THE WHITE HOUSE

Office of the Press Secretary

Internal Transcript June 10, 1993

REMARKS BY THE FIRST LADY
AT THE SYMPOSIUM ON HEALTH CARE REFORM

Johns Hopkins University
Baltimore, Maryland

11:30 A.M. EDT

MRS. CLINTON: Thank you very much. President Richardson and Dean Johns, thank you for those very warm words of welcome. And I am delighted, Dean Johns, that you have made it clear that my predecessor, Mrs. Harrison, was here before. and also I believe Mrs. Cleveland served on the committee that finally got the money together that enabled JohnS Hopkins to open its doors. And I'm also pleased that you reinforced the very strong admonition that both Mrs. Harrison and Mrs. Cleveland gave 100 years ago that women should be admitted to the Johns Hopkins School. I did not have time to go back and read the clippings, but I'm sure they were roundly criticized for being so aggressive and assertive in their views. (Laughter.)

I'm also very pleased to be here with Congressman Cardin and Mayor Schmoke, two leaders not just in the Congress and not just in Baltimore, but nationally on a number of issue that are very important to the well-being of our country. And I particularly enjoyed working with Congressman Cardin, whose expertise on health care and what has been accomplished in the state of Maryland with respect to the changes that have come about here and have really appreciated his counsel. And I'm always pleased to be with Mayor Schmoke in his city.

I also wish to extend my congratulations to all of you who are part of the Hopkins community -- to trustees, to the distinguished members of this faculty, to staff, to students, to friends of this institution. There really isn't any other quite like it. And I am honored to be part of its centennial anniversary.

One need not be a doctor, a nurse, a medical student or even involved with health care reform to appreciate the magnitude of Johns Hopkins' contributions to medicine and health care in the past

100 years. How many other institutions can boast of revolutionizing the standards for medical school admission or claim credit for being among the first to include women as students? How many have so ably served the poor and indigent in the inner city around them? And how many have spawned so many important discoveries in medical treatment?

Indeed, Johns Hopkins, as you know, is widely respected for excellence, progress, and vision in health care. And besides that, how many other schools of medicine are distinguished enough to be immortalized as a question on Jeopardy? (Laughter.) As we all know, when you make it in the popular culture you really make it. And so that ought to be one of the issues you discuss during this centennial conversation.

But given your history as trailblazers in medical education and research, your tradition of socially responsible medicine, your remarkable faculty and students, you have much to be proud of. And yet, there is also much to look forward to in the next 100 years. You will continue, I am sure, the tradition of research that brought you the Nobel Prizes of Doctors Daniel Nathen and Hamilton Smith, to the medical advancements and the treatment of blindness, to the innovative research that Hopkins doctors have produced on brain chemistry. And, although I cannot tell you what a P53 gene is, I do know that Dr. Vogelstein's recent revelation about genetic connections to colon cancer are a welcome breakthrough for those thousands of Americans who suffer from and die from that disease each year.

And yet I also know that no matter how distinguished your past and future in research is, and no matter how great your reputation as an academic medical center throughout the world is, you have also set and changed the agenda for medical education. Few medical schools were as quick to understand the importance of incorporating humanistic learning in the training of doctors. And few others have even yet today a curriculum that so emphasizes general practice and the role of the physician in society.

And you have done all of this while not neglecting to treat patients. You are a beacon in this region and in the nation when it comes to clinical and tertiary care, and most importantly, you are an anchor in East Baltimore, providing quality treatment for poor and needy citizens who might otherwise go without.

There are many things that I could say and that will be said during this day and in days to come about the achievements of this institution. But what I would like to do for a few minutes is look toward the future and share with you what I believe will be the impact of the President's reform effort on academic medical centers such as Hopkins. I believe you will be encouraged by our ideas and

the assumptions we are operating on. And yet, I think we also have to understand fully the context in which this reform effort is developing and moving forward.

You know better than most that although we do have much to be proud of in this country when it comes to the quality of our physicians, our nurses, our medical care, our technology, our research, we are facing a crisis. It is not a crisis that is evenly distributed throughout our population. There are many parts of our country that still wake up every day not really touched by what many of you see day in and day out here at this institution. They do not see the crowded emergency rooms. They do not see the hard choices that doctors now have to make, struggling with the competing demands of so-called managed care and their own consciences about what needs to be done.

And yet, we can't turn back the clock. We are not likely to go back to the time when health calls were made routinely, although there is some clinical work being done now which demonstrates that house calls and even telephone calls are very clinically efficacious. So it may be that a return to that would help us in other ways.

But what we now are confronting, what you confront is often a nightmarish vision of overcrowded emergency rooms, layers of paperwork, confusing insurance plans, and all too often, inadequate treatment at the end.

You have devoted your professional lives to improving the health and well-being of your fellow citizens. You're the ones who are on the front lines. And you're the ones with whom I have spent many, many hours, both personally and in my role on the health care reform task force, talking about what has happened to medicine; what has happened to the patient-doctor relationship; what has happened that has created a system that no one will take credit for, which has spun out of control, creating unintended consequences, whether it be in mountains of paperwork or in the kinds of cost-cutting practices that interfere with the quality of care. You're the ones faced with the ethical dilemmas about proper treatment for people with no health insurance. You see it all firsthand. And I have come through the last several months to see many of those same issues with you.

It is very difficult for me, and I can imagine, even more difficult for you to experience what I see happening to so many people -- doctors, nurses, other care-givers, patients, hospital administrators. When I go to a hospital, as I have in the last few months, and visit with the medical director, a man who had practiced for 30 years, who looks at me and says, "You know, there's that old

As you know so well in this hospital here associated with this institution, the more we try to cut around the edges, to jimmy people in the systems and make the people fit the systems instead of the other way around, the more problems we cause ourself. And the costs continue to go up. And this is not a problem any longer primarily for the uninsured or the poor. This is a problem now that threatens to undermine the security of every American. There is no one I know except the very richest in our country who can be sure, given what is happening in our economy, given the changes in companies as they make decisions about benefits or lay people off or go out of business, that even those among our citizens with the best insurance will have it next year or even, in some cases, next month.

Tens of thousands of Americans join the ranks of the uninsured each month. Workers and employers are grappling over who should pay the escalating price of health benefits. American corporations are often at a competitive disadvantage because their foreign competitors usually provide health care at a cheaper cost, not less health care but more effectively delivered health care. And doctors are burdened with more and more paperwork that doesn't necessarily have anything to do with quality and with the specter of lawsuits hanging over their decisions.

Hundreds of Americans have come together in this effort to find an answer. We have had the help of many people associated with Johns Hopkins and I could not name them all. But they have been there consulting with us, advising us, giving us guidance about what will be the best solutions. Those people who are members of the Johns Hopkins community have looked at an extraordinary range of issues, along with the other members of the task force. And it is clear that we cannot just attack one part of this problem.

That is part of why we are in the situation we are in today. If you try to control the rising costs in health care by controlling price, volume goes up. If you try to control the rising costs by regulations you have more micromanagement with checkers checking the checkers, which has very little to do with quality.

So what we have to do is to look comprehensively at all of the problems that impact on the overall issue that confronts us in the health care system today. Clearly, we believe that there are a number of principles that have to guide us if we expect the system we want to see created to be effective. First, it has to provide security for every American. Health care has to be available no matter who you work for, no matter what your health status. It has to be portable from job to job and across the state lines. That level of security is absolutely essential. It does have to control costs, but it needs to focus on eliminating the unnecessary costs in

the system first and be able to reallocate those resources to actually providing health care.

I do not know now, I have lost count of how many doctors have told me the huge percentage they are currently paying out of their income, those who are in private practice, to pay for the administrative side of their business; how many more people they have had to add; how many more hassles they have had to contend with. There are costs in this system that need to be eliminated. There is no excuse for the proliferation of forms that are of absolutely no use to the provider or the patient. There is no excuse for the kind of bureaucracy that has been built up in both the private insurance world and in the government in order to check people and double-check their decisions.

We also need to be committed to improving and retaining quality and by maintaining choice on behalf of patients. And we need to have a system that is simple enough for the average person to understand and feel good about.

We are looking for those kinds of solutions and believe that we are close to being able to present a proposal that will enable us to achieve a system that meets them. But there is a particular piece of this that I know is of great importance to the Johns Hopkins community, and that is the role of the Academic Medical Center. The kind of important role that has been played by Johns Hopkins and will continue to be played is one that we have spent a great deal of time working on, to be sure that we understand how best to put into place an overall reform system that will enable the Johns Hopkins of our country to continue and even enhance the important roles currently played.

There are a number of issues that come into consideration when we look at the Academic Medical Center. The first is the supply of physicians and the kinds of physicians in that supply. There is no way we can provide the kind of universal access that is required, and require a benefits package to be available to all Americans that emphasizes primary and preventative health care without a larger supply of primary physicians.

That is a simplistic statement, but one which will take a great deal of effort to meet. How do we move from our current imbalance of the number of specialists for primary care physicians and get to a point where we can promise there will be primary care physicians, not just in the suburbs, but in the inner city and in rural areas so there will be a true network of care that will fulfill the promise we are attempting to make to Americans.

As Dean Johns and others have suggested, the success of our health care reform effort depends in part on our ability to put doctors and health care resources where they are most needed, not simply where they are most profitable. But that will happen only if incentives that have traditionally gone into medical education to promote specialists now go into medical education to promote generalists.

The bold curricular changes undertaken at Hopkins reflect exactly the sort of creativity and vision we need across the board. Ultimately we have to recognize that there are values in our health care system that we need to promote and reassert and even to introduce. And this curricular change that will lead to the possibility of more primary care physicians is one of those values.

I commend Hopkins and I suggest to you that our national health care reform effort will in many ways have to follow the model that Hopkins has set. Through the government provision of resources for medical education we will have to alter the incentives that are currently there if we are to have an adequate supply of primary care physicians.

We will then have to look for ways of actually providing real loan repayment options and forgiveness of loans for students who are willing to go into those area that our country most dramatically needs in primary care. We will also have to be sure that we have the kind of linkages between primary care physicians and secondary and tertiary care practitioners and facilities that will enable the primary care physician to be part of a network of care.

Technology will help us in that regard. I'm sure many of you, as I have, have watched now the kind of technological linkage that exists in rural areas with academic medical centers in some parts of our country. Where we are getting to the point where a doctor in a rural area can hold an X-ray up and it can actually be read 400 or 500 miles away.

We need the kind of communication and cooperation between our academic medical centers and these primary care physicians once their supply is increased to ensure that we have the quality of care that they will expect to be able to delivery to their patients. We also will have to be sure that the academic medical centers do not in any way fall down on their responsibility to train specialists and subspecialists, but at least for the immediate future, the balance has to be altered.

I am particularly grateful to Dean Johns and to Dr. Jim Block for the time that they have spent with us talking through the problems of the academic medical centers, how to keep the missions of

these centers alive. And let me just run through some additional issues that we think will be particularly helpful to these centers.

In addition to your obligation to help us meet our supply problem, we anticipate being able to help centers such as this deal with their financial problems. You currently bear a disproportionate burden of treating patients who cannot afford to pay. Under a new health care system, however, all patients will be entitled to health care coverage and all providers will be fairly compensated for their services. This is particularly important for the uncompensated care that is delivered by a hospital such as the one here and many others like it around the country.

I have often explained, or tried to explain to audiences of citizens what that $20 bill for the Tylenol means on the hospital bill they receive in trying to explain to them how uncompensated care is paid for. Because one of the sad, and perhaps unfair, facts that we confront in the health care reform debate is that most American believe there is a very simple answer: Don't charge as much for what you do. That, to them, is the answer. All the rest of these issues that we have looked at and worried about over the last five months pale into insignificance against the overwhelming public perception that the real problem in health care is that doctors charge too much, hospitals charge too much, insurance companies charge too much, everybody charges too much so we just cut everybody's prices and everything will be fine.

You know that is not the case, and I know it. But it will be one of our challenges to educate the public and the more that you can talk about what it means for an institution like Hopkins Hospital to try to care for the people of East Baltimore, and to try to fund that care when so many patients are either uninsured or underinsured will enable us to have a much better educated audience when we come forward with health care reform.

So there will be great opportunities because there will be so little uncompensated care left when we are able to reform the system. There will also be incentives for hospitals, such as the one at Hopkins, to be part of networks that remove care away from the emergency and the tertiary care facility out into the community.

I have visited other hospitals, much as what you're trying to do here, where you begin to have a screening system so that when people walk in the door of the emergency it is not assumed that they will sit there and wait for several hours until their minor problem can be dealt with while you deal with emergencies, but instead they are immediately deflected off into a different system, maybe down the block, maybe across the street, maybe into a van where

they are taken to a family clinic where the problem that they have can be effectively and cost effectively dealt with.

We also will continue to do what we can to support the traditional research role of the academic medical center. We know how important that is. I ticked off earlier some of the many advances that have been and will continue to be made in medical research here at this institution.

We will look for ways to support that research. We believe that medical research is a cost effective investment, and we will be looking for ways to spread the burden more fairly and to increase the resources available to academic medical centers so that you can look forward to a steady stream of revenue, maybe even increasing in some areas a particular need so that we can continue the kind of breakthrough research that has been the hallmark of Hopkins and other academic medical centers.

We will also look for ways to be sure that that wonderful phrase that comes from one of your leaders, managed cooperation, is the reality. That is what we are really looking for. We are not looking for an environment in which the academic medical center competes with any other institution at the lowest common denominator. We are looking for ways to enhance the special roles of all kinds of institutions within our health care delivery system. That can only come about through cooperation.

And I had no idea before I got into this how difficult cooperation was. (Laughter.) You know how difficult it is. But it's going to require new attitudes on the part of lots of people. Specialists are going to have to cooperate with non-specialists; doctors are going to have to cooperate with nurses; hospitals are going to have to cooperate with clinics. All kinds of cooperative, collaborative arrangement should be seeded and nurtured in a reformed environment.

There will be so many opportunities for you as physicians or nurses or other staff members to have your roles enhanced and to be given back authority for making decisions again. But that will then put the burden on you of cooperating.

We have, inadvertently over the years, created a system in which cooperation was not necessarily valued. And it has not gotten us what we want. It has instead gotten us a system in which people are pitted against one another; in which reimbursement is based often on diagnosis or tests rather than quality and outcome; where teamwork is valued because it has to be there when you're actually on the floor doing what needs to be done; but is not valued within the larger system.

So we will look to you to help us create those new relationships of cooperation. And we will look to those who are not professionals to be more responsible for their own health care; to take that primary or preventive health care option that we will now require to be given to them; to be responsible for their own well-being; to give you a little help in your efforts to try to be the healers. But you will also have to perhaps go beyond the traditional medical school orientation, to talk more about things like nutrition, diet, exercise, stress reduction, the kinds of issues that until recently have not been considered part of the mainstream medical school curriculum but which many of us in this room practice ourselves, whether you talk to your patients about them or not.

And so we will have to look to you to give new leadership of a different kind, new meaning to the words health care. Because of President Richardson said, we often have a system that is a sickness system, not a health system. And we have to participate in changing the attitudes of ourselves and our fellow citizens if this reform is really to do what we hope it will do.

The kind of opportunities available for an Academic Medical Center are really only limited by the scope of imagination and vision. I anticipate that as we move forward in the next weeks we will engage in a vigorous and, I hope, constructive debate about what direction we need to go and how the President's policies will be received. That's what should take place as we embark on a great effort to reform this system to benefit everyone.

But I hope that it will not be a debate just about narrow issues and that each of us from whatever perspective we bring will be able to step outside our own view and our own experience to think as broadly as possible. There is no better place to get that kind of vision than a place like this one. We will need your continuing guidance as so many of you have already given to us. We will need your voices.

And for every question you ask, suggest a possible answer, because there isn't any doubt, I don't think, that we can do better. We can do better as a nation because when one stops and thinks a minute about what is a stake, it is not just about how we finance health care, although certainly it is that. It is not just about insuring that we rid ourselves of the unnecessary bureaucracy and paperwork, and how we deal with the threat of malpractice that hangs over your heads, It is not just about increasing and enhancing our research agenda so that we get better results more quickly delivered to the maximum number of people. It is not even just about how we cooperate with one another among professionals. It is not

even just about how much responsibility individuals finally are willing to take for themselves.

It is all of that, but it is more. It is about the quality of our community together. It is about what kind of people we are and intend to be. It is about how we treat one another, how we care for all of us, but particularly those who are least fortunate among us. This health care reform will certainly say a lot about Johns Hopkins, about hospitals, about medicine, but it will ultimately say a lot more about what kind of social contract we have with one another, what kind of country we are, and what kind of country we want to be. Thank you all very much. (Applause.)

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For Immediate Release

REMARKS BY THE FIRST LADY
TO THE AMERICAN MEDICAL ASSOCIATION
June 13, 1993
Chicago, Illinois

MRS. CLINTON: Thank you very much, Mr. Speaker; all of the members of the House of Delegates, the officers and trustees of the AMA, and all whom you represent. It is an honor for me to be with you at this meeting and to have the opportunity to participate with you in an ongoing conversation about our health care system and the kinds of constructive changes that we all wish to see brought to it.

I know that you have, through Health Access America, and through other activities and programs of the AMA been deeply involved in this conversation already, and all of us are grateful for your contribution. I'm also pleased that you invited students from the Nathan Davis Elementary School to join us here this afternoon. (Applause.) I know that the AMA has a special relationship with this school, named as it is for the founder of the AMA, and that the AMA participates in its corporate capacity in the Adopt a School program here in Chicago. You have made a real contribution to these young men and women. And not only have you provided free immunizations and physicals and lectures and help about health and related matters, but you have served as role models and mentors. It is very important that all of us as adults do what we can to give young people the skills they will need to become responsible and successful adults. And I congratulate you for your efforts and welcome the students here today.

All of us respond to children. We want to nurture them so they can dream the dreams that free and healthy children should have. This is our primary responsibility as adults. And it is our primary responsibility as a government. We should stand behind families, teachers and others who work with the young, so that we can enable them to meet their own needs by becoming self-sufficient and responsible so that they, in turn, will be able to meet their families and their own children's needs.

When I was growing up, not far from where we are today, this seemed an easier task. There seemed to be more strong families. There seemed to be safer neighborhoods. There seemed to be an outlook of caring and cooperation among adults that stood for and behind children. I remember so well my father saying to me that if

you get in trouble at school, you get in trouble at home -- no questions asked -- because there was this sense among the adult community that all of them, from my child's perspective, were involved in helping their own and others' children.

Much has changed since those days. We have lost some of the hope and optimism of that earlier time. Today, we too often meet our greatest challenges, whether it is the raising of children or reforming the health care system, with a sense that our problems have grown too large and unmanageable. And I don't need to tell you that kind of attitude begins to undermine one's sense of hope, optimism, and even competence.

We know now -- and you know better than I -- that over the last decade our health care system has been under extraordinary stress. It is one of the many institutions in our society that has experienced such stress. That stress has begun to break down many of the relationships that should stand at the core of the health care system. That breakdown has, in turn, undermined your profession in many ways, changing the nature of and the rewards of practicing medicine.

Most doctors and other health care professionals choose careers in health and medicine because they want to help people. But too often because our system isn't working and we haven't taken full responsibility for fixing it, that motive is clouded by perceptions that doctors aren't the same as they used to be. They're not really doing what they used to do. They don't really care like they once did.

You know and I know that we have to work harder to renew a trust in who doctors are and what doctors do. That is also not unique to the medical community. Just as our institutions across society are under attack and stress, all elements of those institutions are finding that they no longer can command the trust and respect, whether we talk of parents or government officials or other professionals -- police officers, teachers -- that should come with giving of themselves and doing a job well that needs to be done.

But focusing this afternoon on those concerns that are yours -- what has happened with medicine, what is likely to happen -- we need to start with a fundamental commitment to making the practice of medicine again a visible, honored link in our efforts to promote the common good. And the way to do that is to improve the entire system of which you are a part. We cannot create the atmosphere of trust and respect and professionalism that you deserve to have, and that many of you who are in this room remember from earlier years, without changing the incentives and the way the entire system operates. That has to be our primary commitment. If we do not put

medicine and those who operate within medicine in the forefront of the respect they deserve to have, no matter what we do to the system on the margins will not make the differences that it should. (Applause.)

As you know, the President is in the process of finalizing his proposal for health care reform, and I am grateful to speak with you about that process and where it is today and where it is going. I had originally hoped to join you at your meeting in March in Washington, D.C. And I, again, want to apologize for my absence. I very much appreciated Vice President Gore attending for me, and I also appreciated the kind words from your executive officials on behalf of the entire association because of my absence.

My father was ill and I spent several weeks with him in the hospital before he died. During his hospitalization at St. Vincent's Hospital in Little Rock, Arkansas, I witnessed firsthand the courage and commitment of health care professionals, both directly and indirectly. I will always appreciate the sensitivity and the skills they showed, not just in caring for my father, not just in caring for his family -- which, as you know, often needs as much care as the patient, but in caring for the many others whose names I will never know. I know that some of you worry about what the impact of health care reform will be on your profession and on your practice. Let me say from the start, if I read only what the newspapers have said about what we are doing in our plan, I'd probably be a little afraid myself, too, because it is very difficult to get out what is going on in such a complex process.

But the simple fact is this: The President has asked all of us, representatives of the AMA, of every other element of the health care system, as well as the administration, to work on making changes where they are needed, to keeping and improving those things that work, and to preserving and conserving the best parts of our system as we try to improve and change those that are not.

This system is not working as well as it did, or as well as it could -- for you, for the private sector, for the public or for the nation. The one area that is so important to be understood on a macronational level is how our failure to deal with the health care system and its financial demands is at the center of our problems financially in Washington. Because we cannot control health care costs and become further and further behind in our efforts to do so, we find our economy, and particularly the federal budget, under increasing pressure.

Just as it would be irresponsible, therefore, to change what is working in the health care system, it is equally irresponsible for us not to fix what we know is no longer working.

So let us start with some basic principles that are remarkably like the ones that you have adopted in your statements, and in particularly in Health Access America. We must guarantee all Americans access to a comprehensive package of benefits, no matter where they work, where they live, or whether they have ever been sick before. If we do not reach universal access, we cannot deal with our other problems.

And that is a point that you understand that you have to help the rest of the country understand -- that until we do provide security for every American when it comes to health care, we cannot fix what is wrong with the health care system. Secondly, we do have to control costs. How we do that is one of the great challenges in this system, but one thing we can all agree on is that we have to cut down on the paperwork and reduce the bureaucracy in both the public and private sectors. (Applause.)

We also have to be sure that when we look at costs, we look at it not just from a financial perspective, but also from a human perspective. I remember sitting in the family waiting area of St. Vincent's, talking to a number of my physician friends to stop by to see how we were doing. And one day, one of my friends told me that, every day, he discharges patients who need medication to stabilize a condition. And at least once a day, he knows there is a patient who will not be able to afford the prescription drugs he has prescribed, with the result that that patient may decide not to fill the prescription when the hospital supply runs out. Or that patient may decide that even though the doctor told him to take three pills a day, he'll just take one a day so it can be stretched further.

And even though St. Vincent's has created a fund to try to help support the needs of patients who cannot afford prescriptions, there's not enough to go around, and so every day there is someone who my friend knows and you know will be back in the hospital because of their inability either to afford the care that is required after they leave, or because they try to cut the corners on it, with the net result that then you and I will pay more for that person who is back in the hospital than we would have if we had taken a sensible approach toward what the real costs in the medical system are. That is why we will try, for example, to include prescription drugs in the comprehensive benefit package for all Americans, including those over 65, through Medicare. (Applause.)

We believe that if we help control costs up front, we will save costs on the back end. That is a principle that runs through our proposal and which each of you knows from firsthand experience is more likely to be efficient in both human and financial terms. We will also preserve what is best in the American health care system today.

We have looked at every other system in the world. We have tried to talk to every expert whom we can find to describe how any other country tries to provide health care. And we have concluded that what is needed is an American solution for an American problem by creating an American health care system that works for America. (Applause.) And two of the principles that underlie that American solution are quality and choice. (Applause.)

We want to ensure and enhance quality. And in order to do that, we're going to have to make some changes, and you know that. We cannot, for example, promise to really achieve universal access if we do not expand our supply of primary care physicians, and we must do that. (Applause.) And you will have to help us determine the best way to go about achieving that goal.

I've spoken with representatives of our medical schools, and we have talked about how the funding of graduate medical education will have to be changed to provide incentives for the training of more primary care physicians. (Applause.) I have talked with representatives of many of the associations, such as this one, about how continuing educational opportunities could help even mid-career physicians, once we have a real supply of primary care physicians who are adequately reimbursed and adequately supported, how they might even go back into primary care. (Applause.)

We have also very much put choice in the center of our system so that we will have not just choice for patients as to which plan they choose to join, but choice for physicians as to which plan they choose to practice with, including the option of being part of more than one plan at the same time. (Applause.)

Now, as we work out all of the details in the many proposals and its parts that must come together, I am not suggesting that you will agree with every recommendation the President makes. I don't expect any group to do that. In fact, I suppose that if everybody's not a little put out that means we probably haven't done it right. But I do hope and expect that this group, as with other groups representing physicians and nurses and other health care professionals will find in this plan much to be applauded and supported. And I also believe that given the complexities of the problem we face, it would be difficult to arrive at a solution that was universally accepted.

But the reason I have confidence that this house, the AMA, and others will be supportive of the President's proposal is because we have benefited so much from what you have already done and from the involvement of many of you and others around the country.

Again, contrary to what you may have heard scores of practicing physicians served on the working groups that were studying health care reform. I am deeply grateful on a personal level that members of the AMA's leadership spent invaluable time coming to meeting after meeting, day after day sharing their ideas, reacting to ideas at the White House. And, of course, in the course of that we learned we had many common goals and objectives.

We will not only stand for universal coverage, but in addition the following: community rating so that we can assure all Americans they will be taken care of -- (applause); eliminating restrictions based on preexisting conditions so that every American will be eligible -- (applause); a nationally guaranteed comprehensive benefits package that will emphasize primary and preventive health care as well as hospitalization and other care -- (applause); the kind of choice and quality assurances that we will need to have to make sure this new system not only operates well during the transition but gets a firm footing as it moves into the future and we will therefore be emphasizing more on practice parameters and outcomes research so that you, too, can know better what works.

One of the great interesting experiences I have had during the past months is as I've traveled around from state to state is having doctors coming up to me and telling me that they need more information; that all too often the information they receive doesn't come to them in forms that they believe are practical in their particular context. And what we want to do is by working with organizations like yours is be sure that the quality outcomes and the kind of research that will done will be readily available to every practicing physician in the country.

We also believe that it will be essential to continue medical research and to use the breakthroughs in medical research, again, not just to alleviate human suffering but to save money, because you know better than I that often times a breakthrough in research, a new drug, a new procedure is the quickest way to take care of the most people in a cost-effective manner. So we will continue to support medical research. (Applause.)

All of these principles arise from the same common assumption -- that the status quo is unacceptable. And it is not really even any longer a status quo because we do not stand still, we drift backwards. Every month people lose their insurance; every month you have more micromanagement and regulation to put up with; every month our health care system becomes more expensive to fix.

I know that many of you feel that as doctors you are under siege in the current system. And I think there is cause for

you to believe that, because we are witnessing a disturbing assault on the doctor/patient relationship. More and more employers are buying into managed care plans that force employees to choose from a specific pool of doctors. And too often, even when a doctor is willing to join a new plan to maintain his relationship with patients, he, or she I should say, is frozen out.

What we want to see is a system in which the employer does not make the choice as to what plan is available for the employee, the employee makes that choice for him or herself. (Applause.) But if we do not change and if the present pattern continues, as it will if we do not act quickly, the art of practicing medicine will be forever transformed. Gone will be the patients treasured privilege to choose his or her doctor. Gone will be the close trusting bonds built up between physicians and patients over the years. Gone will be the security of knowing you can switch jobs and still visit your longtime internist or pediatrician or OB/GYN.

We cannot afford to let that happen. But the erosion of the doctor/patient relationship is only one piece of the problem. Another piece is the role that insurance companies have come to play and the role that the government has come to play along with them in second-guessing medical decisions.

I can understand how many of you must feel. When instead of being trusted for your expertise, you're expected to call an 800 number and get approval for even basic medical procedures from a total stranger. (Applause.)

Frankly, despite my best efforts of the last month to understand every aspect of the health care system, it is and remains a mystery to me how a person sitting at a computer in some air-conditioned office thousands of miles away can make a judgment about what should or shouldn't happen at a patient's bedside in Illinois or Georgia or California. The result of this excessive oversight, this peering over all of your shoulder's is a system of backward incentives. It rewards providers for over prescribing, overtesting, and generally overdoing. And worse, it punishes doctors who show proper restraint and exercise their professional judgment in ways that those sitting at the computers disagree with. (Applause.)

Dr. Bob Barrinson, one of the practicing physicians who spent hours and hours working with us while also maintaining his practice, told us recently of an experience that he had as one of many. He admitted an emergency room patient named Jeff. Jeff suffered from cirrhosis of the liver and --. Dr. Barrinson put him in the hospital and within 24 hours received a call from Jeff's insurance company. The insurance company wanted to know exactly how many days Jeff would be in the hospital and why. Dr. Barrinson

replied that he couldn't predict the precise length of stay. A few days later the insurance company called back and questioned whether Jeff would need surgery. Again, Dr. Barrinson said he wasn't yet sure.

And what was Dr. Barrinson's reward for his honesty and his professionalism? He was placed on the insurance company's "special exceptions" list. You know, that's a list of troublesome doctors who make the insurance company wait a few days or a few weeks to determine the bottom line on a particular patient.

From that point on, the insurance company called Dr. Barrinson six times in two weeks. Each time he had to be summoned away from the patient to take the call. Each time he spoke to a different insurance company representative. Each time he repeated the same story. Each time his role as the physician was subverted. And each time the treatment of the patient was impeded.

Dr. Barrinson and you know that medicine, the art of healing, doesn't work like that. There is no master checklist that can be administered by some faceless bureaucrat that can tell you what you need to do on an hourly basis to take care of your patients; and, frankly, I wouldn't want to be one of your patients if there were. (Applause.)

Now, adding to these difficulties doctors and hospitals and nurses, particularly, are being buried under an avalanche of paperwork. There are mountains of forms, mountains of rules, mountains of hours spent on administrative minutiae instead of caring for the sick. Where, you might ask yourself, did all this bureaucracy come from? And the short answer is, basically, everywhere.

There are forms to ensure appropriate care for the sick and the dying; forms to guard against unnecessary tests and procedures. And from each insurance company and government agency there are forms to record the decisions of doctors and nurses. I remember going to Boston and having a physician bring into a hearing I held there the stack of forms his office is required to fill out. And he held up a Medicare form and next to it he held up an insurance company form. And he said that they are the same forms that ask the same questions, but the insurance company form will not be accepted by the government, and the government form will not be accepted by the insurance company. And the insurance company basically took the government form, changed the title to call it by its own name and requires them to have it filled out. That was the tip of the iceberg.

One nurse told me that she entered the profession because she wanted to care for people. She said that if she had wanted to be an accountant, she would have gone to work for an accounting company instead. (Laughter.) But she, like many other nurses, and as you know so well, many of the people in your offices now, are required to be bookkeepers and accountants, not clinicians, not caregivers. (Applause.)

The latest statistic I have seen is that for every doctor a hospital hires, four new administrative staff are hired. (Applause.) And that in the average doctor's office 80 hours a month is now spent on administration. That is not time spent with a patient recovering from bypass surgery or with a child or teenager who needs a checkup and maybe a little extra TLC time of listening and counseling, and certainly not spent with a patient who has to run in quickly for some kind of an emergency.

Blanketing an entire profession with rules aimed at catching those who are not living up to their professional standards does not improve quality. What we need is a new bargain. We need to remove from the vast majority of physicians these unnecessary, repetitive, often uneven read forms and instead substitute for what they were attempting to do -- more discipline, more peer review, more careful scrutiny of your colleagues. You are the ones who can tell better than I or better than some bureaucrat whether the quality of medicine that is being practiced in your clinic, in your hospital, is what you would want for yourself and your family. (Applause.)

Let us remove the kind of micromanagement and regulation that has not improved quality and has wasted billions of dollars, but then you have to help us substitute for it, a system that the patients of this country, the public of this country, the decision-makers of this country can have confidence in. Now, I know there are legal obstacles for your being able to do that, and we are looking very closely at how we can remove those so that you can be part -- (applause) -- of creating a new solution in which everyone, including yourself, can believe in.

In every private conversation I've had with a physician, whether it's someone I knew from St. Vincent's or someone I had just met, I have asked: Tell me, have you ever practiced with or around someone you did not think was living up to your standards? And, invariably, the answer is, well, yes, I remember in my training; well, yes, I remember this emergency room work I used to do; yes, I remember in the hospital when so-and-so had that problem. And I've said, do you believe enough was done by the profession to deal with that problem and to eliminate it? And, invariably, no matter who the doctor is, I've been told, no, I don't.

We want you to have the chance so that in the future you can say, yes, I do believe we've been dealing with our problems. It is not something we should leave for the government, and, certainly, we cannot leave it to the patient. That is the new kind of relationship I think that we need to have.

Finally, if we do not, as I said earlier, provide universal coverage, we cannot do any of what I have just been speaking about because we cannot fulfill our basic commitment you as physicians, us as a society, that we will care for one another. It should no longer be left to the individual doctor to decide to probe his conscience before determining whether to treat a needy patient. I cannot tell you what it is like for me to travel around to hear stories from doctors and patients that are right on point.

But the most poignant that I tell because it struck me so personally was of the woman with no insurance; working for a company in New Orleans; had worked there for a number of years; tried to take good care of herself; went for the annual physical every year; and I sat with her on a folding chair in the loading dock of her company along with others -- all of whom were uninsured; all of whom had worked numbers of years -- while she told me at her last physical her doctor had found a lump in her breast and referred her to a surgeon. And the surgeon told her that if she had insurance, he would have biopsied it but because she did not he would watch it.

I don't think you have to be a woman to feel what I felt when that woman told me that story. And I don't think you have to be a physician to feel what you felt when you heard that story. We need to create a system in which no one ever has to say that for good cause or bad, and no one has to hear it ever again. (Applause.)

If we move toward universal coverage, so therefore everyone has a payment stream behind them to be able to come into your office, to be able to come into the hospital, you will again be able to make decisions that should be made with clinical autonomy, with professional judgment. And we intend to try to give you the time and free you up from other conditions to be able to do that.

One specific issue I want to mention, because I feel strongly about it -- if my husband had not asked me to do this, I would have felt strongly about it because of the impact in my state of Arkansas -- we have to simplify and eliminate the burdensome regulations created under *CLEA -- (applause) -- a well-intentioned law with many unintended consequences that have affected not only those of you in private practice but public health departments like ours in Arkansas around the country.

But again we need that new bargain. You have to help us know what should be eliminated so that we then can just focus in on a very small part of this whole situation and eliminate the rest of the regulations that were thrown on top.

So those are the kinds of issues in which we think we can make it more possible for you to practice in a more efficient, humane, better manner. We also believe strongly that we have to emphasize preventive care. And we have to provide a basic policy of preventive care. And we have to be sure that all of you and those who come after you into medicine are trained well in medical school to appreciate the importance of preventive care. (Applause.)

Much of what is now considered outside the scope of mainstream medicine is crowding in. Many of us in this room I know exercise, try to watch our diets, do things to try to remain healthier. And yet often medical education and medicine as it's practiced does not include those new kind of common-sense approaches to health. We need to be a system that does not take care of the sick but instead promotes health wherever we can in whatever way we possibly can do it. (Applause.)

And finally, let me say that we will offer a serious proposal to curb malpractice problems for all of you. (Applause.) But let me add that it, too, must be part of this new contract. In order to do that and to do it in a way that engenders the confidence of the average American, we must have organized medicine standing ready to say we will do a better job of taking care of the problems within us. (Applause.)

I have read or tried to read everything I can find about all of this. And you know as well as I do there are studies all over the field. It depends upon who writes it and who it's written for and the like. But we know there's a problem. We know we're going to deal with it. But one of the stark statistics from these studies is that all too often the largest number of malpractice suits is brought against the same physicians on a repetitive basis.

Now, it may be that for some that is an unfair accusation, and we need to deal with that through reform. But for others, you need to weed them out of your profession if they cannot practice to the quality that you expect your fellow colleagues to practice to. So we will propose serious malpractice reform, and we will have to look to you to help us make sure that the problems that will still flow from people who should not be making decisions will be eliminated. That way we can give confidence back to you as a profession, that you will not be second-guessed or unfairly called into court. And we will give confidence to the public that they will

be protected insofar as humanly possible. So that is what we will have to look for when we come forward with that. (Applause.)

Now, reaching consensus on all that should be done and putting it into a piece of legislation and moving it through the Congress is not going to be easy. There will be many groups that will nibble at the edges of it, not like the whole idea of it, want to continue to the status quo. But if we do not have the courage to change now, if we do not move toward a system that once again gives you back your professionalism to practice prudent, practical, intelligent medicine again; if we do not move toward restoring the dignity again to the doctor-patient relationship, and that encourages young people to become physicians because they want to participate in that wonderful process of healing and caring, then the entire society, but most particularly medicine, will suffer.

The reason we are doing any of this is because of children like those who are here from Nathan Davis. Most of us in this room are at least halfway through. (Laughter.) And most of us in this room have sat in dozens and dozens of meetings just like this. We've sat and listened to people tell us what was wrong with health care or what medicine or with whatever, and we've talked about the problems at least seriously since the 1970s. And we've produced proposals like yours for Health Access America.

But while we have talked, our problems have gotten worse, and the frustration on the part of all of you and others has increased. Time and again, groups, individuals, and particularly the government, has walked up to trying to reform health care and then walked away.

There's enough blame to go around, every kind of political stripes can be included, but the point now is that we could have done something about health care reform 20 years ago and solved our problems for millions of dollars, and we walked away. Later we could have done something and solved our problems for hundreds of millions, and we walked away.

After 20 years with rate of medical inflation going up and with all of the problems you know so well, it is a harder and more difficult solution that confronts us. But I believe that if one looks at what is at stake, we are not talking just about reforming the way we finance health care, we are not talking just about the particulars of how we deliver health care, we are talking about creating a new sense of community and caring in this country in which we once again value your contribution, value the dignity of all people.

How many more meetings do we need? How many alerts? How many more plans? How many more brochures? The time has come for all of us, not just with respect to health care, but with respect to all of the difficulties our country faces to stop walking away and to start stepping up and taking responsibility. We are supposed to be the ones to lead for our children and our grandchildren. And the way we have behaved in the last years, we have run away and abdicated that responsibility. And at the core of the human experience is responsibility for children to leave them a better world than the one we found.

We can do that with health care. We can make a difference now that will be a legacy for all of you. We can once again give you the confidence to say to your grandsons and granddaughters, yes, do go into medicine; yes, it is the most rewarding profession there is.

So let's celebrate your profession by improving health care. Let's celebrate our children by reforming this system. Let's come together not as liberals or conservatives or Republicans or Democrats, but as Americans who want the best for their country and know we can no longer wait to get about the business of providing it.

Thank you all very much. (Applause.)

END

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release April 7, 1993

REMARKS OF THE FIRST LADY
AT LIZ CARPENTER'S LECTURESHIP SERIES

University of Texas
Austin, Texas

3:00 P.M. CDT

MRS. CLINTON: Thank you so much. I am reminded, in following Anne Richards, of that old story of the fellow who died in one of the early Arkansas floods and makes his way to heaven and is met at the gates. And St. Peter says, "Well, you're just in time for our monthly seminar. What do you want to talk about?" The man said, "I want to talk about the most important experience that I have ever encountered. I want to talk about what it is like to be in a flood. I feel like I can make a real contribution to that dialogue." St. Peter says, "Fine. You'll go on after Noah." (Laughter.) So, here we are after Noah. (Applause.)

You know, it is not a common experience for me to be in any Texas athletic facility and feel good about it -- (applause) -- but I must say that now that we're no longer in the same conferences, my state and yours, that I am honored to be -- (laughter) -- in the arena where the Lady Longhorns play. (Applause.) And I also have to say -- and I hope that you feel the same way I did -- I was mighty proud of Texas Tech, too. I thought that was a great victory. (Applause.)

You know, when Liz Carpenter asked me to come speak at her little seminar -- (laughter) -- it was one of those conversations that you have with Liz -- those of us who are lucky enough to know her and call her a friend -- where her enthusiasm just kind of takes over. She said, I'm going to have some of my friends in, we're going to do this lecture. You know, it will be fun. I'll get Anne to come over and Mrs. Johnson will come over, and we'll just have a good old time.

And I had this sort of mental image of being over in one of the small rooms at the LBJ School and sitting with a bunch of my friends, maybe with some students around a table. And then I just

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put it out of my mind. And over the last two weeks, as Liz knows, it's been kind of touch-and-go for me whether I thought I could be here, and I told Liz that I would certainly try. And when it became clearer that I could, I renewed contact with the people who were helping her put this on and was then told that there were going to be thousands, maybe 14,000 people at this event.

And my first response was no, no, no, you must have read it wrong, there's an extra zero in there somewhere. But my second was why would I doubt Liz Carpenter on anything? If she's going to put on a lectureship that's like Anne says, it's going to be a big one and besides it's in Texas. So what do we expect? And I'm just pleased to be part of it. (Applause.)

I also want to say a special word of appreciation to Mrs. Johnson. You know, there is that wonderful old saying about how you never quite know what it's like until you've walked in another person's moccasins. Well, I don't know if you've ever worn moccasins, Mrs. Johnson, but I'm getting a sense of what it is like to try to walk in the footsteps of you and the other women who have been in the position that I now find myself in. And every day that goes by, I am more impressed by the kind of qualities that you and other women in this position have brought to taking care of your personal business on behalf of your family and your husband, and also trying to make your contribution to the country. And all of us in this arena are grateful for the grace and beauty by which you carried out both of those functions and as a wonderful example, not just for me, but for all of us. And I very much wanted to say that to you publicly. (Applause.)

You know, after you hear what I have to say, you'll think that Governor Richards and I not only coordinated outfits but coordinated comments. And I suppose the only thing left for me is to get a hair-do like that. (Laughter.) You know, I'm actually due for a new one and I figure that if we ever want to get Bosnia off the front page, all I have to do is either put on a headband or change my hair and we'll be occupied with something else. (Laughter and applause.)

But what Anne Richards talked about is what I want to expand on in my remarks leading into the panel discussion with all of these distinguished panelists and with questions from many of you that I understand were submitted. Because the problems that she alluded to are not just American problems, they are not just governmental problems. We are at a stage in history, I would suggest, in which remolding society certainly in the West is one of the great challenges facing all of us as individuals and as citizens.

And we have to begin realistically to take stock of where we are, stripping perhaps away the romanticism that Governor Richards referred to, to be able to understand where we are in history at this point and what our real challenges happen to be.

And I say that it is not just an American problem because if one looks around the Western world, if one looks at Europe, if one looks at the emerging democracies, at Asia, if one looks certainly here in North America, you can see the rumblings of discontent, almost regardless of political systems, as we come face to face with the problems that the modern age has dealt us.

And if we take a step back and ask ourselves, why is it in a country as economically wealthy as we are despite our economic problems, in a country that is the longest surviving democracy, there is this undercurrent of discontent -- this sense that somehow economic growth and prosperity, political democracy and freedom are not enough -- that we lack at some core level meaning in our individual lives and meaning collectively -- that sense that our lives are part of some greater effort, that we are connected to one another, that community means that we have a place where we belong no matter who we are. And it isn't very far below the surface because we can see popping through the surface the signs of alienation and despair and hopelessness that are all too common and cannot be ignored. They're in our living rooms at night on the news. They're on the front pages; they are in all of our neighborhoods.

On the plane coming down I read a phrase in an article in the newspaper this morning talking about how desperate conditions are in so many of our cities that are filled with hopeless girls with babies and angry boys with guns. And yet, it is not just the most violent and the most alienated that we can look to. The discontent of which I speak is broader than that, deeper than that. We are, I think, in a crisis of meaning. What do our governmental institutions mean? What do our lives in today's world mean? What does this economic global event that Governor Richards spoke of mean? What do all of our institutions mean? What does it mean to be educated? What does it mean to be a journalist? What does it mean in today's world to pursue not only vocations, to be part of institutions, but to be human?

And, certainly, coming off the last year when the ethos of selfishness and greed were given places of honor never before accorded, it is certainly timely to ask ourselves these questions. (Applause.)

One of the clearest and most poignant posings of this question that I have run across was the one provided by Lee Atwater as he lay dying. For those of you who may not know, Lee Atwater was

credited with being the architect of the Republican victories of the '70s and the '80s. The vaunted campaign manager of Reagan and Bush. The man who knew how to fight bare-knuckled in the political arena, who was willing to engage in any tactics so long as it worked and he wasn't caught at it.

And yet, when Lee Atwater was struck down with cancer, he said something which was reprinted in Life Magazine, which I cut out and carry with me in a little book I have of sayings and Scriptures that I find important and that replenish me from time to time that I want to share with you.

He said the following: "Long before I was struck with cancer, I felt something stirring in American society. It was a sense among the people of the country, Republicans and Democrats alike, that something was missing from their lives, something crucial. I was trying to position the Republican Party to take advantage of it. But I wasn't exactly sure what it was. My illness helped me to see that what was missing in society is what was missing in me. A little heart, a lot of brotherhood.

The '80s were about acquiring -- acquiring wealth, power prestige. I know. I acquired more wealth, power, and prestige than most. But you can acquire all you want and still feel empty. What power wouldn't I trade for a little more time with my family? What price wouldn't I pay for an evening with friends? It took a deadly illness to put me eye-to-eye with that true, but it is a truth that the country, caught up in its ruthless ambitions and moral decay, can learn on my dime.

I don't know who will lead us through the '90s, but they must be made to speak to this spiritual vacuum at the heart of American society, this tumor of the soul."

That to me will be Lee Atwater's real lasting legacy, not the elections that he helped to win. (Applause.)

But I think the answer to his question -- "who will lead us out of this spiritual vacuum" -- the answer is all of us. Because remolding society does not depend on just changing government, on just reinventing our institutions to be more in tune with present realities. It requires each of us to play our part in redefining what our lives are and what they should be.

We are caught between two great political forces. On the one hand we have our economy -- the market economy -- which knows the price of everything, but the value of nothing. That is not its job. And then the state or government which attempts to use its means of acquiring tax money, of making decisions to assist us in

becoming a better, more equitable society as it defines it. That is what all societies are currently caught between -- forces that are more complex and bigger than any of us can understand. And missing in that equation, as we have political and ideological struggles between those who think market economics are the answer to everything, those who think government programs are the answer to everything, is the recognition among all of us that neither of those is an adequate explanation for the challenges confronting us.

And what we each must do is to break through the old thinking that has for too long captured us politically and institutionally, so that we can begin to devise new ways of thinking about not only what it means to have governments that work again, not only what it means to have economies that don't discard people like they were excess baggage that we no longer need, but to define our institutional and personal responsibilities in ways that answer this lack of meaning.

We need a new politics of meaning. We need a new ethos of individual responsibility and caring. We need a new definition of civil society which answers the unanswerable questions posed by both the market forces and the governmental ones, as to how we can have a society that fills us up again and makes us feel that we are part of something bigger than ourselves.

Now, will it be easy to do that? Of course not. Because we are breaking new ground. This is a trend that has been developing over hundreds of years. It is not something that just happened to us in the last decade or two. And so it is not going to be easy to redefine who we are as human beings in this post-modern age. Nor will it be easy to figure out how to make our institutions more responsive to the kind of human beings we wish to be.

But part of the great challenge of living is defining yourself in your moment, of seizing the opportunities that you are given, and of making the very best choices you can. That is what this administration, this President, and those of us who are hoping for these changes are attempting to do.

I used to wonder during the election when my husband would attempt to explain how so many of the problems that we were confronting were not easy Democratic-Republican-liberal-conservative problems. They were problems that shared different characteristics, that we had to not only define clearly, but search for new ways of confronting.

Then someone would say, well, you know, he can't make up his mind, or he doesn't know what he wants to say about that. When instead what I was hearing and what we had been struggling with for

years is how does one define these new issues. How do we begin to inject some meaning? How do we take old values and apply them to these new -- for many of us -- undreamed of problems that we now confront? And that is what all of us must be engaged in in our own lives, at every level, in every institution with which we interact.

Let me just give you some examples. If we believe that the reconstruction of civil society with its institutions of family, friendship networks, communities, voluntary organizations, are really the glue of what holds us together; if we go back and read de Toqueville and notice how he talked over and over again about the unique characteristics that he found among Americans and rooted so many of those in that kind of intermediary institution of civil society that I just mentioned, then we know we have to better understand what we can do to strengthen those institutions, to understand how they have changed over time, and to try to find meaning in them as they currently are.

That's why the debate over family values over the last year, which was devised for political purposes, seemed so off-point. There is no -- or should be no debates that our family structure is in trouble. There should be no debate that children need the stability, the predictability of a family. But there should be debate over how we best make sure that children and families flourish. And once that debate is carried out on honest terms, then we have to recognize that either the old idea that only parental influence and parental values matters, or the nearly as old idea that only state programmatic intervention matters are both equally fallacious.

Instead we ought to recognize what should be a common-sense truth -- that children are the result of both the values of their parents and the values of the society in which they live. And that you can have an important debate over how best to make sure parental values are the ones that will help children grow and be strengthened, and how social values equally must be recognized for the role they play in how children feel about themselves and act in the world. And then we can begin to have what should be a sensible conversation about how to strengthen both. That's the kind of approach that has to get beyond the dogma of right or left, conservative or liberal. Those views are inadequate to the problems we see.

Any of you who have ever been in an inner city, working with young people as I have over the years, will know as I do the heroic stories of parents and grandparents who, against overwhelming odds, fight to keep their children safe -- just physically safe; and who hold high expectations for those children; whose values I would put up against any other person in the country, but who has no

control over the day-to-day violence and influence that comes flooding in the doors of that housing project apartment; and who need a society that is more supportive of their value than the one they currently have. (Applause.)

Equally, all of us know the contrary story of families with enough economic means, affluent enough to live in neighborhoods that are as safe as they can be in our country today, so they have the social value structure of what we would hope that each child in America could have in terms of just basic kinds of fundamental safety and physical well-being, but whose parental values are not ones to promote a childhood that is a positive one, giving children the chance to grow up to achieve their own God-given potential. So that the presence of values of society are not enough, either.

There are so many examples of how we have to think differently and how we have to go beyond not only the traditions of the past, but unfortunately for many of us, well-held and cherished views of the past; and how we have to break out of the kind of gridlock mentality which exists not just in the Congress from time to time, but exists as well in all of us as we struggle to see the world differently and cope with the challenges it has given us.

Yet I am very hopeful about where we stand in this last decade of the 20th century, because for all of the problems that we see around us, both abroad and at home, there is a growing body of people who want to deal with them, who want to be part of this conversation about how we break through old views and deal with new problems. And we will need millions more of those conversations.

Those conversations need to take place in every family, every workplace, every political institution in our country. They need to take place in our schools, where we have to be honest about what we are and are not able to convey to our children; where we have to be honest about the conditions with which are confronting so many of our teachers and our students day in and day out; where we have to be honest that we do have to set high expectations for all children and we should not discard any because of who they are or where they come from. (Laughter.)

And where we need to hold accountable every member of the educational enterprise -- parents, teachers and students. Each should be held accountable for the opportunity they have been given to participate in one of the greatest efforts of humankind, passing on knowledge to children. And we have to expect more than we are currently getting. (Applause.)

We also need to take a hard look at other institutions. As Governor Richards said we are in the midst of an intensive effort

of trying to determine how we can provide decent, affordable health care to every American. (Applause.) And in that process we have had to ask hard questions about every aspect of our health care system. Why do doctors do what they do? Why are nurses not permitted to do more than they do? Why are patients put in the position they're in? (Applause.)

And we have with us today Bill Moyers, who has helped to enlighten all of us about how what we currently have is a system for taking care of sickness. We do not have a system for enhancing and promoting health. (Applause.) And what we need to do is recognize how each of us, whether we are a care giver or a care receiver -- and that role may change from time to time as we go through life -- will have to think differently about health care. And we will have to come up with a system that promotes wellness, promotes health and provides care for us when we are sick that we can afford.

But to give you just one example about how this ties in with what I have said before about how these problems we are confronting now in many ways are the result of our progress as we have moved toward being modern men and women: Our ancestors did not have to think about many of the issues we are now confronted with. When does life start; when does life end? Who makes those decisions? How do we dare to impinge upon these areas of such delicate, difficult questions? And, yet, every day in hospitals and homes and hospices all over this country, people are struggling with those very profound issues.

These are not issues that we have guidebooks about. They are issues that we have to summon up what we believe is morally and ethically and spiritually correct and do the best we can with God's guidance. How do we create a system that gets rid of the micromanagement, the regulation and the bureaucracy, and substitutes instead human caring, concern and love? And that is our real challenge in redesigning a health care system. (Applause.)

I want to say a word about another institution and that is the media, because it is the filter through which we see ourselves and one another. And in many ways the challenge confronting it is just as difficult as those confronting any other institution we can imagine. How does one keep up with the extraordinary pace of information now available? How do we make sense of that information? How do we make values about it even if we think we have made sense? How do we rid ourselves of the lowest common denominator that is the easiest way of conveying information? How do we have a media that understands how difficult these issues are and looks at itself honestly because the role it must play is so critical to our success in making decisions about how we will proceed as a society?

I remember in the beginning of the campaign being asked a question at an editorial meeting in South Carolina that my husband was at to meet a lot of the editors and reporters from a lot of the small-town papers. These were not folks who you'll see on a TV station anywhere; these are people who got up every day and did the best they could to put out the paper that covered their community or their region. And one of the men, after hearing my husband speak, said, "Now, you've talked about how we have to change. How we have to change government, how we have to change society. But as a journalist, how do I change to be able to understand and report on those changes?" My husband said, "You know, I can't answer that. That's something you have to answer. But I'm really glad you asked the question, because every institution in our life has to ask those hard questions about who we are, what contribution we make to dealing with our problems and to injecting meaning again in the lives of us all."

So every one of our institutions is under the same kind of mandate. Change will come whether we want it or not, and what we have to do is to try to make change our friend, not our enemy. But probably most profoundly and importantly, the changes that will count the most are the millions and millions of changes that take place on the individual level as people reject cynicism, as they are willing to be hopeful again, as they are willing to take risks to meet the challenges they see around them, as they truly begin to try to see other people as they wish to be seen and to treat them as they wish to be treated, to overcome all of the obstacles we have erected around ourselves that keep us apart from one another, fearful and afraid, not willing to build the bridges necessary, to fill that spiritual vacuum that Lee Atwater talked about.

You know, one of my other favorite quotes is from Albert Schweitzer. And he talks about how you know the disease in Central Africa called sleeping sickness; there also exists a sleeping sickness of the soul. The most dangerous aspect is that one is unaware of it's coming. That is why we have to be careful. As soon as you notice the slightest sign of indifference, the moment you become aware of a loss of character or a serious longing of enthusiasm, it is best, take it as a warning. You should realize that your soul suffers if you ~~can't~~ live superficially. Not just your soul, but your society. Being here on this great campus, with so many thousands of people who care about learning and are committed to making a difference. Let us be willing to remold society by redefining what it means to be a human being in the 20th century, moving into a new millennium. Let us be willing to help our institutions to change, to deal with the new challenges that confront them. Let us try to restore the importance of civil society by committing ourselves to our children, our families, our friends; and to reaching out beyond the circle of those of whom we know, to the

many others on whom we are dependent in this complex society; and understanding a little more about what their lives are like and doing what we can to help ease their burdens.

Our greatest opportunities lie ahead, because so many of the struggles of the Depression and the World War and the other challenges posed by the Cold War and communism are behind us. The new ones are equally threatening. But we should have learned a lot in the last few years that will prepare us to play our part in remolding a society that we are proud to be a part of.

Thank you all very much. (Applause.)

END

THE WHITE HOUSE

OFFICE OF THE FIRST LADY

For Immediate Release

REMARKS BY THE FIRST LADY
AT WOMEN'S ISSUES FORUM SPONSORED BY
MIRABELLA
May 13, 1993

Cannon Bldg. Conference Room

Thank you. Thank you very much. I am delighted to be here, I feel so at home because I look out in this audience and see people with whom I have worked and am working. I am particularly pleased to have been introduced by Tipper Gore who is a remarkable woman and doing an extraordinary job in making clear that mental health is part of health care. It is not to be marginalized, ignored and treated as though it were a second class part of our health care system and she deserves a large part of the credit for making that case, as she has all over the country. I am also pleased to be here with members of Congress, particularly women members. Three of whom we have already heard from; Senator Mikulski, Congresswomen Schroeder and Snowe both of whom chair the Women's Caucus. There are a number of the other caucus members, both Republicans and Democrats here in the audience. Ever since I was given the responsibility of working on health care I have been so supported by the extraordinary work that has gone on before by individual members of Congress. But particularly women members who have been fighting battles about health care and women and children's health concerns for a number of years. I also add my thanks to Mirabella and the other participants in this symposium.

I want to spend a few minutes talking about the future and where we go. I think that the kinds of issues that have already been touched on by the other speakers particularly the women members of the House and Senate who have already spoken about what has been accomplished in the last several years. The results of the survey as well as Tipper's comments helped set a context for where we are at this point in history when it comes to health care in general and women's health care in particular. We have a number of challenges that confront us in creating a health care system that is responsive to the issues that have already been discussed.

First and foremost, we need a health care system that emphasizes primary and preventive health care. A system that rewards the kind of action that is taken on a personal basis to seek health care at the front end of a problem, as opposed to permitting it to deteriorate to a point of acuteness. Now, the reason we have to alter our health care system to take that into account, even though it is a very common sense approach, is that historically we have built up a financing system for health care that paid for procedures, tests and the kind of acute care that comes with the back end of health. It is really a system of sickness care as opposed to health care promotion. That dates back to the very earliest insurance systems that covered surgical interventions and other kinds of hospitalization and became then the pattern which we have lived with ever since, in both the private and the public sector.

We need to reverse our priorities. Yes, we have to continue and expand coverage for acute care and hospitalization, but we have to take a different approach if we are going to have a health care system that truly promotes health. So to that end when the President comes forward with a plan, it will emphasize primary and preventive health care. That will be particularly important for women and children. We will put on a par with other kinds of medical care, well-child care, prenatal care, and the kinds of diagnostic tests that can pinpoint a problem early instead of letting a condition deteriorate. If we focus on primary and preventive health care we will need to change the mix of health care practitioners which we currently have. Because our current balance is about 70% specialist and 30% generalists. In order to have universal health care coverage for all Americans that emphasizes primary and preventive health care, we need more primary and preventive health care physicians, nurse practitioners, physician assistants and others who will be on the front lines delivering it.

One of the most significant findings of the Mirabella survey was the one which asked women what they want in their physicians. Because what they want, is someone who will listen, who will take time and will once again have a personal relationship that is really a basic doctor-patient relationship again. Because what we have done through the system we have financed and created over the years, is to rachet down the kind of reimbursement that we give for that sort of clinical time. You do not get paid adequately if you are a family practice physician, if you are OB/GYN, a pediatrician, an internist who cares about looking at your patient as a whole person. That is what not just women, but I would argue, men as well want, but the system has not promoted that kind of interaction. One gets paid better for the least personal interaction and the more tests and procedures that can be ordered, that has to be reversed. We have to change the way of thinking that has interfered with the doctor-patient

relationship and undermined the kind of feelings that really serve as the basis of trust in a health care provider. That will be a major thrust of the movement we will try to have be part of health care reform, as we move to primary and preventive health care.

Secondly, we will provide a basic package of benefits for every American, that will include mental health and substance abuse treatment. I stress this because there have been a number of articles speculating about how it seems un-economical, one might even argue frivolous, to include mental health coverage and substance abuse treatment in a basic benefit package. My response to that position, which I think is wrong on the merits, is that it overlooks the inter-relationship that mental illness and substance abuse have with other health care problems. This is all part of a package, people who have substance abuse problems often are more difficult to treat for other medical conditions and we are beginning to understand the relationship between mental illness and other kinds of medical symptoms. To try to say we will only treat these bodily symptoms and not understand what we now are finally recognizing about how health is really rooted in the whole person and must be looked at in that regard, is to ignore both common sense and the kind of increasing awareness that we are building up about how best to help heal people as whole beings. So part of what we are emphasizing with the mental health and substance abuse treatment is that yes, there are real problems out there, some of which Tipper enumerated and yet it is unfair to tell people seek treatment for alcoholism or drug addiction but have no treatment available. But in addition, we have to change our cultural understanding about what health and sickness are and realize that a much more holistic approach is going to be more effective and more cost effective if we pursue that.

Thirdly, we have to provide a health care system that includes everyone, and excludes no one based on their employment status, on a pre-existing condition or any of the other exclusions that are currently operating. I have been somewhat surprised by some of the recent writing about how our concern about the uninsured is misplaced. You may have seen some of these articles in some major publications. Who are the uninsured? Why, they are all healthy 25 year olds who don't want insurance. They are self-sufficient people who understand that they can take care of their health needs, all 37-40 million of them, I guess. It is not only a gross distortion of who the uninsured are but it totally misunderstands one of the critical reasons we have a health care crisis. That reason is because we have so much uncompensated care from the uninsured and underinsured. It is not true to say that in America there is no health care for Americans without insurance. What is true is to say there is health care usually at the last minute and the most expensive kind. That is why so many of your hospital bills,

those of you who are insured, bear kind of bizarre notations-$50 for 2 tylenols. Now, is that because the hospitals are uniformly seeking to rip you off? No, of course not. It is because, for all of those healthy uninsured that some people write about, several million everyday have something happen to them and they show up at the emergency room. Maybe it's an out-patient treatment but maybe its something more serious. Maybe they can pay a little bit, but more likely they cannot pay the whole bill. So the $50 tylenol enables the emergency room of the local hospital to keep taking the people who show up with their conditions rather than turning them away. Then you and I compensate the hospital for that care.

We can not have cost containment, which must be a critical objective of health care reform, without universal access that is reimbursed at a fair rate. If we do not stop the cost shifting that currently effects the bills of those that are insured by private 3rd party payers and in the 2 major governmental programs of medicaid and medicare, we will continue to see a never ending upward spiral of costs. So it's not merely the right thing to do to insure every American it is absolutely necessary if we expect to have both healthier Americans and a healthier economy.

The fourth point I want to make, to this group particularly is that although we will come forward with major changes in the way we finance and deliver health care there will be a significant piece of these changes that will have to rest on each individual becoming more responsible. Becoming a more responsible consumer of health care making more informed choices, taking, better care of ourselves.

As it is now, too many Americans do not understand the real costs of health care. Somebody else pays for it, somehow it gets taken care of. They don't relate to the huge programs that are paid for out of general taxes. They do see their payroll contributions to medicare but they aren't quite sure what that actually buys. They're very aware of their own insurance, if they have insurance, and how much their co-pays and deductibles are but they aren't so aware that part of the reason their cost is going up is because of choices that are made by other people. Employers who choose not to employ people and pay insurance, individuals who choose not to be responsible with their own health care and on down the line. One of our goals with health care reform is to create more of a culture of responsibility when it comes to health care. To encourage people to take responsibility for themselves and their families. To provide incentives for the kind of behavior that leads to better health and frankly to provide some disincentives for behavior that doesn't. Because ultimately each of us is responsible for our own health care.

We all read the surveys, like the one that Mirabella conducted. You know, as I sometimes do, you cringe when you get to all those things you know you are suppose to be doing, and maybe you fudge when they ask how many times a week you exercise. You say," well 3 or 4", when you know in truth it's 1 or 2 on a good week. Yet, we all know in order to be as healthy as we can be, we are going have to change how we think about the health care system and we are going to have to be willing to change our own behaviors. I am very heartened by the increasing awareness on the part of all Americans but particularly women. About the issues facing us in this health care reform debate. We have a lot at stake. We have already heard reports from our members of Congress about the changes in the research protocols that have taken a very long time to occur. But which hold finally, real promise for problems that are particularly women's health problems. We have seen a lot of struggles fought over the last years to gain respect for both women practitioners and women patients.

But we still have a lot of miles to go before we have a health care system that is able again to care more about the whole person than worrying about filling out the endless forms, hiring yet another clerk to hassle with, yet another insurance company to get reimbursed for something. And yet we know what we can do as a people, if we remain committed to basic principles of reform that enhance the individual dignity of all of us and will particularly make it possible for women to be treated on a par with men, given the kind of health care they need, the kind of time and attention their problems deserve, and the outcomes that will lead all of us to be healthier and at the risk of going out on a limb, happier. Because I think that there is a relationship not only to our individual health but to our collective health and the social well being of our people. For me, health care reform is not about just eliminating administrative hassles, not about just giving us more general practice physicians to balance our specialist, not about just organizing ourselves and taking responsibility, it is about the vision of the kind of people we can become if we once again have a ethos of caring and we really do try to give each other the kind of help that enables all of us to be healthier. Thank you very much.

END

FIRST LADY HILLARY RODHAM CLINTON
STATEMENT BEFORE THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE
SEPTEMBER 29, 1993

DRAFT

INTRODUCTION

Mr. Chairman, Members of the Committee, it is truly a privilege to appear before you today, particularly in such a historic setting. Mr. Chairman, your brother John F. Kennedy came to the Senate Caucus Room on January 2nd, 1960 to announce his campaign for the presidency. Eight years later [March 16, 1968], your brother, Sen. Robert F. Kennedy, announced his own presidential candidacy here.

With your unwavering commitment to health care reform -- a commitment that goes back 25 years -- you too, Mr. Chairman, have added your own piece of history to this room. Indeed, your name has been attached to nearly every piece of health legislation that has passed through Congress. So I'm especially grateful to join you and the Committee here today to talk about the most urgent domestic challenge facing our nation.

For the past eight months, I have had an extraordinary opportunity to travel around the country and listen to thousands and thousands of ordinary Americans talk about health care. I have listened to people who live in cities and suburbs and on farms. I have listened to people who are unemployed, self-employed, in blue-collar jobs, in white-collar jobs, and in high-paying corporate positions.

I have read letter after letter from concerned citizens -- and we have received about 700,000 pieces of mail at the White House.

Hearing stories from those who get care and those who give care has convinced me of one thing: Nothing is more important to our nation than ensuring that every American has comprehensive health care benefits that can never be taken away.

When the President laid out his goals for health care reform, he was committed to building on what is right in our current system -- and fixing what is wrong. That principle still guides us today. The President's plan preserves and strengthens the high quality of medical care that is a trademark of our nation -- our unrivaled doctors, nurses, hospitals, and sophisticated technology. His plan also honors every family's desire to choose a doctor and other health care providers.

At the same time, the President is equally intent on fixing what is clearly broken.

Each month, 2 million people lose their health insurance for some period of time. Every day, thousands discover that, despite years of working hard and providing for their families, they are no longer covered. Every hour, hundreds who need care wind up in an emergency room because they have no health insurance.

These are not isolated, individual tragedies. Every person who loses health benefits, every person who is denied heath insurance, is part of a growing national tragedy. A national tragedy that is eating away at our social fabric, reducing our nation's productivity, draining our federal and state budgets, denying hard-working Americans wage increases and threatening our economic and political standing in the world.

Today, almost 40 percent of insurers refuse coverage to people with so-called "pre-existing conditions." Up to 30 percent of employees report that they are afraid to switch jobs for fear they will lose their health insurance.

The harmful effects of rising health care costs on our workforce cannot be overstated.

Imagine what it's like to be told you are the most qualified applicant for a job but you can't be hired because your child has an illness that will drive up the company's health care premiums.

Imagine how frustrating it is to know you can't change jobs or move to a different city because you might lose your health coverage.

Imagine the disillusionment that comes when going on welfare is a better option than staying on the job because it's the only way to get health care for your family.

You on this committee know better than most that our health care system is shortchanging too many American workers.

Today, the average worker pays $7,423 for health care each year. If we don't change our system now, that amount will rise to $12,386 by the year 2000. And as the average worker's bill for health care goes up, his or her real wages will decrease -- by about $655 a year by the end of the decade. [from CEA]

Today, we are asking American workers to give up the wage increases they deserve -- in return for less health coverage, less health security.

EXAMPLES OF INSURANCE INSECURITY

When I was with you in Massachusetts last spring, Mr. Chairman, we met a man who owns a small, family bowling alley. He had one long-time employee whose son became seriously ill. As a result of the boy's illness, the cost of the business' health insurance premiums went up.

You may remember, Mr. Chairman, how that bowling alley owner -- with tears in his eyes -- described the confounding, inhumane choices he was left with as a small businessman.

He could cut off insurance for his loyal, veteran employee. He could ask the employee to look for another job -- which might not provide coverage anyway given his son's condition. Or he could continue to pay the rising cost of health premiums -- knowing that it might ruin his family' business.

In our current system, nightmares like these have become ordinary, everyday experiences for too many Americans. That's why we must finally ensure that every American citizen has comprehensive health benefits -- benefits that can never be taken away for any reason. Not when you lose a job. Not when you change jobs. Not when you move. Not when someone in your family gets sick.

THE NEED FOR PREVENTIVE AND PRIMARY CARE

Thanks to conversations and meetings I've had with health care professionals, economists and other experts, I have learned a great deal about the technicalities of our health care system in the last eight months. But like most Americans, what I know most about health care I have learned from personal experience.

As a wife and mother, I know we need to change our mindset so that we reward doctors and health care providers for keeping people healthy instead of treating them once they're sick.

We need to do this because it makes sense.

It makes sense to provide a comprehensive benefits package that covers children's vaccinations and well-baby visits -- treatments that keep children healthy -- rather than wait to treat costly illnesses that should have been prevented in the first place.

It makes sense to cover cholesterol screenings for adults -- rather than pay for expensive cardiac surgery after a person

develops a heart problem that could have been diagnosed and treated years earlier.

It makes sense to cover prescription drugs for older Americans -- rather than pay for expensive treatments and hospitals stays once an illness develops.

It makes sense to cover regular check-ups for every citizen -- rather than pay for emergency room visits when it's already too late.

WE NEED TO PAY MORE ATTENTION TO WOMEN'S HEALTH

As a woman -- and women make up 51 percent of our population -- I also know we need to find cures and treatments for diseases that primarily afflict women, such as breast cancer, ovarian cancer, osteoporosis, and multiple sclerosis.

For too long, women -- the primary caregivers in our society -- have been relegated to the fringes of medical research and medical care. The leading cause of death among women is coronary disease. But until recently, women were routinely excluded from major coronary clinical trials.

Not only is that unfair to women, it is costly for the nation as a whole.

Osteoporosis alone accounts for as much as $10 billion a year in treatments, hospital care and nursing home stays. Breast cancer has been on the rise steadily for three decades, and we still have found no cure. This year, 46,000 women will die of the disease, and 186,000 will contract it. And that will add up to more than $6 billion a year in medical bills and lost productivity.

And those figures don't begin to count the social and psychological costs when these illnesses interfere with our family lives and our overall happiness and well-being.

CONCLUSION

By ensuring comprehensive benefits to all Americans -- benefits that won't suddenly vanish when a person is laid off, or switches jobs, or comes down with an unexpected illness . . . by emphasizing primary and preventive care that saves money and keeps people healthy . . . and by devoting more attention to the special health problems of women . . . we can control costs and build a healthier, happier nation.

Mr. Chairman, over the years, you and your committee have shown a welcome and courageous spirit of bipartisanship when addressing difficult social problems.

Already we have benefited enormously from the ideas, suggestions, and expertise of this committee in thinking about health care reform.

I truly hope that in the months ahead we will finally achieve real, lasting health care reform that is long overdue. We look forward to continuing our dialogue and our partnership with you until we reach that goal.

Thank you.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release June 6, 1995

Remarks by First Lady Hillary Rodham Clinton at 125th Anniversary of the Metropolitan Museum of Art New York City

MRS. CLINTON: Thank you. Thank you. Thank you, very much. It is such a great honor and pleasure for me to join you this evening. I am someone who is a great fan of this Museum and a great fan of the Cantors.

And to have an occasion such as this where we celebrate both is special. I want to add my word of thanks to this Museum and to all of you who have supported it, nurtured it, loved it, brought it to where it is today. I have just had an opportunity to view the proposed new galleries, for the exhibition of the collection of Greek and Roman art, as I was told, the finest collection in the Western hemisphere.

And it is very exciting to see the plans for this and to know what a contribution it will make to the continuing greatness of the Museum. None of this would be possible without all of you who have been patrons and supporters of this Museum. And tonight, we honor two people who have been especially important.

Iris and Bernie have over the years stood behind so many important causes in health care and education. And tonight, we celebrate their contribution to the arts. What they have done by their generosity has not only meant that literally millions of people have been enhanced by their eye, their passion, their commitment. But it has also, I believe, served to spur others to be similarly generous with their own love of art.

For all we celebrate tonight, I must say, though, it is something of a bittersweet moment, for those of us who care deeply about the arts in our country. Because, there is, as you know well, a movement underway to undermine the cultural traditions that all of you in this room are upholding by your presence tonight.

It is sad, that there are those among us who do not appreciate what this Museum represents - what it stands for. And

who more than that, do not understand that our democracy depends upon culture. We are witnessing a full-scale assault on public support of the arts which in many ways is misguided and misinformed. One of the great accomplishments of the arts in America, is that it truly has become part of the public domain.

Accessible to all, firing the imaginations of all. I was told that Bernie saw his first Rodin here in 1945 and look where it has led. There is a proud tradition in our country of both private and public support - a unique partnership unlike what exists in many other countries not only in modern times but going back through history. Where art was either the domain of the public or of the private. But instead, in America there has been this marriage.

And that is thanks, in large part, to far-sighted people, like yourselves in both the public and the private sector. The NEA has helped to bring art to millions of Americans who would not have otherwise enjoyed it.

It has supported artists and teachers, students, men, women and children, whose daily lives have been transformed by their exposure to great art. And I would like to thank Bill Lures and the trustees, and the members of the business committee and all of you who have raised your voices in the last months on behalf of public support for the arts. I hope you will continue to do so because we cannot afford to retreat from that commitment.

I would argue strongly, that, contrary to what some say, "Public support for the arts is a luxury we can no longer afford," that it is, instead, a necessity for the continuing strength and vitality of our community of culture in this country.

It is particularly ironic that those who bemoan the loss of civility and character and the loss of values in America are the first to recommend obliterating the federal agencies, in many ways cutting back on state and local support, responsible for promoting our cultural traditions.

For example, the Greek and Roman exhibition that is being worked on now, for those who at one hand, claim they support our Western traditions and Western civilization but who on the other hand would not support the kind of exhibition that would bring to life those very traditions and roots; are living, in my view, a very ironic way of demanding we do what they say, without recognizing how important it is to give other people the chance to have the same experience that they have had.

They fail to appreciate what every generation of Americans have intuitively known, that our artistic imagination is critical to our civilization and our democracy. So I hope that, as we

who more than that, do not understand that our democracy depends upon culture. We are witnessing a full-scale assault on public support of the arts which in many ways is misguided and misinformed. One of the great accomplishments of the arts in America, is that it truly has become part of the public domain.

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They fail to appreciate what every generation of Americans have intuitively known, that our artistic imagination is critical to our civilization and our democracy. So I hope that, as we think about this Museum tonight and the contribution of the

Cantors, we will think about ways that each of us can try to continue the traditions represented. And we will think, too, about all of the children, two hundred to three hundred thousand a year, who come to this Museum. The potential artists and teachers and lovers and patrons of the arts of the future.

To make sure that their potential for appreciating what we have today, thanks to the partnership between public and private lovers of the art; will always be there. Yes, we have hard decisions to make in America; yes, they are challenging. But let us remember what really lies at the root of greatness as a people -investing in our future, caring about the best of our traditions. And let's not turn our back on that kind of legacy.

With your help, your generosity, your energy and your commitment, I don't think we will, but I know this is a challenging time. I personally wanted to be here this evening to thank the Cantors, to thank the Museum and to thank all of you for standing up on behalf of the arts in America. Thank you all. (Applause)

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release February 2, 1994

THE FIRST LADY'S REMARKS
TO THE NATIONAL PRAYER LUNCHEON

MS. CLINTON: Thank you. Thank you very much, and thank you, Susan, for that prayer and for the spirit that imbues you every day, that enables you to reach out to so many of us.

I must confess I am here with some trepidation. The last time I spoke in public about spirituality, around the time of my father's death, I was astonished to realize that there were many people for whom spirituality should be confined to events like this, and not brought out into the public arena. I was amused when one commentator wrote that my critics were divided between conservatives who suspect I did not mean what I said and liberals who feared that I did.

And I have become accustomed over the past year to living between those kinds of poles and trying as best I can to navigate what is for many of us uncharted terrain. Because as my husband said this morning, freedom of religion does not mean, and should not mean, freedom from religion. And striking the appropriate balance, and being able to witness in a public role what one feels and lives through one's own spiritual journey, opens one up to misunderstanding and criticism.

But it is my very firm conviction that there is a growing awareness of the need for a spiritual renewal in our country and a willingness on the part of many to act and work in good faith together to fill that sense of emptiness with the Word and with an outreach that is grounded in real Christian values.

I am indebted, as I stand here before you, at the end of my first year in this city, to many, many people: I am indebted to a new church home, which is an inner city church, struggling as part of a social gospel to minister to

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the many needs that one finds in any of our cities and struggling also to deal with the personal needs and demands that come through a congregation's individual search for salvation. I am indebted to the many friends who have been supportive and understanding of what it is like to make the kind of transition that my family has made.

But I am particularly indebted to the group of women that Susan referred to, women who have reached out to me, not only by praying for me, but also by being my friend, who knew often just the right moment to call or to drop a note, to send a book, to let me know that they were thinking about me. I have received many gifts in the year that I have been here, wonderful gifts, but none meant more to me than the intangible gifts that were given to me at The Cedars a year ago by these women.

And what I would like to do with all of you today is to convey to you the same intangible gifts. They are gifts that have stayed in my heart, have kept me going, have served as both balm and spur, and have helped enrich greatly my own sense of what we all mean when we use words like "values," "spirituality," "renewal." I am so grateful for these gifts that I want to share them with you.

The first gift is the gift of compassion. This was given to me with the warning that I would be called upon to show compassion to endless lines of suffering ones. And the prayer that came with that gift of compassion was that I would never try to rely on my own reserves, but to draw freely and regularly from the One whose storehouse is always full.

The other part of the gift of compassion was the scriptural reference that came along with it. Mark 6:34: "As He went ashore he saw a great throng and he had compassion on them because they were like sheep without a shepherd, and he began to teach them many things."

We all need compassion. It is not only a gift that I have tried to give; it is a gift I have gratefully received.

The second gift was the gift of courage -- courage to stand strong in the midst of criticism, to give in when necessary, to take a risk when it's right, and, above all, to fear God alone, for the fear of the Lord is the beginning of knowledge.

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Courage is needed in our everyday life. Everyone of us in this room needs the gift of courage. Sometimes we don't recognize when we need it. Sometimes we reject its offering, because it is frightening to use the gift of courage. But courage is not rooted in the day-to-day, but, instead, again, comes from the Word of the Lord.

I can't say I have necessarily needed courage in the last year to face risks that were public and large, where the enemies that were arrayed against me were visible, but I have certainly needed courage on many days just to keep going, to feel supported, to know that, even in the face of misunderstanding, there were risks that I felt called upon to take, and that I could never have done it without the courage that comes from God alone.

The third gift, and one of Susan Baker's favorite words, is discernment, a word I had never really paid much attention to before, not a word that I really associated with scripture. And I'm very grateful to have that word and its meaning now as part of my life.

The gift of discernment, to seek wisdom that should come, to know that it is through our Father that the spirit of revelation gives us an insight into a person, an experience, an event that would not otherwise be available, has enriched and enlarged my life immeasurably.

When one learns a new word, one sees and hears it all the time. The Old Testament scripture this morning, if you remember, referred to the understanding to discern wisdom. So it's one of those words that I now take with me and incorporate into my life with gratitude.

The next intangible gift, the greatest gift in many ways for all of us, is faith. "God is utterly faithful, and it is He who has called you into fellowship with his son Jesus Christ our Lord." That, from First Corinthians and one of my friends.

Faith is something I take very seriously. I do not believe I am a very good Christian. I think it is extremely hard to be a Christian. I think every day is a challenge to one's Christianity, and that by growing in faith, minute by minute, hour by hour, faith becomes stronger and deeper and bigger and opens one's eyes to greater possibilities and further challenges.

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One of my husband's former pastors, a great Southern Baptist preacher, W.O. Vaught, used to preach often about "baby Christians." And, yes, you move through stages of maturation, but most of those whose Christian work I most respect are open always to learning more about their own faith, and knowing that there is no final answer until the end of one's life, and that part of what we must do is to grow in our faith and exhibit it. Faith is for me a great gift and a great challenge.

I remember the first time I ever spoke in front of a religious group was in my church as a child, when, during confirmation, each of us were to stand and read our essays, "What Jesus Means to Me." I recently re-read that essay of my 11-year-old self, and there was much that was very simple about my beliefs, but much that was also as profound as any theology I have read since. One's faith journey is really for me a continuing effort to grow in both wisdom and stature as a Christian.

The next gift was fellowship, and I am so grateful for that. The scripture that was used to convey that gift was from Proverbs, "A friend loves at all times and a brother is born for adversity." The prayer that went with it was for a sister to walk with me through adversity, to hold me up when the burdens are heavy, and to encourage and love me without condition.

I have been blessed with many brothers and sisters who have been there for me, and I always hope that I can be as good a friend to others as they have been to me. Because it is through fellowship and relationship in Christ that one grows and sees what is possible with the human condition. Without fellowship one's faith becomes too inward, too isolated.

The next gift is one I have needed on a daily basis. It is the gift of forgiveness. This gift came with this description: that forgiveness is the most powerful expression of love we can give or experience. It is also the most costly. For the Lord, it was the cross; for me, it cost my pride. Forgiving is hard. Forgiving those who seem determined to destroy, to tear down, those who seem to have a political or financial or personal agenda; forgiving those who bear false witness, who delight in spreading stories, gossip, rumor.

It is hard to forgive. But it is also essential, not only to live, but to grow in Christ, to forgive.

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Remember when Jesus was asked, "Lord, how many times must I forgive my brother? Up to seven times? Jesus answered, "I tell you not seven times, but seventy times seven." I must confess that some days I think I must have exhausted that number and look for a way to avoid any more calls on my spirit for forgiveness.

I have always believed that Christ wanted us to be joyous, to look at the face of creation and to know that there was more joy than any of us could imagine. Or as Mother Teresa told us this morning, to see the joy on the face of a homeless beggar, who is picked up off the street and brought in to die, and says joyously, "Thank you."

This world in which we are engaged is serious, but joy should far outweigh any other experience. I hope I will never lose sight of the joy and laughter that revitalizes the spirit, lightens our burden, brightens our way; and that I will also find joy in the trials I face, and that you will as well, because I know that these trials or difficulties are part of God's plan.

The next gift is that of love. I particularly appreciated the description of this gift from my friend who wrote, "Over the past decade I have witnessed conflict between my friends who are Christians and those who are Democrats. They often act as if they each belong to an exclusive club. They appear to have little in common and are cynical of each other." But as she said, "My belief is that this is not true."

It is also my belief. There is no greater gift that God has given any of us than love, and every time I get discouraged by what I see as the nitpicking and the nay-saying that sometimes floods the air, I remember what Jesus said when he was asked which of all the commandments was the most important to follow, and he mentioned two. You know what they are. Both had to do with love. Because all the commandments were given to help us love God and love each other as we should.

It is very hard to do. It is so difficult for me to love some people. My husband has a much better and greater understanding. His mother was filled with unconditional love. You had to go so far to get her off of you. She wouldn't give up on the sorriest person you ever saw. I would sometimes have conversations with her where I would say, "Virginia, this person is" -- and I would fill in the blanks. And she'd just look at me and she'd say, "Well,

all I know is that he's good to his mamma," or, "He's good to his dog," or he's good to somebody. She taught me so much about love, unconditional love for people that weren't always the best that society had to offer.

As I've sat here, many of you have come up and introduced yourselves. You've been with Chuck Colson's prison ministries, you've been with urban ministries. Day in and day out you are called more than I to love those who need to see God's love through you. And I am grateful both for the love I feel, and hope to be able to give more of it.

The next gift was peace. Very hard to achieve. It seems there is always a reason why your anxieties interrupt the peace you seek. I pray along with my friend who gave me peace that God's perfect peace will envelop me as I face each day's demands and opportunities. That is not always the case. I try not to read the newspaper. I try not to watch the television on days when my peace is in a fragile condition. But it is something for which I seek.

And the gift of vision, seeing things which are often invisible to others, knowing that Jesus provided the ultimate vision of being the Way, the Truth and the Life, and that each of us, not only should have a vision, but inspire others by our vision.

Spiritual renewal often starts with a person's vision, a revelation, if you will, an idea planted by God and shared with others, trusting that the Holy Spirit will inspire similar thoughts in those with whom you share yours. Because when you encourage and inspire others to have a vision of what is possible through Christ, you put into action ways that will lead to the accomplishment of God's goals.

And the gift of wisdom, a gift that we are always seeking. If any of you lack wisdom, you should ask God, as the scripture says, who gives generously to all without finding fault, and it will be given to you. But wisdom that comes from Heaven is, first of all, pure, peace-loving, considerate, submissive, full of mercy and good fruit, impartial and sincere.

Wisdom. When I went to Sunday school years ago our books often talked about how Jesus grew in wisdom and stature. I think about that often because it is unlikely I will grow any further in stature, but I certainly hope I will grow more in wisdom as the years go by.

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To these gifts I added the gift of prayer, an intangible, but all-pervasive gift that stays with me on a daily basis, that lifts me up, that helps me let off steam, that guides me. These are gifts that I am so grateful for. But beyond that, I am grateful for the spirit that offered them.

When I came here and was asked if I wanted to meet with a group of women, bipartisan, Republican and Democrat, conservative and liberal and all those labels that I think interfere with us seeing each other as people, I didn't know quite what to think, but finally decided it was something I needed to do and have been very grateful that I did.

I hope for all of us as we think through this day that brought people from all over the world together, of the gifts we have to give and receive. The greatest gift to us is Christ's life and his example. That should guide us, challenge us, support us, not just at prayer breakfasts or prayer lunches, but every single day. If we approach these gifts with the humility that we should, then the chance of renewing one's own spirit and of that renewal reaching out across our land becomes all the greater. And that would be a great gift for America. Thank you all very much.

END

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release June 15,1994

COMMENCEMENT ADDRESS BY THE FIRST LADY
AT DUKE ELLINGTON SCHOOL FOR THE PERFORMING ARTS
WASHINGTON, D.C.

MRS. CLINTON: Well, I don't know about all of you, but I think we can just quit right now. I feel like I've had one of the best evenings in a very long time.

I want to thank Eli and Naisha (phonetic) for the best introduction done ensemble that I have ever had and ever will have. I am grateful for you for that. I want to thank Mrs. Cafritz and her (inaudible), Mr. Malone (phonetic), for realizing their dream and yours through this marvelous school and all that it represents.

Principal Wilson and representatives of the school board and board members and all of you who are gathered for this special evening, I know that you join me in a feeling of pride and even of teary eyes as I watched all of the graduates coming in, and I was privileged to get here early enough to see your performance, and I could not help but be moved by all of it, but particularly the finale. This indeed is your night. Tonight is yours, and I hope every other night from now into the future gives you the same joy that you gave all of us.

On behalf of the President, I want to extend my congratulations on 20 remarkable years, and I hope that today's editorial in the Washington Post will galvanize this community so that this school continues to be a symbol of excellence of public schools and will flourish and thrive for many years to come. All of us who have seen the results of Ellington's work should join with the supporters of Ellington to make sure that work not only continues but grows in strength.

As you probably know, I live with a President who has an abiding interest and love of the arts. It was given to him as a young child by teachers such as the ones that you

have enjoyed here at this school. He loves music. We love together painting and museums. We love theater. We know that in a very deep way the arts represents the very soul of our nation.

And what Ellington has done is to represent young people who are fulfilling their dreams as artists and performers, and I was particularly proud that you had a role to play in the festivities honoring the Emperor and Empress of Japan, and they personally spoke to me about how impressed they were by your choir, and, after hearing you tonight, I certainly can understand that.

By now, most of you have discovered the power of human hope and imagination. Where there is imagination, there is always hope. Where there is potential for creative expression, there is always the possibility for human progress. I believe, as I know you do, that all forms of art -- music, dance, literature, painting, sculpture, poetry -- all of it has an enormous capacity to affect not only your individual lives but the lives of your larger community.

Art is not beyond. It moves people. It encourages people. It puzzles people. It provokes people. You have at your fingertips, because of your talent and your dedication and your hard work, the opportunity to not only explore your own potential but to influence people far beyond.

I was very moved to receiving the painting. It will come with me back to the White House, where it will hang in a place of honor. And I was very touched to receive the sculpture. Those two pieces of artistic work, standing on their own, carry meaning. You know, because of what you have given your lives to, that you've had to have a lot of discipline to get where you are. You've made a lot of risks and sacrifices and taken on a lot of responsibilities.

Now the question is, what will you do with all that you have been given and all that you have taken? As you look to the future, I hope you will remember there are many things that distinguish artists and performers from the rest of us, but there are at least three I would like to mention.

First, artists are willing to make sacrifices. That's something you already know because many of you have already done that. Peggy mentioned the VPIs award and Children's Defense Fund. I know from my own experience that

many of you have already overcome great odds and have been willing to make sacrifices for your education and your art.

Second, artists are willing to take risks. They are willing to expose their ideas, their visions, their emotions to outside scrutiny in ways that other people are not. It takes courage and it takes guts to be an artist. And I hope that you will always celebrate your willingness to take risks on behalf of your art.

Robin Smith (phonetic), the president of the student body, talked recently about the hard lessons she had learned here. She said, "I have learned to accept criticism, and if you don't learn that you shouldn't go on with your career." I might add that being open to criticism means being open to learning and growing. As someone who gets more than, I think, my fair share of criticism, I have to echo Ms. Smith's words. You have to learn to accept criticism. But I would add to what she said, learn to accept it seriously but not personally. Do not let anyone else's opinion of you or your work (inaudible).

The third point of distinction I would like to share with you is that perhaps because the work of artists and performers reflects, in the words of the painter Romer Beardon (phonetic), "the soul of the people," you do have an added responsibility to make a positive difference in society. This is always the subject of commencement speeches, but in your case it is more dramatic and perhaps even more immediate than it is for the usual graduates.

For your generation, the future holds great promise and great peril, great peril because we only have to look around us to see that the world still has too much poverty, too much racism, too much violence, too much indifference, too many of the things we have struggled with since the very beginning of time.

But there are great promises embodied in the lives of every one of us, and particularly in your lives. You have what I hope you will always hold onto, what someone once called "a hard-earned optimism." I know that many of you sit here often thinking in the past four years that you might not be able to stay the course. I know that there were times when it didn't seem worth it, when you didn't feel you had the support that you needed or thought you deserved from family and friends. But it was your optimism, your willingness to

keep going that really at the root is what will make your promise ripple out into a great promise for the larger society.

That means you must have a vision of life that does not ignore the tough realities but is based on those tough realities but is infused with hope. You know, an attitude about one's ability to take responsibility and contribute to society can be yours no matter what your personal circumstances might be. And I would only say to you what I believe with all my heart, what I see my husband doing every day, and that is, never, never give up, no matter how many obstacles are thrown in your way.

Giving up, especially when you have the talent that you all have, is an indulgence. And you only have to look at the events of the last month to realize why it is never appropriate to give up. Think for a minute about the inauguration of Nelson Mandela.

If there were ever a man who had reason to give up, it certainly was he. Twenty-seven years, longer than you have been alive, he spent in prison. I had the extraordinary privilege of attending his inauguration. I hope you saw much of the television coverage of that historic event. But I want to tell you what personally made the single biggest impression on me.

Yes, I was overwhelmed by the inaugural ceremonies, by the sight of Nelson Mandela mounting the stairs, surrounded by the military leaders of South Africa who were now part of a new constitutional government. But what really moved me and what said more to me about his greatness than anything else was what he said at a function after the inaugural, when he stood before a very large crowd of visiting dignitaries and other people from around the world and told us that he had invited to his inaugural three of his former jailers.

Stop and think about that for a minute. I felt a rush of emotion like I have never experienced. I sat there thinking, this man is great because he has learned the basic lessons of what it is to be a human being filled with hope, who continues to forgive, never to forget, but always to forgive, because a hopeful heart has no room for bitterness, has no room for vengeance, has no room for (inaudible).

And I thought to myself, if this man in this

extraordinary act of humanity could overcome bitterness and invite his three jailers to his inaugural, certainly every one of us could change our own hearts and our own minds and begin to live with that same level of hopefulness.

And then, last week, the President and I were in Europe to celebrate the lives and sacrifices of many of your grandparents and uncles and others who lived and fought and maybe even died during World War Two. We saw many there who had survived that particular conflict, but I want to tell you about one particular gentleman.

He's not a famous person, but he is a very important man. His name is Woodrow Profitt (phonetic). He was a member of a very significant group called the Tuskegee Airmen, young African American men who believed they were as good as anybody else. Who believed in the promise of democracy and freedom and decided they wanted to make their contribution, and they formed themselves into the Tuskegee Airmen.

And if you followed any of the TV coverage of the invasion of Europe, you may have heard that in the two months before D-Day, 2,000 planes, 12,000 men were shot down over Europe by the Germans. The Tuskegee Airmen, who flew fighter planes that were to protect bombers making those bombing runs, never lost a single bomber. And I asked Mr. Profitt, how, in the face of the extraordinary attacks that were going on, did the Tuskeegee Airmen never lose a single bomber? And he said, "That's because we knew our job, we stayed in formation, and we took care of each other." Pretty good words to live by (inaudible).

And those words echoed for me when I heard these words from someone who not only plays beautiful music, but has a lot to tell us, namely, Wynton Marsalis. Wynton Marsalis says, "Life is like playing the blues." So, in ending, let me pass on his advice. And it is as follows: "Always bring your horn. Know the tune. Learn to listen with empathy. Understand your role in the ensemble. And, most of all, enjoy playing."

Think about your own lives in that light, and go forth from this celebration with optimism and hope, courage and confidence to chart your own courses. Many people have invested in you, and I think it's an investment that has been very well made. God bless you, and good luck, everyone.

(End of speech.)

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Does Pam have a copy -

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(End of speech.)

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FOR IMMEDIATE RELEASE
Thursday, September 10, 1992

Contact: Maggie Williams
Lisa Caputo
Joyce Kravitz
(501) 399-3840

Remarks of
Hillary Rodham Clinton
University of Illinois
Champaign, Illinois
September 10, 1992

I am always glad to be back in Illinois, and I'm glad to be back at this university. When I was growing up in Illinois, I came down to a football game which we won years ago and I'm glad to see we're off on the same route. This is a very exciting day for me. Not only am I home and get to be introduced by Richard Lewis, whom I think is terrific, but I get a chance to come and talk about this election -- which I believe is a turning point for our country -- with people whom I think have more at stake in what happens than maybe some of the rest of us who were in college a couple of decades ago.

The country really is at a turning point. Thankfully the Cold War has ended. We have an opportunity now to turn our energies to solving our problems here at home. And we have to do that, because for too long we have neglected a lot of America's problems. If we don't solve our economic challenges, provide educational opportunity, take care of our health care problems and all the other issues that are not only on the front pages but the front burners of every home in America, this country will break faith with the past and break faith with you.

Those of us who grew up in the 1950s and '60s and '70s, took for granted a lot of what was there for us. Because of our parents and our grandparents and the sacrifices they made as well as political leaders, both Democrats and Republicans, who put the country ahead of their own political well-beings. We had a country that offered us opportunities that were available if we were willing to work for them.

But now, look at what is happening. For the first time we have a generation of young Americans, people like you all over this country, who cannot assume that the American dream and the opportunities that we took for granted will be available for you

and for your children.

That's not the way it needs to be.

We don't have to continue to read the statistics week after week, about the number of Americans who are unemployed, the number of Americans who are working but whose jobs, even after working forty hours a week, cannot lift them out of poverty.

We do not have to live with the level of violence in this society, where every three hours an American child is murdered on our streets. We do not have to continue to deny health care opportunities to our youngest and our oldest citizens.

We do not need to worry whether our children will have the kinds of educational opportunities they need to be competitive. And we do not to have to continue to step around and over the homeless people in the streets of America for another year.

My husband, Bill Clinton and Al Gore have a very different vision of America than the one we're confronted with now. Their vision is a positive vision, a hopeful vision. It is one where people are brought together across racial and ethnic lines, where no longer are the differences among us exploited for short-term political gain, but rather serve as a basis for a new strength in this country where every person's God-given potential can be realized and where all of us together can build the kind of future we can be proud of again.

This vision asks something of all of us. It says, "Yes, we need a new economic policy." We must, once and for all, put an end to this experiment that has been tried for 12 years, this trickle-down economics, which has failed. For 12 years, the reigning philosophy in Washington has been to keep taxes on the richest of Americans as low as possible and then somehow expect us to be able to be competitive and create jobs and income for all Americans.

Well, the results are in and they're painful to see. But they shouldn't be surprising. In 1980, American workers had the highest wages in the world. Today, we are thirteenth and falling. We now have the biggest gap in income disparity between the richest and the poorest of Americans that we ever had in our recorded history, and nearly two-thirds, of all Americans are working harder for less income than they made in 1980. A lot of you, a lot of your parents, and a lot of your grandparents are in that category.

We need to try a different approach. And what my husband has proposed is an approach that invests in American jobs, products and services. We are the only country that actually gives tax breaks to people who want to move jobs out of Illinois overseas. It is time that we do away with that kind of tax system and instead

substitute incentives and investments to grow this economy the old-fashioned way. Let people invest in jobs here, new plants and equipment, new research and development.

You'll hear a lot in this campaign with people trading all kinds of charges back-and-forth. One of those is that my husband and Al Gore have proposed much deeper cuts in the defense budget. That's not true. There's about a 5% disparity in the decreases that my husband and Al think can happen in the next four years and what the current administration is proposing. But there is a very big difference in what they would do.

Bill Clinton and Al Gore would take every dollar by which we decrease defense, and transfer that into the civilian economy where we'll make investments in new transportation and communications and other kinds of technology.

When Al Gore came back from the Earth Summit he said to Bill and me that it just made him sick to be down in Rio and to watch representatives of other countries who know where a lot of new jobs are going to come from -- they're going to come from environmental technology -- out there selling all kinds of new products to other countries that will put their people to work, while our government is standing back, dragging its feet, refusing to accept reality. Well, that is not the kind of government we will have after January of next year.

Here at this great university, wouldn't it be nice to have a real education President for a change? And in the vision of America that my husband has, what we'll have is an education President who believes that America's students can learn as much and perform as well as students anywhere in the world, no matter who their parents are or what their family backgrounds are. American students can and will perform well in school if they're expected to learn and given the challenge to do so.

And although most of the learning has to happen in the homes and schools of America, there are at least a couple of things a real education President can do. First, fully fund Head Start so that every youngster gets an fair chance to begin school ready to learn. Second, take the national education goals, of which my husband was the primary drafter during the summit between the governors and the President, that were promptly put on the back shelf somewhere, and take them off the shelf and look at them. Those goals set forth the kind of objectives we should be trying to reach in this country. One of them is that American students will be first in the world in math and science by the year 2000.

Now is that going to be easy? Of course it's not going to be easy. It's going to be very difficult if we are not prepared to do it. But let's set a goal for ourselves. I can remember as a young

student having a Republican President named Eisenhower who, when Sputnik went up, said to us, "We're going to do better in math and science education," and then started the Eisenhower Grant Program to improve math and science teaching. I remember a Democratic President named John Kennedy who said, "We're going to put a person on the moon and we expect young people to be part of that great adventure." Bill and I don't have a clue what George Bush wants our twelve-year-old daughter to learn, but I want all of the children in America to have a President who will tell them that learning is their job.

There are two other things a real education President named Bill Clinton will do. First, only 30% of the young people of this country get a college degree. Those of you who are here at this university should be grateful and very aware of that. Seventy percent do not, and what happens to them? We don't give them the kind of help that they deserve. But what my husband wants to do is give any young person who graduates from high school and wants a good job instead of a dead-end job a two-year apprenticeship program to learn the kind of skills and abilities that will enable them to be competitive in our society. Isn't it time that we reverse the policies of the Reagan-Bush years which made it increasingly difficult for young people from middle-income and working families to afford to go to college? Let's make college a real investment for the country.

What my husband proposes is to scrap the existing student loan and grant program that is out there confusing people and making it impossible for us to know what the requirements are, and substitute it with a national service trust fund out of which anybody can borrow the money to go to college, but they have to pay it back. This new vision of America includes responsibility from citizens, and it will have to be paid back in one of two ways: either as a percentage of your income at income tax time so there's no more opportunity for defaults -- you pay the money back; or, with two years of national service back here at home.

Think of what we could do in this country if those of you who got your college educations were willing to come back to this part of Illinois or wherever you're from and serve two years as a police officer, as a teacher, as a child care worker, to build housing for the homeless, to help solve the problems of America. It's not only a good investment in your future, it's an investment in America, and it's the kind of idea that will get this country moving in the right direction.

There are so many issues that have been talked about by my husband and Senator Gore, and they've actually put out a book that's available at newsstands. It's called <u>Putting People First.</u> It is an outline of their program. It is a book which sets forth what their policy proposals are. You do not have to read their

lips; read this book if you want to know what they will do.

This country can't be a world leader -- it can't set the standard for democratization, for free-market economies, for human rights, for the kinds of issues that we have always stood for if we are not strong at home. We never defeated the former Soviet Union on any field of battle; they fell from within. And we are now incarcerating a larger percentage of our people than every nation. According to the latest figures out of Washington, we now have one of every five children living in poverty.

We have a lot of problems. But, you know, this country has had tougher times in the past. Other generations have had to rise to their challenges. Abraham Lincoln, out of this state, had to keep a nation together. Franklin Roosevelt, from his wheelchair, had to make sure that we were not afraid, that we were willing to take on the challenges of a depression and a world war.

It is time now for all of us to do our part to make sure that this country is what it should be. We have this challenge in front of us. We need to do away with the politics of denial and diversion and neglect that have dominated our political scene for too long, and instead substitute for it a sense of hope, a sense of progress, a sense of togetherness, a sense of community, investing in our people by putting them first, and making sure that this vision of America that we have is translated into reality.

Making speeches doesn't make that happen. Holding posters doesn't make that happen. What makes that happen is participation in this election on November 3. And for many, many people, the level of cynicism and disbelief is so great that the idea of even voting is more of a commitment than they are willing to make. But you know what? There are people all over this world, in the former countries of Eastern Europe that are free, or in the republics of the former Soviet Union, or in Central or South America, or in Asia, who have literally died for a right which we turn our backs on every single year.

Just as in the former Soviet Union, when we're challenged nobody can beat us except ourselves. Nobody can turn back the tide of progress except those of us who don't care to be involved in making it happen. In the late 1960s, I was one of those people who worked hard and believed that if we amended our Constitution so that 18 year-olds, and 19 year-olds, and 20 year-olds could vote, it would make a difference. I'm sorry to say that it hasn't, because 18 to 24 year-olds are among the fewest voters in our population. But when you think about it, every election means more to young people than it does to those of us who are on the other side of the half of our life.

What we have to try to do, what my husband and Al are trying

to do, is to once again light some hope, some belief to quell the fires of despair, hopelessness and cynicism that are eating away at the vitality of this nation. When people are set against people to create an electoral majority so that we look with fear at each other instead of looking at our leadership, the folks in power stay there. And we blame one another for our problems. We step over homeless people. We add another deadbolt on our door. We worry about how we're going to get a job in a losing market instead of a growing one. That's not by accident.

What we need to do together is to turn our faces to Washington and say, "This country deserves, indeed demands, leadership as good as we are." If each of us is, at the very least, willing to register and then vote, it will send a signal. It will once again keep faith with those who have come before. The registration deadline in Illinois is October 5. Those of you who are from other places and don't intend to register here, find out what your deadlines are and find out how you get an absentee ballot. For those of you who are going to register here, don't wait until tomorrow -- do it today.

Think about the kind of country you want to see in a year or 10 years, in the next century. Think about what we can do if we believe in ourselves again, if we take responsibility for ourselves and our neighbors, if we face up to instead of deny our problems, and if we have leadership like we've had in the past which summons the best and not the worst from us. America's best days are ahead of us if we are willing to seek them. Thank you all very much.

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Melanne
FYI - HRC revisions of CHILD -
file

Many people have asked me how, with the President's responsibilities, my schedule, and all of Chelsea's outside activities, we ever find time to be together as a family. In many ways, it has been easier finding time together because my husband's office is so close to our home. A friend told me with a great laugh that the President and his family live above the store! That means that the President is usually home for dinner, that Chelsea can run over to the Oval office to see her Dad or ask for his help with her math homework. Although living in the White House has added new challenges to our routines, our private time together hardly has changed at all.

Our solution to a hectic lifestyle is to spend as much time together as often as possible. We watch movies in the theater, play cards, usually pinochle or spades, and take walks or bike rides together. Occasionally Chelsea and I sneak out for a meal at a local restaurant or go to a mall to do some shopping. And like other parents, the President and I attend as many of Chelsea's school functions as we can.

Most parents today know that it's a difficult balancing act to juggle demanding jobs and family responsibilities. It requires tremendous energy and planning. It also requires a commitment to the importance of family relationships. I believe that both quality and quantity time are important. Some of my best time with Chelsea comes when we're just sitting around talking. She will raise issues or discuss events in her life that give me the chance to know what's happening in school or with friends.

I've discovered over the years that being a parent is a continuous learning process, one that evolves as your child grows. One of the hardest challenges is realizing my daughter is a separate person, and that although I have the obligation to guide and discipline her according to our family's values, I have to let her become the person she was meant to be. I know many parents struggle with this. I'm always reminding myself not to impose my own feelings and experiences on her but to remember she is her own person and her tastes and attitudes many differ from mine.

Parenting Chelsea has taught me more about myself than anything else I've done and I wish my husband and I had been fortunate enough to have had additional children. Each child is a gift - and a challenge. I'm just grateful we've been blessed with Chelsea.

The President and I are very fortunate that our daughter has always been healthy and secure. We get great pleasure from watching her grow up into a wonderful young woman. She is an

engaged, involved person who really cares about helping others. She's active in her church group and volunteers at Martha's Table, an organization that serves meals to the homeless in Washington, D.C. She understands we all have an obligation to give something of ourselves to the community in which we live.

Chelsea would probably describe me as an overprotective, overly concerned mother. But she indulges me. She puts up with my worrying. And we're lucky as a family that my husband is a wonderful father. He's always been an involved, concerned parent. We have also tried to underscore for her the importance we place on family. And we hope she will experience the same feelings of joy around her children that we experience around her.

Parenting is always a challenge in any time or country, or in any place. But the challenges for parents in America today are different and, I believe often more difficult, because there are so many influences outside the family that affect our children.

We have to stand up for what I thought was so well expressed in a pastoral letter that the National Conference of Catholic Bishops issued in 1992 entitled, "Putting Children and Families First." In that letter, they said this: "No government can love a child, and no policy can substitute for a family's care. But, government can either support or undermine families. There has been an unfortunate, unnecessary and unreal polarization in discussion in how to best help families. The undeniable fact is that our children's future is shaped both by the values of their parents and the policies of our nation."

It is time that we recognize the fundamental truth that every family and every parent has to assume the responsibility for the most sacred trust they are given: the nurturing and care of the next generation.

Not for release.

Catholic Health Association

QUESTION AND ANSWER PERIOD:

Q (Questions were not recorded over phone link.)

MRS. CLINTON: Well, the role that I see is the one very much like what has been outlined in CHA's own proposal. I think that the opportunities for the not-for-profit, tax-exempt hospitals and their affiliated organizations should only increase in the years to come. And what I hope is that both CHA, through its own association and through networking with other health care professionals and facilities, will be at the real core of these integrated delivery networks that we are attempting to set up to having accountable health plans that will be providing the benefit packages to citizens.

I believe -- and this is just a personal belief on my part -- but I really believe that if we follow the kind of outline that CHA has proposed and that we are recommending to the President, that CHA and its organizations will be at the center of this reform effort because I think you already know better than perhaps some of the for-profit organizations, how to put caring and service at the center of the health care system. So I would anticipate that CHA will be at the real core of what we are attempting to do and will be at the forefront of implementing the system.

Q

MRS. CLINTON: Sister, I think that the key fundamental goals have to be maintained, and that is universal access as soon as possible. I think that is an absolute condition of any successful health care system.

In addition to that, true cost containment procedures that will enable us better to allocate the resources we already spend on health care; maintenance and improvement of quality by providing better quality assessment and better information about those assessments; the maintenance of choice so that the individual is able to choose what kind of care that individual seeks out and be able to have access to the hospital or the physician that is most appropriate for that individual; and then simplicity. We have to have a system that is simple enough and related enough to what all of us have grown accustomed to, that Americans feel comfortable with it.

So those are the key goals. And I believe that your proposal, plus the work that we have done with the help of so many of you, will meet those goals.

Now, I'm being told -- the President has to sit in this chair in a few minutes to speak to another audience, or I would be willing to stay for the rest of the afternoon because I am so grateful for all of your help. But let me just end by saying this: Getting health care reform in America, even though those of us who are speaking together now understand its essential importance for human dignity and for economic well-being, is not going to be easy.

There are many groups that have profited by the existing health care system. And that is not an indictment of them. The system kind of stumbled into creating what it has, providing the kinds of incentives that it has. But in reversing that system to move it toward a more realistic way of dealing with people's needs and providing better care, there will be people who will fight those changes.

I hope that many of you and those whom you know and serve will be part of this effort to reform our health care system, because you know what is at stake. We do not have a choice to stand still and accept the status quo. Standing still will only push us further and further backwards.

So I hope that you will study the proposals when the President makes his final decisions and publicizes them; that you will be part of a great effort to bring decent, quality, affordable health care to every American. You all have been on the front lines, you have stood for that. And I hope that this year we'll all be able to celebrate that we finally have fulfilled that basic promise to every American.

Thank you all very much.

END

THE WHITE HOUSE

OFFICE OF THE FIRST LADY

For Internal Use May 25, 1993

Remarks of the First Lady
at Families USA

Thank you. I am delighted to be here. I'd like to start by thanking Rob and Judy and all of you for really leading the way on health care reform. As Bob said and as I know so well there are many of you in this room who have been out working on behalf of health care reform for a very long time. I don't know if any of you were around in 1915 when the first national commission called for health care reform on a universal basis or were around in 1938 and '39 when the Murray Dingle Bill was introduced. Maybe some of you were around in the early 1970's when President Nixon introduced a very comprehensive national health care plan with an employer mandate. Some of you might find that hard to believe, but there were Republicans like that 20 or 30 years ago who took positions that now are considered more difficult for their party to embrace.

But I know that for at least the last decade many of you have been on the forefront of trying to educate the public about the issues confronting us as a nation both on a human scale and an economic one. And trying to do all you can to convince our fellow citizens that this is an effort whose time has come. That we can no longer deny what is happening in our health care system, pretend that it will go away, try to pay for it over or tinker with the margins. That it is indeed time for national health care reform.

I'm very grateful particularly to Ron and many of you for the work that you've provided over the last year and a half as my husband hammered out his own health care opinions and looked for ways to provide a comprehensive approach. And many of you were in rooms for very long meetings and briefings and question and answer sessions that led him to his absolute conviction that health care reform is something that he intends to tackle. Now it is no surprise that we are quickly discovering that real change is hard and that there are many arrayed against change for the own purposes. But if you believe as we do that part of what this election we held was about was accepting responsibility for the problems of this country and being willing to tackle some hard choices then I hope that you will stay with us as we travel down this road together. It will not be smooth, by any means,

but I am confident that at the end of it we will feel that we've made our contribution in trying to put our country on the right track and solve a lot of our problems, most particularly health care.

I want to say just a few things to start with and then mostly spend my time with you answering questions that you have on your minds. Because this is an audience that is very well educated and sophisticated about the nuances of health care reform. I want to share a few thoughts with you before we move to your questions and my attempts at answers.

There are a number of very difficult decisions that will confront us as a country when we unveil our health care reform proposals. All of them require that our people have a requisite level of understanding about what is at stake in this health care reform debate. I cannot emphasize too strongly how all of your grass-roots public outreach efforts are critical and need to be doubled and re-doubled again. Because, in my many travels and conversations around the country I've experienced what I'm sure many of you did, which is a kind of mixed message coming back at me. Many people are concerned, in general, about the health care situation, many are concerned, in particular, about their own situation with respect to the cost of their own insurance or their lack there of or the many other issues that come our way in this debate.

But in my conversations I often find many people don't draw relationships between how all of these things fit together into the whole that we have to address. And it is so important that we draw the connections for our fellow citizens. Let me give you just one example. As Mr. Blendon and others have argued repeatedly over the last months, we have to explain this proposal to people in a way they understand. Right now most people seem to be satisfied with their insurance coverage but scared about losing it, having it diminish, having it increase in cost. They are reluctant to pay very much more themselves, either in the form of taxes or any other contribution, to help cover people who themselves are uninsured. Because there is an enormous amount of economic and psychological insecurity out in the country. It makes a big difference to people who are worried about their own insurance if they understand that part of the reason for the underlying insecurity they feel is because there our so many of their fellow citizens who are uninsured. And to explain to people that the uninsured in our country do end up getting care, but they get care at the most expensive point of entry by going into the emergency room, often after a condition has deteriorated or become more acute and they have not sought primary or intermediary care. They then are put into the hospital in a room next to someone with insurance which is one of the reasons why

the person with insurance ends up paying $19 for a tylenol on his or her bill in order to help pay for the person in the room next door. Most people don't ever think of it that way, they don't ever see the connections between uncompensated care and their own insurance bills. That is just one example of the many examples that we have to look for to help people understand what is at stake in this debate.

And there are really five words I'm using over and over and over again. Security, Cost, Quality, Choice, and Simplicity. Each of those five words stand for a series of attitudes, expectations, feelings, proposals that we hope we'll be able to make clear when we present a comprehensive plan.

Security is obviously number one. As Rob pointed out, this debate is being driven by people who will not have that sense of security even though they may be insured. When you have 100,000 Americans a month losing insurance, when you have employers shopping around and finding it increasing difficult to provide even the same benefits at the same costs with only inflation adjustments, when you have people who see their friends and neighbors being laid off or having their retirement benefits ripped out from under them there is a great deal of insecurity. So the primary objective of this reform is to make every American regardless of their insurance status today, regardless of their health status to feel they will be secure. They will have access to the health care system, they will be guaranteed a comprehensive benefit package, their package of benefits will travel with them from job to job, from state to state, so that they then can worry about something else. That security is key and don't just think about it in the terms of the uninsured, we can not when the national debate if that is the focus. The uninsured deserve to have security so that everybody will be more secure. Security is the first primary argument that underlies our hope to have universal access as quickly as we can realistically obtain it.

Second, cost. We have to be able to demonstrate that costs will be controlled effectively. And that through the effective control of cost will come a re-allocation of resources within the health care system that will do a better job taking better care of more people. And there are many examples that illustrate what we are talking about with respect to cost. And some of those I think can drive home our point again in ways that people understand. If people understand that the paper work hospital is growing 4 times faster than the real hospital and that much of their health care dollar, therefore, is going in to providing for clerks who are checking and filling out forms and insurance underwriters who are spending their time trying to figure out who does or does not need insured. And personnel and doctors, offices and hospitals who themselves are part of the paper work hospital that if we control costs what we are talking about is

eliminating from the system a lot of those features that have very little or really nothing to do with the status of anyone's health. So part of what we have to persuade people is that we are not asking them to pay more money for our health care system we are asking them to participate in a universal health care system that provides security and controls costs because we think there is money in there that can be better utilized than it is today.

Thirdly, quality. No one wants to do anything that undermines the quality of our health care system. That has to be the first and foremost position that we take when were talking about what we hope to see at the end of all this reform. It's high quality, good doctor-patient relationships that lead to better outcomes, more opportunities for people to get information about quality so they know about outcomes so they can be better consumers of health care. And in the quality debate that will take place I will predict to you that, that will be where most of the special interest focus their opposition. Nobody is going to run an ad which says don't pass this reform it will cut our profits. That's not how this is going to be played out. It will be played out with somebody in a bright coat, probably depending upon the market, a male, a female, a black, a hispanic but somebody looking very official in a white medical coat. Who in very kind of Marcus Welby says,"Be careful we've always had the finest quality medical care in the world they, they want to take it away from you." That will be the argument because that will be where peoples desire for security will run straight up against their fear of change. As bad things are now, as expensive as it might be at least we feel somewhat comfortable in it. And so the quality issue is absolutely key. And frankly if we don't do a good job trying to enhance quality we're not going to have the kind of reform that you and I would want to see.

Fourth, is choice. That will be the second wave of commercials after the quality commercials. "They want to take your doctor away from you, they want to prevent you from seeing who you want to see." They'll probably have some older person saying,"But I've always gone to the same doctor and now there going to take my doctor away from me", and having this bad looking doctor with a clip board, you know, with his head bent over. That is what the ad is going to look like. What we have to do is to have a health care system that guarantees choice in so far as we possible can and that we intend to do.

And then the final word is simplicity. We can't explain this to people. If they can't feel comfortable they'll be able to navigate their way through it then that too will be a roadblock to reform. And so those are the kinds of hallmarks that we're attempting to achieve in effort to put together this comprehensive package.

So finally let me just say that many of you have involved in working with the task force in providing substantive and policy and political advice of all kind and I'm very grateful for that. I think though that as hard as we all have worked to try to get to this point in time it is only the beginning. It is something that we have to see as a long term commitment because after we introduce the legislation we will have the enormous task cut out for us in order to educate people and convince the Congress to vote for it. Then after we pass the legislation we will have an enormous task to make sure it works the way we want it to work. And at every step along the way and at every level in the process we will make advocates grassroots organizations, people like yourselves who are there to not only help move it along but to understand what should be done to make it successful. And it is very important for me to stress that I view all of us as having the same objective. Though there may be disagreements, there may ways your organization would have done it differently than somebody else's organization, but what I hope is that in so far as possible we will have a united front on behalf of health care. Because believe me there are people out there who don't want anything to change and who will be loaded for bear as they say in Arkansas. And if we are not as strongly united and are willing to reach across lines that divide us in order to have as strong as front as possible we will be picked off one by one. They've done it before they will do it again My good friend David Pryor form Arkansas tried to do something about prescription drugs a couple of years ago. Drug lobbies went to the grassroots organizations and convinced a lot of them to stand up against drug reform by convincing them that it would take their drugs away from them. We have to learn from our mistakes, keep open lines of communication and be ready to be united in this effort. So with that Ron I would be glad to answer questions.

Question and Answer:

Q: Greg Hafley (National Health Law Program) Which is a legal services program working for low income people throughout the nation on health issues. And we applaud your efforts to work to cover the uninsured and to make access to health care more meaningful for people with medicaid. My question is can you tell us a little bit about how you envision having low income people, who are going to be subsidized in some fashion under health care reform, have access to the full range of plans based on what in theory may be some kind of limited subsidy? To make sure that those people are either not relegated to second tier plans or that, because of the limits in their subsidy their not subject to discrimination based on their financial ability to play by the plans that may want to keep them away or deny them care.

HRC: That's a very important question and one we have obviously given an extraordinary amount of thought to. Let me answer it in two different ways. We intend for the comprehensive benefit packages to be available to every American. That is not a negotiable part of any plan. That has to be provided so every low income person on whatever sliding scale with whatever amount of subsidy will have the same set of benefits which will be comprehensive as anybody else. So, if they choose from among plans we want them to be choosing, not on the basis of benefits but on the basis of other features. It may be that, as I have been traveling around the country and seeing how providers are beginning to think about this, it may be, as I've recently heard in New Orleans that a network of minority doctors is going to be trying to form itself into a health plan. So one person may prefer those physicians than another set of physicians. They may prefer an HMO or a fee for service network. But the level of benefits accessible to every American will be the same. There will opportunities for supplementals above that. That is something that, you know, is available at every country that were aware of. So that will be available, but that's why we want the benefit package to be a good one so that everybody is available, is able to get that.

Secondly, we have to beef up our public health infrastructure and then require that health plans utilize public health facilities as part of their integrated service network. It will not do us any good if we continue to have this desperate provision of health care that is not able to serve many undeserved areas in inner cities or in rural areas which is one of the whole reasons why we want to have an integrated delivery network. So we ought to have the plans have incentives and where necessary even requirements to make sure that all the people they are required to serve can be served. Because we except to have the service delivery area defined geographically by population and any health plan that wants to bid for those patients has to be able to show that they are going to provide access to services throughout the geographic area. The only way to do that in many areas is by linking public health facilities with private

facilities in that kind of network. So, again in Louisiana I had a conversation with the medical director at Oxners, which you know is a very well known tertiary clinic. Their already negotiating with public health clinics and others to be able to have this network.

Now, once we have a system in place that looks good on paper it's going to be up to consumers, it's going to be up to the people who run the alliances, which will have a lot of consumer involvement, to make sure it really works. Because you and I know matter how well you design a system there impediments psychological, geographic, cultural that have to be overcome. And so we're going design it in a way that we think will lead to that kind of positive outcome for low income people. But I'm not going to sit here and tell you that what's on paper is going to be translated in every community in America into what will work and that's why we're going to have to rely on the combination of consumers and oversight from the state and federal government to make sure every plan delivers to their low income members as well as the others.

Q: Sarah Casson (American Heart Association) Again, I just would like to thank for all the attention your putting on prevention. So many cardiovascular diseases are preventable and as you probably know tobacco use is the number one cause of preventable death in the United States. I would like to encourage you, I know there is a lot of talk about including an excise tax on tobacco in the health care reform package as a way to reduce consumption as well revenue enhancer. But I would like to just ask what kind of considerations your giving to other prevention issues regarding tobacco? You mentioned that pharmaceutical companies and the administration has been very outspoken about concerns with them. But the tobacco industry is completely unregulated. And not necessarily within this health care reform package but I'm wondering if you could speak to what the administration might do later on prevention and regulating the tobacco industry as far as advertising and things that go into their products?

HRC: I can't really speak on that I've only focused on this one issue and that is the advisability and amount of any excise tax on cigarette themselves and what that would be used for in terms of a designated funding stream within the health care reform and I haven't really gone beyond that.

Q: Sharon (American Physiatric Association) We're very encouraged by the activities of the health care reform task force as it applies those poor folks with mental illness and addictive disorders. Can you tell us in a benefit package will it end the discrimination against persons with mental illness and addictive disorders by providing parity and coverage with other chronic illness such as diabetes or hypertensive illness?

HRC: I doubt it. I don't think we can afford to do that at this point. I think that what you will find in the comprehensive benefit package is a very important statement that mental health and substance abuse are part of a comprehensive health care reform package. They will be covered and we will looking for ways to expand that coverage over time. But I can't, I 'm not going to sit here and tell you that it will be parity. I don't want mislead you. I think we are engaged in a great battle, as you know better than I, to convince anybody outside of a very few that are already convinced that it should be in there at all. And that the costs dependant on trying to mandate a benefit package which includes mental health coverage of a significant amount plus substance abuse coverage is appropriate. And, so I think we're going to make a very good beginning, we will establish the legitimacy, we will create the opportunity for infrastructure and we will continue to build on that. But we can't, we can't I think financially or politically at this point claim we could reach parity with this first package.

Q: Judy Riggs (Alzheimer Association) And I just want to congratulate you and thank you for all the emphasis that has been put on long term care in this package. We represent probably 1/2 the people who are in nursing homes, but we still believe though the emphasis on home and community based care is absolutely right. That's where most people who need long term care are and that's where they want to be. And in fact it really is the public-private partnership we want between government and families. Can you talk at all about how you would structure that benefits so that it really provides the flexibility for families and people to get what they want and we don't end up with another medicare home health benefit that doesn't really help on long term care?

HRC: Right, I think that we are committed to providing a long term care package that makes a good start on creating a national infrastructure for long term care by emphasizing home based care, intermediary care and by doing it in partnership with the state because a number of the states are way out ahead of the federal government. They have been modeling some very effective programs that we think can serve as a model for the entire country. We also want very much to encourage intermediary care in settings like resent settings, day care settings, congregate housing. Things short of nursing homes in which families can participate in the ongoing care of their relative maybe not be able to shoulder the entire burden but to whatever extent feasible participate financially, and psychologically, emotionally, physically. So those are the kinds of values that are guiding us. And we think it is very important to make a statement now that long term care does not equal nursing home care. Long term care has to be part of our whole approach toward providing security and choice as I mentioned before. So we think that we

can actually cover more people in ways they want to be covered by eliminating the incredible preference and even requirement for nursing home care. And instead shifting resources, creating a new infrastructure, providing incentives for people to stay in their homes or into one of these intermediary steps and that's what we intend to do. And we intend to get as much as start on that by funding as much of it as we can as soon as possible. But we want to do it in a reasonable effective manner. And although there are some states that are way out ahead of the rest of the country, most states are not. Most states have largely responded to the nursing home lobby and built more nursing homes, more beds, required people to spend themselves down in order to get into that. So we have to change attitudes, and change the incentives and create infrastructure that will actually work.

The other piece of that is we have to provide more flexibility in a lot of the existing funding streams so that workers, para-professionals can go into homes to help families. You don't have to have registered nurses doing things that some one at a much less cost can do more effectively within the context of a home. So there is a lot of things, and I know Judy you know that Robinwood Johnson Foundation and others have been trying to fund programs to show us the way as to how to be more effective, reach more people, treat them with respect and give them choices and that's what our long term care program will be aimed at doing.

Q: Pat Weiss (Grey Panthers) There is a doctor in Northern Virginia who has diagnosed our society as having a terminally ill, we're a terminally ill patient due to greed. I hope that you will harness the greed of the doctors and hospitals and the pharmaceuticals but I would go further in suggest that you totally eliminate the health insurance companies. I can't see any real need for them in our, there rather superfluous and we pay there profits as well as all the paper costs, I think you see what I mean. Are you going to eliminate them?

HRC: No, but it's going to be kind of a Darwinian struggle for them for a change, and only the best and the fittest will survive instead of what we currently have. Moving from where we are to what our vision for health care in our country is, is going to require a necessary transition period. Health insurance is actually a relatively small part of the over all insurance business in this country. There are a number of insurance companies that have seen the writing on the wall and have moved more toward trying to work with large employers, for example, to help them understand the health care system and to be more effective consumers of it. So I predict that we will still have a health insurance industry, it will be a lot less than it is now, there will be far, far fewer companies and they will like everybody else go back to making money the old fashion way, a little bit of money and a lot of people. Instead of what they

have been doing which is through underwriting practices, eliminating anybody who ever might get sick. And so I think what we're looking at is a reasonable role for those insurance companies that survive this transition.

And the other side of the coin, you will also hear a lot about this depending upon what state you live in. The elimination of insurance companies means the elimination of lots of jobs of lots of people. Many women, many clerical workers, many people who I know because of these changes will be unemployed within the next several years, that is not an easy prospect to contemplate. There will also be significant unemployment in the paper work hospital, whether it's billing departments in hospitals or clerks and doctor's offices. The entire underwriter industry will be decimated in terms of health care. So when we're talking about eliminating anybody we are talking about social costs that I think we have to be very sensitive to because those people have to make a living and they have to put food on the table and they have to take care of their children when there sick.

Now the other side of the coin is that I anticipate an increase in employment in health care providers as opposed to paper pushers. And so that will occur and the net gain and the net loss we hope over the next several years will be basically a wash. And it will be good for the economy because we will be freeing up money that can be invested in other things and we hope put people to work making cars or widgets or what ever else they do. But don't over look the fact that in certain key states like Connecticut this reform will cause the shut down of insurance companies, the layoff of workers and it will have political as well as economic costs and those of you who are advocates need to be sensitive to that. It is not enough just to say eliminate the insurance companies when you go in to talk to the 2 Senators from Connecticut. You're going to have to be sensitive to what this means economically even though in the long run, I would argue in the medium term run the changes will be good for the economy of every single state. In the short term there's going to be some dislocation and some real loss that we are going to have to be willing to face up to, admit and then help deal with.

Q: Dan (National Council of Senior Citizens) For our organization thank you for your good works. I've got two brief questions. One, what is your sense of the wind, the schedule, the integration of medicare into the national system that your describing, number one? Number two, what is your sense of the level of involvement of consumers in the governance of help alliances or ? in terms of quality insurance, in terms of peoples rights and in terms of the confidence in the system?

HRC: Let me answer the second first. We anticipate a significant level of consumer involvement in the governing of these entities both in decision making roles and in evaluation and analytic roles. Part of the reason we hope this works the way we are talking about it, and that many of you have helped this thing through, is because we will make a better consumer out of people who are now in the health care market by giving them adequate information, by giving them roots to question decisions, by giving them the opportunity to really walk with their feet. They will no longer be tied to an employer's plan, they will no longer be tied to any particular plan, they will be able to vote with their feet as long as they are well informed about their choices. So consumer guidance on that is going to be key and I can see a whole new out growth coming up of newsletters and magazines, "Enter health plan", you know. Back and forth discussions about what works and what doesn't work and why does our health plan not have as good an outcome for, you know, heart disease as the health plan across the river. I mean I think there will be a great opportunity that many of your organizations will seize to help educate us. Right now American consumers are not well educated about their health choices so we have to involve them at every level of this process.

With respect to medicare, there will be, over time, a phase in of medicare we believed based on the objective reality that it will be better off for Senior Citizens. That it's not something that we are going to come out of the blocks with and say, " we're going to put all these big systems together" because we know there's going to be inevitable transitional problems that we are going to have to overcome. And we're not ready to just take medicare and try to start from the very first day try to integrate it. But we hope over time the integration becomes obvious and that we begin from the very first day to make the case for integration and move toward it but not start with it. And the time table on that I don't really know, it kind of depends on when we pass the legislation, when it gets implemented, when it starts proving itself so we can then move toward a truly integrated health care system that includes medicare.

Q: Marty (American Association of Dental Schools) I wonder if you can tell us whether the basic plan will include a least relief of pain and removal of infection when it's in the mouth? There have been lots of different reports about what your thinking is.

HRC: I hope so, I hope it includes dental care for children and acute dental care for adults. That's what we are hoping for.

Q: inaudible (President, National Association for Home Care) I to would like to join in thanking you for what you have done. I think it's historic and I'm reassured that you will be successful working together with all of us in getting your plan through. My question relates to the most devastating epidemic that's faced this country in some time. And that is the epidemic of AIDS. And I'm wondering what is the present contemplation of the task force in terms of dealing with this problem? And it's a very difficult problem, as you know, and I'm just wondering what your current thinking is with respect to it.

HRC: Our current thinking is that AIDS will be treated like any other disease and with respect to the removal of pre-existing conditions it will certainly no longer serve as a bar to health, access to health care. A lot of the difficult issues about a disease like AIDS revolves around experimental treatments and research. How much we're able to really direct our attention to that within the context of the health care reform plan I'm not sure of. But in terms of treatment that is currently available and considered medically eficatious, you know, that will be available part of the comprehensive benefits package. Just as it would be if you had Multiple Sclerosis, Diabetes or any other chronic and perhaps eventually terminal disease.

Q: Terry (Human Rights Campaign Fund) Specifically in dealing with life threatening and serious illnesses many times there is no treatment that is approved and has been proven effectuates or some times even safe. Very often it's the choice and individual has to make weighing the risks and potential benefits of a treatment in determining whether or not they are going to use it. When you are looking at a life threatening situation if we remove availability of these treatments very often what you are telling people is that have no choice except to face the uncertainty of their illness and prognosis. And as a follow up to that also I know that there is a lot of support developing on the Hill for investment in medical research as part of health care reform. And I'm hoping that we will be able to build a bi-partisan alliance between the administration and Congress in pushing that forward. Specifically there is a proposal for a medical research trust fund, I'm hoping that you can comment on that.

HRC: I'm aware of that and I think those are all very important issues that we have to look at carefully. I'm a very big supporter of medical research and how much money we're able to put into medical research and where we direct it to go, what we think the cost-benefit analysis is with respect to research dollars and outcomes, is something that we are looking at very carefully. And I just can't tell you what the position of the administration will be about that. I know the options that are out there but that is something we have not made a determination of.

Q: Carolyn (National Association of Rehabilitation Facilities) And my question to you would be similar in considering the core benefits package. Whether or not it would be including medical rehabilitation services and if so if there are any limits what they might be?

HRC: You know, I don't, I can't answer that specific question. I'll find out for you and let you know, I just don't have that off the top of my head.

Q: Sam (National Caucus and Center on Black (inaudible)) I wondered what kind of specific expeditious procedures are you going to put into effect to insure minority providers as well as minority beneficiaries that they will be properly treated, that there will be a prompt procedure for dealing with any complaints that they might have?

HRC: Well I think that we will have a grievance procedure, and (inaudible), some kind of mechanism within the help alliance and within each health plan that will be available to every citizen. And again it's going to require individuals to become well informed and to make choices that are right for them. So we'll have the mechanism there but then we're going to have to do a lot of grassroots work to make sure people know about the mechanism and are well informed advocates for their own case. So that they can make best use of that. But that will certainly be one of the built in protections that I think will be especially important for low income consumers and minority consumers in many communities.

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