Americans.

When it comes to the overall suggestion I think of the article you mentioned or the memo you mentioned, don't forget that so much of the Affordable Care Act was implemented over the last several years, including provisions that allow parents to keep their kids on their coverage, including banning discrimination against kids with preexisting conditions, including banning lifetime limits on coverage, including requiring insurers to spend at least 80 percent of their premiums on health care, and then setting up those transitional, high-risk pools for people with preexisting conditions to get quality, affordable health insurance before the marketplaces made it the law of the land that they could not be denied coverage. So a lot of implementation took place in the three-plus years since the passage of the Affordable Care Act and the opening of the marketplaces.

But there's no question that when it comes to the launching of the website that more should have been done in order to ensure that it would function effectively. I think that's pretty obvious.

Q But so from your answer I take that everything else is working just fine, everything else is as the President envisioned; all the consumer reaction that we're getting about what they're being told from their insurance companies, all that's fine; the biggest problem is the website -- the only problem is the website.

MR. CARNEY: Well, no, I don't think we've said that. I think that obviously this is a big piece of business and there are issues that have to be resolved, as has been the case since the law passed. The website is an important factor and one that is a problem, and we continue to address head on and accept responsibility for directly because we know it needs to work. And it's unacceptable that it doesn't and hasn't worked as effectively as it needs to.

It's important, too, to note that even during this period, there has been -- the marketplaces have been stood up people have been able to get the information they need; they've been able to window shop; they've been able to -- in insufficient numbers because of the difficulties -- they have been able to sign up, register, and enroll. And that process will continue and the pace will increase.

But there are obviously -- I guess you need to ask me more specifically because I would never say that everything is running perfectly --

Q -- CMS is not the perfect place to be the sort of lead agency either on the website or some of the other technical aspects of implementing the health care law. He was advising and recommending, because he was a friend and wanted this to succeed, that there be someone with the political clout and the policy chops here at the White House to not only

oversee CMS but HHS and this vast array of other agencies, some of which he said were either underfunded or undermanned or demoralized or other issues. Do you think that was a valid point then, and in retrospect, is an even more valid point now?

MR. CARNEY: I would say that to the extent that it reflects what is our dissatisfaction with the functioning of the website, that is an interesting observation. Whether specific measures like that would have made it function more effectively on time, it's hard for me to say, not being a management expert or a website creation expert. But there's no question that nobody is satisfied, and that includes at CMS and HHS, as well as the White House, with the way the website has functioned.

I think the broader points I made about the things that have worked are important, and the things that have been implemented. But there is more work to be done here and we're focused on getting that work done -- because the goal remains ensuring that there are marketplaces up there stood up that are working effectively so that millions of Americans can get access to quality, affordable health insurance.

Q As you also know, there was a good deal of conversation this weekend as to whether or not the President and everyone echoing his remarks should use the particular phrase, "if you like your plan, you can keep it" -- that it was too declarative; that in the end, it might not be something that the American people would consider believable in retrospect, meaning there would be shifts in the insurance market that everyone could project and that some might feel this was promising too much. To the degree that you're -- I know you're capable -- to the degree you're willing, share with us how great a point of debate this was and if there are any regrets about using that phraseology and giving that level of ironclad commitment to people who now wonder if it was something they could take to the bank?

MR. CARNEY: Well, let me just -- a couple of things. One, it was not a point of debate that I remember or participated in. But, secondly, the premise -- I mean, the question is based on reporting that suggests that policy people didn't want this and political people did. And I can just point you to a White House health care policy advisor on staff here at the time, Zeke Emanuel, who pointed out that the statement was aimed to convey that because insurers could continue offering plans, even those deemed to be substandard, if they were in existence at the time the law was passed, you could keep your plan. And that's what the President said. And as Zeke Emanuel said, and I quote, "Any plan that existed before the date the law passed would be grandfathered in, unless lots of changes were made."

Now, I mean, if the President -- as I think my colleague Dan Pfeiffer said over the weekend, if the President didn't intend to keep that promise, why would he have gone out of his way to make sure that there was a provision in the law designed to keep the promise, which was the grandfathering-in clause.

Q Until policies changed, which many health care advisors here said, and it's part of the debate, apparently -- those policies are going to change. Because, I mean, to suggest otherwise would have been -- to have people here working at the White House saying the

President -- these policies are never going to change, that grandfather thing is always going to be good.

MR. CARNEY: Well, you're supposing debates that, again, I'm not sure took place. But I can tell you that what is the case is that the slice of a slice of the population that we're talking about that gets their policy coverage through the individual market deals with the upheavals in that market all the time, even more so than the rest of us. And what happened when we're talking about those cancellation notices or the transition notices is that the people who have gotten those letters did not have -- the policy they have today, even if they had insurance coverage three years ago, is not what they had three years ago. Why? Because their insurer downgraded their plan and they had no recourse, or their insurer changed other significant elements of their plan probably while they jacked up the prices significantly.

So I understand the communications issue here, and it's why we've discussed it so frequently. But as a matter of fact, the law and the provision within it could not grandfather in plans that did not exist and people associated with them that did not exist.

So our focus has to be, when we're talking about that slice of the 5 percent of the population affected by this, is to make sure that they get the information they need to make choices about their insurance coverage from options and an array of options they probably never had before; that they find out whether they qualify for tax credits. And what we'll find at the end of the day is that a majority of those folks will get better coverage at the same or less cost than they have today. And that's important. That is delivering on one of the promises of the Affordable Care Act.

So we're just going to -- we have the website to deal with. We have a number of issues with implementation to deal with. Our focus here is not on Monday-morning quarterbacking and who said what in what meeting, but what we can do today to ensure that millions of Americans are getting the kinds of benefits that the law promises, in addition to the millions of Americans who are already enjoying the benefits that the law has delivered.

Q But, Jay, on that --

MR. CARNEY: Let me move around as I promised. Dan.

Q In defense of press freedom --

MR. CARNEY: Are you Dan?

Q I am.

MR. CARNEY: Goodness. Okay, you can go first and then I'll go to the other one.  
(Laughter.)

Q I'm sorry. A question related to the NSA. In defense of press freedoms around the world, the administration is very critical of countries that use counterterrorism legislation to muzzle journalists -- Burundi, Egypt, Morocco, Turkey all recent examples. I wonder,

this weekend it became clear that the British police have used counterterrorism legislation to go after the NSA story, in particular during the arrest of Dave Miranda, Glen Greenwald's partner. Would the administration apply similar criticism there to the use of counterterrorism legislation to muzzle journalists?

MR. CARNEY: I haven't seen that over the weekend so I'll have to take the question.

Dan.

Q Thanks. (Laughter.) Thanks for circling back. I wonder about the apparent drone attack that killed Mehsud in Pakistan, which the Pakistani government has denounced, has produced calls from some politicians there to stop the transfer of equipment and things to Afghanistan and Pakistan, and so soon after the Pakistani leader had talks here. Is there concern about the damage that might cause to this kind of relationship that was so much a focus in those talks?

MR. CARNEY: Well, I'd say a couple of things. The President and the Prime Minister had very good meetings, and they reflected the strong, ongoing dialogue that we are having with Pakistan regarding all aspects of our bilateral relationship and our shared interests. And as the President said at the time, despite the fact that there inevitably will be some tensions and occasional misunderstandings between our two countries, we continue to hope -- rather we hope to continue to make progress in the relationship, and we continue to seek ways for our countries to cooperate on the entire range of shared interests that we have from economic to security issues.

The report that you mentioned -- or the reports that you mention are not ones that I can confirm. But I think I can be clear that Hakimullah Mehsud was considered the commander of the TTP -- that's the Pakistan Taliban -- the group that claimed responsibility for the failed bombing in Times Square in New York City in May of 2010. Hakimullah and other TTP leaders had publicly vowed to continue targeting the United States and Americans. Mehsud was also wanted in connection with his involvement in the murder of seven and injury of six Americans citizens on December 30th, 2009, at Forward Operating Base Chapman in Khost Province, Afghanistan. Mehsud had been indicted on charges of conspiracy to murder U.S. citizens abroad and conspiracy to use a weapon of mass destruction against U.S. citizens abroad.

In addition, the TTP has been designated as a foreign terrorist organization by the Secretary of State. It has a close relationship with al Qaeda and has conducted numerous terrorist attacks, as you know, in Pakistan.

So, as I said, around all of these issues we have a broad dialogue with Pakistan, and the meeting that the Prime Minister and President had here reflects that. We continue to have tensions in our relationship, and we work through them because we have so many important shared bilateral interests, and those are economic and security related. And it's in both nations' interests, we believe, to strengthen the relationship between our two countries, which is what we're trying to do.

Victoria.

Q At a press conference in Saudi Arabia today, Prince Saud said that he and Secretary of State Kerry are both committed to the Geneva peace conference on Syria and that Assad should not be part of any transition afterwards. But the thing is that Assad has made it very clear that he's not willing to talk to the armed opposition, and the moderate opposition has said that they're not willing to talk to the government at this point. And furthermore, the Islamist militants are on the outskirts of Damascus and have taken over the lead in terms of dominance from the moderate opposition.

So it's a two-part question. The first part is, shouldn't the Islamist militants be at the table, seeing as they are the opposition who are really dominant at this point and are going to have to play some kind of role in a post-Assad Syria? And secondly, what makes you think that a Syrian peace conference in Geneva stands any chance of even happening?

MR. CARNEY: Thank you for the question, first of all, and I think I can say on behalf of all of us, reminding us that Syria remains an important story.

We remain committed to the target of November for Geneva II. We continue to consult closely with Joint Special Representative Brahimi, with the Russians, the London 11, and the Syrian Opposition Coalition to advance momentum towards convening a Geneva II conference as soon as it is practical to do so.

As you know, Mr. Brahimi is in the region and he will convene a trilateral meeting tomorrow with the U.S. and Russian officials in Geneva. And the U.S. delegation, in case you don't know, will be led by Under Secretary of State for Political Affairs Wendy Sherman, and it will include U.S. Ambassador to Syria Robert Ford and Counselor for the National Security Advisor Salman Ahmed.

Now, we are committed to doing everything we can to bring an inclusive and cohesive opposition delegation to the negotiating table. We continue to consult closely with the Syrian coalition leadership to help it strengthen and coalesce further, and ensure that its Geneva II delegation will be properly representative and inclusive. Participation by a representative body of the moderate opposition at a Geneva conference is not only essential to moving forward toward a political transition, but to the future of Syria.

Now, we remain committed to this process in spite of the obstacles that you raise because political reconciliation, a political negotiated solution is the only way out of the bloodshed in Syria. It is our firm belief that Assad cannot be a part of Syria's future. He long ago relinquished that opportunity because of the actions he took and the amount of his own people's blood he has spilled.

It is true that because the conflict has been going on for so long, that there are different elements of the opposition, some of them moderate, some of them extremist. And while extremist elements may have more fighting strength, we do not believe that they represent or need to represent the future of Syria. They certainly should not. And we have worked very closely with the Syrian Opposition Coalition and all moderates in Syria to try to assist them in unifying and in representing the interests of the Syrian people at Geneva and elsewhere as they try to forge a better future for Syria.

So we remain committed to the Geneva II conference. We believe that it can happen in November. But it's absolutely the case that the challenges that you cite are real, and the fact of that is just a reminder that we need to press on Geneva as a way to resolve this bloodshed in Syria, because otherwise the alternative is so dire indeed for the Syrian people and for the region.

Q The other issue you're facing is that President Assad is indicating that he wishes to run for reelection and has no intention of stepping down.

MR. CARNEY: Well, all I can tell you is that the Syrian people have no interest in having Bashar al Assad remain in charge of their country. He's not in charge of their country today, at least not in whole. And the idea that the Syrian people, in a free vote, would choose and elect a man who has brutally murdered them with impunity I think is not serious at all.

Yes, Ed.

Q Jay, on the website question, you've said again and again, including today, it didn't work out, we own that, et cetera. So on the question of why the President said "if you like your plan, you can keep it," why don't you do something similar? Why not just say it wasn't entirely right, and move on, which is what you've tried to do with the website?

MR. CARNEY: I think the President addressed this in Boston. It didn't get the notice that it might have. But the President talked about this issue of cancellations, talked about the facts behind the grandfathering clause within the Affordable Care Act, and talked about the reality that we need to make sure that that portion of the 5 percent of the population that is affected by this because their insurance plans have changed their coverage, downgraded their coverage in the last few years, is provided all the information it needs and all the information it can get about potential subsidies so that they will have affordable, quality -- better quality -- health insurance coverage come January 1st.

Q But you wouldn't agree before when Major was asking you that there was even a debate here in the White House about whether the President should say it or not. Robert Gibbs, your predecessor, was on TV this morning and he didn't use the word "debate," but he said the verbiage the President used -- that there was not 100 percent agreement among the White House staff on whether it was the right verbiage to use. And then he was pressed on whether it was the wrong move for him to go forward anyway, the President, and Gibbs said "certainly," certainly it was.

So my question is -- instead, you seem to be saying it's the insurance industry's fault. They're kicking people off. They're sending out cancellation letters. When Dan Pfeiffer said yesterday -- you referenced this -- he said if you had a plan before the Affordable Care Act passed and it hasn't been changed or cancelled, you can keep it. Obviously, if it hasn't been changed or cancelled, you can keep it, but it's being changed and cancelled --

MR. CARNEY: Well, obviously. I like that --



Q Obviously. So -- but the insurance companies say they're making these changes because they're being forced by the new law, not doing it on their own --

MR. CARNEY: No, no, no, no, no. I'm seeing some heads shaking here because that represents a fundamental misunderstanding of the --

Q No, you've said again and again you have new requirements for the insurance companies to include all of these different things in the policies that were not included before. So to comply with that, they're sending out cancellation notices.

MR. CARNEY: But wait, no, no.

Q Okay.

MR. CARNEY: The reason why these individuals have gotten notices is because, if they had insurance at all on the individual market when the law was passed, which was the only universe we could address at the time because we didn't know -- we couldn't transport ourselves into the future -- but is because their insurers cancelled their plans and reissued them new ones, almost invariably downgraded plans in the interim. So the fact is there's a provision in the law for a reason that grandfathers those plans and the people attached to them if they want to stay with them from prior to the passage of the law going forward.

But if the insurance company changed the plan in the interim by reducing coverage, then it doesn't get grandfather status any more than a new plan introduced a year ago that was substandard and had caps or prevented you from getting benefits in hospitalization or anything like that would meet the minimum standards of coverage that the Affordable Care Act provides.

If you're saying that -- we're talking about this, obviously, because we need to do a better job of getting the facts out to that universe of the American population that is looking for answers. And we're working to do that, because our goal is the fulfillment of the policy objective, which is the provision of quality and affordable health insurance to every American or at least to provide access to every American.

So, again, the provision in the law I think reflects what was the -- that was the purpose of the grandfather-in clause. And as I think Dan said over the weekend, if he didn't intend to keep his promise, he wouldn't have gone out of his way to ensure that the grandfather-in clause was there.

We understand we have to get the information that's necessary that these people need because they deserve it and they need to know what their options are; they need to know that the majority of them will qualify for tax credits that will reduce the price of their new coverage; they need to know that they're getting better coverage than they had in the past and that they have more options.

One thing that's certainly happening is that people are getting letters from their current insurance company that say, your current plan will expire, and then they're getting information about that company's offerings, sometimes directing them to sign up for that company's offerings, and that company may no longer -- because of the competitive nature of the markets in many places -- may no longer be offering the best deal. So every person who's out there who might get a letter like that needs to go get the information that's available to them to find out what their options are, because they are better than they've ever been in almost all cases.

Peter.

Q Just to make sure I understand this very clearly, when the President spoke in the Rose Garden, and again more recently, when he was in Boston, telling people they could circumvent the website by paper applications or by phone applications -- does everybody who wants to enroll have to go through healthcare.gov in some form?

MR. CARNEY: Peter, as I was saying to Jon, when the marketplaces launched on October 1st, there were call-in centers. Operators on those call-in centers could not, at that time -- they could answer your questions about a lot of the issues around the Affordable Care Act, but at that time, they would still direct callers to the websites themselves to create an account and go through the process.

Because of the troubles with the website, HHS and CMS beefed up the staffing at the call-in centers and made it possible for those who are operating the phones to take information from callers so that they could bypass the need to create an account and get right to the registration and enrollment process.

On the back end, those enrollments still have to go through healthcare.gov, which HHS and everybody said at the time. But the individual doesn't do that. They do the work with the call-in center, and at the back end that information is fed through healthcare.gov.

Q So to be clear, is it faster -- if I right now were to call in to one of these individuals and speak to them, would I be expedited through the system and be able to enroll in a way that I couldn't through healthcare.gov?

MR. CARNEY: It would take a lot less of your time, potentially, if -- I mean there are plenty -- there are a lot of Americans who are getting through healthcare.gov now successfully. So it's obviously hard to say. It depends on when you go on, whether you encounter problems with the website.

What is the case is that you may spend less time at a call-in -- which was the whole purpose -- than you would online if you're experiencing frustrations online. And if you enroll today or a week from now, you only get insurance on January 1st -- or a month from now, or five weeks now.

So the whole point, again, was -- the purpose of beefing up the staffing at the call-in centers and making the point that the President and others made was to give Americans frustrated by the healthcare.gov experience another way to get information, another way

to sign up. And that's what it did. And that's what it's doing today.

Q But it didn't help you sign up. It only helped you -- it only helped you enroll your information. I guess we're asking this right now because a lot of the information still getting to the insurers still has problems. I asked you on October 23rd if it was fair to send people elsewhere, if that would help them expedite the problem, when the website, the computer system was still broken, and it appears that you guys said, yes, you should go elsewhere, that will help get it done quicker. But it doesn't because the website is still broken.

MR. CARNEY: They handle the paperwork for you. What needs to happen in time for people to get insurance on January 1st is for those individuals to be successfully enrolled before the deadline. There is still time to do that. The point of setting up the call-in centers was to alleviate some of the frustration people were feeling with the website, understandable frustration.

And we can talk in circles about this, Peter, but whether it's online or by phone or in person or by mail, if you enrolled on October 1st or November 1st or November 4th, or December 1st, you get your insurance January 1st.

Q The point is words matter right now, and there's a sense among some people, because of these new memos that have come out --

MR. CARNEY: Clarity in reporting matters, too.

Q Understood. That's why we're trying to clarify with you. So the point is right now there's some belief system that the President has oversold again with the comments he recently made about ways that people can apply and is under-delivering, and that going to the website, by changing the website --

MR. CARNEY: Again, I think I've addressed this.

Q So did he oversell?

MR. CARNEY: Peter, I've addressed the question.

Q Fine. Let me ask you a separate one.

MR. CARNEY: There were reports at the time about the fact that healthcare.gov was still the funnel through which ultimate enrollment would happen. But the point of the call-in centers was to reduce the frustration that individuals were having. That's what he said. That's what we were doing. That's what we're doing. And in the meantime, we're busting rocks every day to fix the website so that it's up and running at a standard that's acceptable for the vast majority of Americans by the end of the month.

Q So why not follow what many Democrats, including Dianne Feinstein, have said, and shut the website down for a period of one month? You'll still have all the time you need to enroll by January 1st and get it done.

MR. CARNEY: I got this question earlier -- because people are enrolling every day.

Q But information is still incorrectly arriving at insurers.

MR. CARNEY: And that situation is improving every day with the fixes that we're making.

Look, the endpoint here has to be -- we accept it -- has to be that the whole system works, that people from point to point, from their first creation of an account to the enrollment with an insurance plan, works. And we have had trouble with various points along that road through the website. And there are teams working with each problem to make sure they're fixed -- isolated and fixed through the various ways that they can do that -- through patches or increasing server capacity or rewriting code. All that work is happening.

In the end -- and it's a lot of work, but we believe it can get done. In the end, we need to make sure that Americans who seek quality, affordable health insurance on the marketplaces are getting the information they need, and if they choose to, they can enroll and get the tax subsidies that they qualify for.

Q A document being referred to earlier that was sent out exactly three and a half years ago, just two months after the law was signed by the President, from this outside health advisor said, "I'm concerned that the personnel and processes are not up to the task that health reform will be unsuccessful as a result." Now as you look back on that, given the fact that David Cutler, this outside advisor, says that there was no one in the system who had ever run a business, let alone ever been in charge of a startup -- and this would be the biggest startup in the world -- was this a fail of leadership, a failure of -- I'll pose it again. Was this a failure of leadership by the President not to put someone in charge of this who had experience on something of this sort?

MR. CARNEY: What I can tell you is that when it comes to the website, we completely acknowledge and accept responsibility for the fact that it's not functioning properly. That is the significant challenge that we have faced since October 1st.

When it comes to the full implementation of the Affordable Care Act, the team in place was able to do, and continues to be able to do, all the things that I've mentioned, which is implement a law that allows parents to keep their children on their policies until 26; that created a way for those with preexisting conditions to be covered during a transition period.

Q -- Jeffrey Zients ends in two months. I guess the question is, is the White House focused right now on finding someone who has that experience to be in charge on day one, January 1st, going forward?

MR. CARNEY: I have no personnel announcements to make.

Yes, sir.

Q Thank you, Jay. Two questions. First, the White House just announced that Vice President Biden is traveling to China, Japan and South Korea. Why this timing? And what issue will be at the top of the agenda?

MR. CARNEY: Well, for more details about that trip, since it was just announced, I'd refer you to the Vice President's office. The Vice President travels frequently on behalf of the President and the administration. He obviously has a great deal of experience in foreign affairs and a great many relationships around the world, including in Asia. Asia is a focal point of this administration's foreign policy, the pivot that we've discussed frequently. And the Vice President's trip will be in keeping with the intense focus the President has brought to bear on our relationships in the region and on our presence in the region.

So this will be a continuation of the work that the President has done, that the Vice President has done in previous trips to Asia. And I'm sure that the President looks forward to speaking with Vice President Biden specifically about the trip before he goes and then getting a readout upon his return.

Q The second question is that according to a news report, NSA has several monitoring posts in Shanghai, Beijing, and Hong Kong that raise a big concern in China. So will this be an issue between the Vice President and his counterpart in China?

MR. CARNEY: Well, as you know, I don't comment on specific, reported intelligence-gathering activities. What I'm confident of is that when the Vice President travels and has meetings with counterparts in foreign countries that every topic is on the table.

Zeke.

Q Thank you. To follow up on the question about the super PAC -- I know you said you'd get back to us on the answer to that -- is the President ruling out fundraising for any Democratic super PACs for the coming cycle?

MR. CARNEY: I just promise that in November of 2013, I haven't had a single conversation about 2014. So I'll just have to -- I'll indulge you and get back to you to the extent we have answers on these questions, but I can assure you that we won't be spending a lot of time on them in the near future.

Mike.

Q Another health care question -- since you probably --

MR. CARNEY: You want to know about paperwork? (Laughter.)

Q The administration has made a big deal lately about the idea that half of all uninsured single young adults can get policies on the insurance exchanges for under \$50 a month. Now, these policies, as it turns out, typically have deductibles of \$5,000 or more once you get your free checkup. How does that square with the promise of affordable health care -- not just affordable insurance, but affordable health care? And to qualify for these plans, you typically have to be making like \$24,000 a year or less to get that rate.

MR. CARNEY: Well, again, every individual who might apply for or enroll in insurance on the individual market has available to him subsidies and also a vast array of choices. The basic level of insurance might have a higher deductible; a higher-level insurance might have a lower deductible, as is true today.

The fact of the matter is that this question is about a group of potentially insured individuals who tend to go without insurance because they're young and don't believe they need it because they think they're invincible and they don't want to afford it. So when they do, if they go on the individual market, they tend to purchase only catastrophic plans with low premiums and high deductibles, but they don't get the kind of basic coverage that will be provided because of the Affordable Care Act. And they certainly don't get the subsidies that will be provided because of the Affordable Care Act.

So there's no question -- and I think there's really good data on this that kind of pushes against the common belief that most young people really aren't interested in purchasing insurance. Most of them say they are. Actually, a significant majority say they are, according to public surveys, provided that it is affordable. And what will be true for that group is what's true for all groups on this market, which represents a fairly small portion of the population, that they'll have far greater choices in front of them, including differing price ranges and different coverage levels than they've ever had before.

Nakamura, then Jackie.

Q Jay, I know you talked about the President will talk about health care tonight at the OFA remarks. Does the President see that -- I mean, OFA is a group that has been pushing for his agenda in concert with the White House, and on immigration and gun control, we haven't seen a lot of actions or results in Congress. And now with the problems with the health care website, I mean, does the President view this chance to talk to folks at OFA as sort of a pep talk and sort of for anybody who might feel a bit burned out or frustrated about this?

MR. CARNEY: The President believes that the folks he'll be talking to tonight are committed to an agenda that, when it comes to health care, is designed to provide affordable, quality health insurance to millions of Americans who haven't had access to it in the past, and to provide the kind of benefits that we're already seeing and have seen over the years to every American when it comes to health insurance.

So I don't think there's any doubt that this audience will be excited to hear that message and is very focused on the implementation of this policy.

Q And does he fear that the people up in the frontlines -- he's also meeting in Dallas on Wednesday with frontline workers on sort of health care, getting that message out -- I mean, does he fear that if they don't see results that those fighting on his behalf on his agenda will feel, again, burned out or frustrated, or --

MR. CARNEY: I think the President believes that this is always hard work, but we're going to see results. We're seeing results, we're going to see better results as time goes on.

It's important to remember -- because we sort of focus on the post-legislative period after the law actually passed Congress and was signed into law, and then after it was upheld by the Supreme Court -- that that achievement alone took 100 years of trying by Presidents of both parties and Congresses with leaders from both parties. It stands to reason that the implementation was going to be challenging, and made more challenging by the fact that we faced so much political opposition even in the wake of winning the legislative battle and winning the judicial battle and winning the electoral battle, because the American people want quality and affordable health insurance -- but there's still an effort to undermine it underway. There are still promises to defund it or repeal it, and every time without a credible alternative.

So every time a lawmaker says that's his or her goal, they ought to be reminded -- or the story ought to remind readers or viewers that the world they're envisioning is one where insurance companies can take away your coverage, or put fine print in it that means that the very illness you suffer from won't be covered by your plan, or just deny you coverage outright.

So there's a lot of forces working against this and always have been. There are entrenched interests. But in the end, we are where we are because Americans felt that it was the right thing to do to make sure that health care was a right and not a privilege.

Q But is he asking them to do anything tonight? Is he going to ask them to do --

MR. CARNEY: I'm not going to preview the remarks more than I already have.

Jackie.

Q Related then, I was going to ask you why he is going to Dallas on Wednesday. Is it because -- is that a way inadvertently to showcase the --

MR. CARNEY: Well, we put out -- or we should have put out a little more information about that trip. But he's going to meet with and thank local volunteers who are helping consumers learn about and enroll in quality, affordable health insurance plans through the marketplaces.

Now, Dallas is one of the 10 cities with the highest rates of uninsured residents that participate in the federal marketplace, and Dallas has one of the most active groups in the community working on enrollment and outreach efforts. So the President looks forward to meeting with these folks who are playing such an important role in the outreach effort to make sure that Americans who are uninsured get the insurance that's available to them.

There was a piece I think in your paper this morning that talked about the number of Americans who have been boxed out of getting insurance for so many years who will now, under the implementation of the Affordable Care Act, get health insurance coverage for the first time, and many of them at either very low cost or no cost because of their financial situation.

So this is important work. And what the President focuses on is the endpoint of the effort, which is delivering the benefits to the Americans who need them.

Q Will he draw attention -- is this his way of going to a place where the state is not participating in the exchanges, it's leaving that to the federal government, and is not expanding Medicaid to those people who would newly qualify?

MR. CARNEY: I don't know whether or not the President will address those issues in his remarks. It's certainly the case that, especially with the expansion of Medicaid, that that is a decision that governors have made in some states that is depriving their constituents of health insurance that they would otherwise qualify for, with enormously helpful subsidies from the federal government.

So we've seen a number of Republican governors who are conservatives who have acknowledged that this is the right thing to do for the residents of their states. And we appreciate the decisions that they've made on behalf of their constituents. And we'll continue to work with statehouses and governors across the country on this issue because we believe it's important for the fulfillment of the goal here of the Affordable Care Act.

Q One last thing. Could you say how the President is getting his information, being briefed on the fixes to the program? And is it daily? How is it occurring? Who's briefing him?

MR. CARNEY: Well, he does get briefed regularly. I don't have how --

Q But specifically, on healthcare.gov and Affordable Care Act?

MR. CARNEY: He does, yes, as has been the case prior to the -- again, I don't have a --

Q But there's no stepped up --

MR. CARNEY: -- regularity of it. Look, it's fair to say since we've had these troubles that he's probably getting more updates than he otherwise would have. But I don't have the how frequent it is or if it's necessarily on the same pattern every week.

Q You said "probably." Is he getting more?

MR. CARNEY: I think -- well, you can't prove a counterfactual. So had the website not experienced the troubles it had, so he would have --

Q Well, getting more than before the news came up.

MR. CARNEY: Well, it came up pretty quickly. I mean, we knew -- again, it's hard to quantify. The answer is, yes, he's being updated regularly and he is very focused on ensuring that fixes are made to the website and that implementation continues apace, because there's an end goal here that matters to real people and isn't about who's up and who's down in Washington, politically, but who's going to have the kind of security that comes with knowing you're covered across the country. And that security is vital for millions of Americans who don't have it.



Q Quick question on Dallas, Jay. Will the President make any tribute or reference to President Kennedy while there?

MR. CARNEY: Again, I don't have another preview -- any more of a preview for his remarks.

Thank you.

END

2:17 P.M. EST