

because we, too, have a stake in your future. We will do it because we have faith in you, President Mandela, and in other African nations who have pledged to see this process through.

Ultimately, of course, the people of Burundi and their representatives will have to decide what to do. You have all known fear and insecurity and loss. I ask you, do not condemn your young children to what you have known in the past. Seize this chance to give them a different future. Give them a country where they can sleep in their homes, walk to their schools, worship in their churches, and rise to their potential without being at war with their neighbors; a country that helps to fulfill the promise of Africa, that is part of the life of the world.

This will be a long and difficult journey. But as you go forward, I want the people of Burundi to know the people of the United States are prepared to walk with you. We will reach our destination together. *Turikumwe*—I am with you. And I thank you.

[At this point, former President Mandela thanked President Clinton and made brief remarks.]

President Clinton. Thank you. Let me just say very briefly how much I appreciate those remarks, and again, how much I appreciate all the parties being in Arusha. And you may be sure that the United States will continue to support this process. And if the process achieves an agreement which brings peace, we want to support Burundi. And we want to use this process, and your role in it, Mr. President, as a shining example to other troubled countries in Africa and throughout the world that there is a way to walk away from war toward a peaceful future.

So again, I thank you. I pledge my support. And I am very impressed by what all of you have done. I urge you to stay there and keep working at it. You can do it, and the United States will be with you. Thank you very, very much.

President Mandela. Well, goodbye, Mr. President.

President Clinton. Goodbye.

NOTE: The President spoke at approximately 9:50 a.m. from the Situation Room at the White House

to Burundi peace talk participants in the Semba Room at the International Conference Center in Arusha, Tanzania. In his remarks, he referred to President Benjamin William Mkapa of Tanzania; and Howard Wolpe, Special Envoy of the President and Secretary of State to Africa's Great Lakes region. The transcript released by the Office of the Press Secretary also included the remarks of President Mandela; however, it did not include the opening portion of the teleconference.

Remarks on Efforts To Improve Patient Safety

February 22, 2000

Thank you very much. Let me begin by thanking Barbara Blakeney for her words and her work on the frontlines of health care, and for the true visionary leadership that the nurses of our country have given efforts for health care reform certainly for all the days that I have been privileged to be here as President, and long before.

I want to thank Secretary Shalala and Secretary Herman for the work that they have done on the whole issue of quality health care, on medical errors, and their pioneering work for the Patients' Bill of Rights.

I thank Senator Jeffords, Senator Specter, and Senator Harkin for being here. They had an important hearing today, and I can tell you that—I was talking to them for a few moments outside—they are passionately interested in and very well informed about this issue. And as we all know, when we have a bipartisan commitment in the Congress to solving a problem in America, it normally gets solved. And I thank you all very much for your dedication.

I want to thank all the people who are here from the National Government. John of AHRQ—I like that. That's pretty good. [Laughter] Tom Garthwaite, Sue Bailey, Paul London, all the people here from all the other agencies who have worked so hard on this. Thank you very, very much. Thank you, Ken Kizer. I thank the leaders representing consumers, health care plans and providers, business, labor, and quality experts who are here. And of course, I want to thank the National Academy of Sciences' Institutes of Medicine for its landmark report.

As Secretary Shalala said, the IOM study focused new light on what has been a high priority of ours, which is ensuring that all Americans get the highest quality health care in the world. Secretary Herman pointed out that this is about more than saving lives—the dollar cost of—it is about more than money—and it's even about more than saving lives, because it's about the toll in lost trust in the health care system. We heard a lot about it when the IOM study came out.

But we know that if we do the right things, we can dramatically reduce the times when the wrong drug is dispensed, a blood transfusion is mismatched, or a surgery goes awry. As I have said many times, I will say again, I'm not here to find fault. I'm here to find answers.

We do have the best health care system in the world, the finest health professionals in the world. New drugs, new procedures, new technologies have allowed us to live longer and better lives. Later this year, when researchers finish the mapping of the human genome, it will lead to even greater advances in our ability to detect, treat, and prevent so many, many diseases.

But the growing advances have been accompanied by growing complexity in our health care delivery system. I might say it's complicated by the choices we have made about how we finance it and operate it. So the time has plainly come, as a result of the IOM study, to just take a step back and ask ourselves: How can we redesign the system to reduce error? Have we given all of our caregivers adequate training? Do they adequately coordinate with and communicate with one another? Do all settings have the right kinds of teams and systems in place to minimize mistakes?

These are the kinds of questions that were asked and answered in our landmark efforts as Americans to improve aviation safety and workplace safety. And if these questions are properly asked and answered in the context of the health care system, they will dramatically reduce errors there as well.

Last December I directed our own Health Care Quality Task Force to analyze the IOM study, to report back with recommendations about how we can follow the suggestions they made to protect patients and promote safety.

This morning I received the task force report, and I am proud to accept all its recommendations.

Our goal is to reduce preventable medical errors by 50 percent within 5 years. Today I announce our national action plan to reach that goal.

First, we agree with the need to establish a focal point within the Federal Government to target this challenge. So today I propose the creation of a new center for quality improvement in patient safety. My budget includes \$20 million to support the center, which will invest in research, develop national goals, issue an annual report on the state of patient safety, and translate findings into better practices and policies.

Second, we will ensure that each and every one of the 6,000 hospitals participating in Medicare has patient safety programs in place to prevent medical errors, including medication mistakes. These new systems save lives and over time, of course, also save money. I commend hospitals for the steps they have already taken, and we'll work with them and other health care experts to develop this regulation in the coming months.

Third, as we seek to make sure that the right systems are in place, we need to make sure they are working. Today I am releasing our plan for a nationwide, State-based system of reporting medical errors to be phased in over time. This will include mandatory reporting of preventable medical errors that cause death or serious injury, and voluntary reporting of other medical mistakes and so-called near misses or close calls.

Reporting is vital to holding health care systems accountable for delivering quality care and educating the public about the safety of their health care system. It is critical to uncovering weaknesses, targeting widespread problems, analyzing what works and what doesn't, and sharing it with others.

Twenty-one States already have mandatory error reporting systems. We want to make sure they have the tools to do it right, and that every other State will follow suit. That's why we'll be working with the National Quality Forum, a private-public group of health care experts, to develop a set of patient safety measurements that would lay the foundation for a uniform system of reporting errors.

We also want to replace what some call a culture of silence with a culture of safety; an environment that encourages others to talk about errors, what caused them, and how to stop them in the first place. So we'll support legislation that protects provider and patient confidentiality, but that does not undermine individual rights to remedies when they have, in fact, been harmed. People should have access to information about a preventable medical error that causes serious injury or death of a family member, and providers should have protections to encourage reporting and prevent mistakes from happening again.

And when it comes to reporting, we want the Federal Government to continue to lead by example. The Department of Veterans Affairs already has a mandatory reporting system for death and serious injuries. Beginning this spring, all 500 Department of Defense hospitals and clinics will do the same. And the VA will add a voluntary reporting system in its hospitals nationwide.

Finally, I'm announcing a number of new steps we will take that specifically target medication errors. Each year, medication mix-ups claim thousands of lives. Sometimes mistakes occur because many different drugs sound or look the same, sometimes because people are taking multiple medications and going to multiple doctors.

I'm calling on the Food and Drug Administration to develop new standards to help prevent medical errors caused by drugs that sound similar or packaging that looks similar. In addition, we'll develop new label standards that highlight common drug interactions and dosage errors. The VA will also put in place computerized systems to prevent medication mistakes. No more handwritten prescriptions that no one can read.

Hospitals that have already taken these steps have eliminated—listen to this—two out of three medication errors. This is very significant. We tend to think all of our problems are the result of some complex, high-tech glitch. We just want to make sure people can read the prescriptions—two out of three of these errors can be eliminated.

Taken together, these actions represent the most significant effort our Nation has ever made to reduce medical errors. It's a

balanced, commonsense approach based on prevention, not punishment; on problem-solving, not blame-placing.

If we can do this and pass a strong, enforceable Patients' Bill of Rights, we will have gone a long way toward ensuring quality health care for all Americans in the 21st century. Just think about it. We can cut preventable medical errors in half in 5 years, reduce concerns about lawsuits and about medical mistakes, avoid needless injuries and deaths, save lives, and make the world's best health care system much better for all Americans.

This is a worthy endeavor. It is one that, as you see, will be bipartisan, and one that I am committed to seeing through. Thank you all for being here, and let's get about the business of doing this.

Thank you.

NOTE: The President spoke at 12:53 p.m. in Presidential Hall in the Dwight D. Eisenhower Executive Office Building. In his remarks, he referred to Barbara A. Blakeney, first vice president, American Nurses Association, who introduced the President; John M. Eisenberg, Administrator, Agency for Healthcare Research and Quality; and Paul A. London, Senior Policy Adviser to the Secretary, Department of Commerce.

Proclamation 7275—Registration Under the Military Selective Service Act

February 22, 2000

By the President of the United States of America

A Proclamation

Section 3 of the Military Selective Service Act, as amended (50 U.S.C. App. 453), provides that male citizens of the United States and other male persons residing in the United States who are between the ages of 18 and 26, except those exempted by sections 3 and 6(a) of the Military Selective Service Act, must present themselves for registration at such time or times and place or places, and in such manner as determined by the President. Section 6(k) provides that such exceptions shall not continue after the cause for the exemption ceases to exist.

Now, Therefore, I, William J. Clinton, President of the United States of America,