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Family Conference

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REMARKS BY THE PRESIDENT,
THE VICE PRESIDENT, MRS. GORE, AND MRS. CLINTON
AT OPENING OF FAMILY REUNION 7: FAMILIES AND HEALTH

Vanderbilt University
Nashville, Tennessee

12:45 P.M. CDT

THE VICE PRESIDENT: Thank you very much, ladies and gentlemen, and thank you, Bill, and thank you for the cosponsorship of the Child and Family Policy Center and for the very hard work of the past year that's made today possible.

Thank you, Chancellor Wyatt, for the wonderful hospitality of Vanderbilt in hosting this important event. And we, Tipper and I, earlier thanked Dr. and Mrs. Hefner for Tennessee State's role in hosting the Experts Forum again.

Many thanks also to Marty Erickson and the Consortium for Children, Youth and Families of the University of Minnesota. Your energy and wisdom are crucial to this conference, and I know there are many distinguished delegates from Minnesota who are with us here today.

Thanks also to our wonderful conference chair, Jill Iscol. Your tireless energy and vision for the future of Family Reunion is contagious and has won us many new friends for this initiative. And I will thank all of the others who have been a part of this year's conference and necessary to making it happen at the conclusion of our session tomorrow, but I want to thank Nancy Hoyt, our conference director, and all of those who have worked with her.

And among the many distinguished guests here, I hesitate to even start mentioning people and I will miss a lot of people, but I do want to acknowledge our wonderful Surgeon General, David Satcher, a kind of a homecoming to Nashville. (Applause.) We're proud of you, Dr. Satcher, thank you so much. (Applause.)

Tennessee's Chief Justice Riley Anderson is here and our former Governor, Ned McWhorter, and our Speaker Pro Tem, Louise DeBarry is here. All three of them are wonderfully welcome. (Applause.) There are many other state officials, members of the state legislature, both from Tennessee and from other states, and local elected officials, Democrats and Republicans. Welcome all.

Now, Tipper and I would like to briefly welcome everyone here to our Family Reunion. This is a tradition that we're proud to continue, and initiative that is helping shape policy for children and families. And we also welcome the thousands who are linked to our site here today by satellite. There are lots and lots of downlinks around the country -- we'll be interacting with some of them this afternoon. We appreciate your presence here.

We're looking forward to two days filled with ideas and strategies that will move us toward improving family-centered health care for all generations. We'll hear stories that will remind us how family-centered health care changes the lives of

both patients and health care professionals. We'll hear how hospitals and communities are changing to be more responsive to the needs of families, how these changes are affecting medical training and education, and how information drives the health care system.

This afternoon, you'll meet some of the best minds in this field who will be leading workshops around the campus. And then tomorrow, we will hear a summary of those discussions and then move forward in our concluding sessions tomorrow.

Before I begin the session today, I just want to tell you what a special honor and privilege it is for Tipper and me to be able to be joined by two very good and close friends who have in recent years made it a practice to come and attend these sessions. And, of course, as many of you know, our ability -- everybody in these Family Reunion conferences to get the right kinds of policy outcomes based on the learning experience that takes place here would be very much less -- except for the fact that we have a President and a First Lady who are so committed to these issues and to the progress that we all want to see in our country.

And Tipper and I are so touched that once again this year they have come to be a part of this Family Reunion conference. Ladies and gentlemen, it is an honor to be able to welcome to our conference the President of the United States and the First Lady, Bill Clinton and Hillary Rodham Clinton. (Applause.) Welcome, Mr. President, Mrs. Clinton. We're so honored that you're here.

Traditionally, we open up these Family Reunion conferences with just a brief film presentation. Because just as each of us lives our lives primarily in the venue of our families, whenever we have an effort to try to advance understanding of a particular issue -- like families and health care -- it's always useful to remind ourselves how we talk to one another about this issue in our culture, in movies and in television.

Jeffrey Cole, Director of the Center for Communication Policy at UCLA, along with his staff, have once again this year enabled us to begin with a brief collage, this time a collage of media scenes designed to show the images of families and health that we have absorbed from television and film. This video will show us many truths. We'll see dramatic family moments seen in the midst of health and sickness, life and death and birth. We will also see the impact of our culture on families and health care, including the glamorizing of tobacco and we'll see how the media educate us about health care, including educating us about the ugly truth concerning tobacco and the other aspects of families and health care.

This is the first time I've had to issue a rating for our media clips. If one of the scenes in this collage is from a movie that's rated "R" for language, and if you are going to be offended by it, now is a good time to leave. (Laughter.) You'll recognize it when it comes. (Laughter.)

But as almost everyone will see, in at least one scene or two, an emotional episode from our own past will remind us of something about what it means to be caring for a family member, or to be cared for by a family member at a time of weakness, uncertainty or need.

And so at that point, let's just watch this video.

(A video is shown.)

THE VICE PRESIDENT: We're very grateful to Jeff Cole and his team. I know that you worked right up until the last minute, Jeff, to include some scenes that were hard to

locate. And you've succeeded, once again, in producing a very power piece. I'd like to ask Jeff Cole, who produced that film to please stand up and accept our thanks. (Applause.) Thank you very much. (Applause.)

The power of that video we just saw comes from the fact that, in this case, art does indeed imitate life. It provides a window into our own lives. A health problem facing a loved one may be contained in the body of that one person, but it affects the entire family's soul. Yet far too often, modern medical practices sees a patient's family as another problem to be managed and not as a critical part of any solution. They often see the family as a roadblock to proper treatment rather than a building block for a health future.

For seven years now, Tipper and I have convened these Family Reunion conferences for the express purpose of shining the spotlight of public attention on the often overlooked role of the family in the life of this nation and its people. The initiatives coming out of these conferences have been numerous, whether they've been from government, the private sector, community groups, or partnerships among all of the above. And in recent years, the regular attendance of the President and the First Lady has guaranteed that the meaningful solutions developed at each conference become a part of our nation's agenda.

Just to cite a couple of examples from previous Family Reunion conferences, our Conference on Family and Media led to the V-chip that will soon allow parents to block television programming that they feel is inappropriate for their own children to watch. Our conference on the role of fathers in children's lives has led to Father To Father, a national network for fathers assisting fathers; a web site known as Fathernet; and a presidential memorandum issued by the President directing agencies to promote fatherhood through their programs, policies, and personnel decisions. And that is working extremely well.

Our Conference on Family and Work contributed to a national dialogue on balancing these two roles, and led to, among other things, proposals for comp time and the expansion of Family and Medical Leave.

And last year's Conference on Families and Learning launched efforts to expand quality after-school programs, develop new techniques to encourage parent-teacher communication, and involve parents and communities in designing new public schools.

This year, we're exploring family-centered health care, because our system of medical care, while scientifically ingenious, has not made proper use of the crucial healing power of the family. It has too often left family members confused and abandoned in the waiting room.

We will hear about fresh, new approaches, like redesigning spaces in children's hospitals to encourage family involvement, allowing family perspectives to shape the medical education of the next generation of doctors and nurses; creating partnerships among organizations in a community to offer families in one place a full range of medical treatment and health advice. We will hear from people who know that health care information is often the world's most effective medicine, and who find ways of passing that information to families.

Family-centered care is an approach that relies on partnerships between providers, patients and families to help promote health and healing. You know, even though the phrase "primary health care provider" is used in a specialized way by the medical community, usually the true primary health care provider in America today is the family. How many of us have been, as family members, the person who said or heard the phrase,

"did you take your medicine," "put this thermometer under your tongue," "open wide."

This conference is designed to help us all find ways to more effectively unleash the healing power of the family. Family-centered health care recognizes the family's expertise, encourages collaboration and shares information.

After working to get parents better information about prenatal care and nutrition, one hospital in Ohio saw a more than 30-percent reduction in the length of hospitalization for babies. Family-centered support for children infected with HIV and for children with asthma has decreased hospital stays. Family involvement during a mother's hospital stay has reduced depression. Today, 21 million Americans provide health care to members of their own family. That is a threefold increase in just the last 10 years.

Of course, one of the reasons that families are now more involved in health care is that our population is growing older and living longer. Those of us in the baby boom generation are the first generation to have more parents than children, and many of us care for both parents and children. More than 90 percent of chronically-disabled elderly people receive informal care from family members and loved ones. In fact, according to a study from the National Nursing Home survey, so many people are involved in informal care-giving for the elderly that if the cost of that care had to be provided by professionals it would add as much as $94 billion to our health care bills.

For five years, with the courageous and tireless leadership of President and Mrs. Clinton, our administration has been fighting to improve health care for families. We passed legislation to let all families keep their health care coverage when they changed jobs. We passed a new law so that new mothers can stay in the hospital for at least 48 hours after the delivery of a child. We passed a Mental Health Parity Act, with the leadership of Tipper, to fight discrimination against family members with mental illnesses. The President signed into law the new children's health insurance program, which helps provide coverage for children who would otherwise not get it.

Last year, we passed a bipartisan balanced budget agreement with reforms that gave older Americans new choices and expanded benefits in Medicare. That's a step in the right direction, but language and choice can often be confusing. So we need to make sure that Americans can understand their choices and that their families understand their choices and learn how to make use of the new preventive care options available to them. We can use our newest technology to help ensure that older Americans and their families have access to the most up-to-date available information about their medical benefits.

Today, I'm pleased to announce a new nationwide Internet site, www.medicare.gov, that will help families understand the new options and services that Medicare provides. It's up and running as of now. And from now on people will be able to type in their ZIP codes and see the specific health plan options available in their own communities for their older family members.

At the same time, to ensure that no family falls through the cracks, I'm pleased to announce today the creation of a nationwide public/private Medicare alliance including over 80 national organizations. Members of the alliance, including the AFL-CIO, the American Association of Retired Persons, the National Rural Health Association and Health Care Financing Administration and others, will reach out to communities large and small, urban and rural, all over this nation, so that families understand the new options available to them, know about the new preventive benefits and are aware of the consumer protections available under Medicare.

Today, I'm pleased to announce that starting July 1st for the very first time, Medicare will cover tests and education for Americans with diabetes. With this announcement today, the 20 percent of older Americans with diabetes will be able to take preventive steps to help them and their families avoid the pain and loss that can come when this disease is undetected and untreated. One of the scenes in the video collage that dealt with this problem. That could have been prevented.

Also starting on July 1st, for the very first time Medicare will cover the bone mass measurement test that can identify osteoporosis, the silent killer. For the one out of two American women over the age of 50 who have an osteoporosis-related fracture, this new benefit does more than offer hope for stronger bones, it offers hope for a stronger future for them and their families.

These new steps will make Medicare more responsive to the needs of families, helping them find information, encourage prevention, and get the care they need for their eldest and often most vulnerable members. But there is still so much to do to improve the health and health care of Americans. I want to issue a challenge to all of us gathered at this conference to understand and expand the practice of family-centered care. And here are five steps to help us meet that challenge -- you could call it a SMART plan for family centered health care: support, measure, ask, respect and train.

Number one, support. Around the nation, communities have developed support systems that can offer family care-givers the emotional and psychological respite they need. We know that many families are more than willing to be giving care to a family member, but they are often exhausted by it. They need respite.

President Clinton has taken the lead by giving states new flexibility to support home- and community-based options, adult day care and respite care, so that families have the options they need to supplement -- not supplant -- family care-giving.

Number two, measure. We have to measure the performance of our health care programs and clinics and hospitals, and do it in language that families can understand. Not only will this help patients choose better health care options, it will reward the better health care plans and providers and increase competition that could improve health care quality overall.

Just last week, I had the opportunity to announce that private businesses, health consumer groups, professional organizations, labor unions, and employers, are coming together to plan America's very first health care quality forum, designing a comprehensive plan to ensure the widespread availability of comparative information to improve the quality of health care.

Number three, ask. Ask families for their knowledge and for their participation. We must encourage our health care system to ask families to play a role, to make them a vital part of our care-giving system. And we must ask the medical community to help design new ways to involve the family, and after they ask, they have to listen. We all must listen to the answers that families provide. We're taking an important step in Washington right now to listen to families. The President is asking the Congress to pass a Patient's Bill of Rights that provides families with new protections in the changing health care system.

Number four, respect. We must make sure each health care professional respects the power of families as health care providers and offers families the information, guidance, assistance, and encouragement that they need to keep their members healthy.

Number five, train. Doctors and other health care professionals must be trained to be more sensitive to the needs and roles of families. We will hear a new announcement from medical schools and nursing schools about historic changes in how we train the next generation of health care providers to be more responsive to the needs of families. And we will hear ideas on how we can train families in how to use new technologies available for home care-giving. We saw a scene in the collage where a nurse was teaching the family member how to handle the particular technology that was important for the patient.

So these five steps -- support, measure, ask, respect, and train -- spell more than "SMART", they spell our a vision for maximizing the healing power of families in our health care system.

We have an extraordinary opportunity at this Family Reunion conference, because there are people gathered here from all over the country, representing every aspect of our health care system -- patients, families, doctors, heads of medical schools, nurses, insurers, professors, hospital administrators, and others. Let's learn everything that we can from each other, today and tomorrow so we can change the nature and the culture of our health care system and unleash the healing and loving power of families.

Thank you and thank you for coming to this conference. (Applause.)

Now, it is my great pleasure to introduce my partner who co-hosts these conferences with me every single year, and has since the time when I was back in the Senate, the love of my life, Tipper Gore. (Applause.)

MRS. GORE: Thank you. Thank you very much. (Applause.) Well, thank you, this is -- it's wonderful, we're very excited that all of you are here.

And Al, let me add my voice to yours by welcoming everyone, all our distinguished guests, the people that are going to share their expertise, everyone here that's listening, the media that's reporting. We really appreciate all of you in helping us help others to keep their families healthy and to share ideas about how we can best do that.

I know that a lot of you here today know Al very well, and if you do, you probably know that he undertakes everything with great enthusiasm. When he takes on an issue, he devotes a lot of time and energy to researching that and to discussing it and to trying to get all the very best opinions that he can on the issue.

When he was still in the Senate many years ago, he looked at policies that impeded families helping themselves to become strong and to stay strong, and he wanted to take a look at how you could change those policies so that families can really support one another and can become stronger the in process. So, together, we've taken a look at a way to create policy, to build policy, to encourage policy, that will help to strengthen families, which in turn, strengthens communities. And that's the point that we are here to discuss today.

He has looked at issues that impact families, from education to fatherhood and to health care. All of us have looked at the issue of health care, and everyone in this room, I know, has a huge, huge stake in how we can best deliver health care in our own families and in our communities.

We've reached the same conclusion, and that is that families truly are at the heart of each and every solution to health problems, and that policies and programs that support and

strengthen families will ultimately strengthen our nation. That's just common sense.

I'm really proud and honored to be a part of this event. I'm happy that we're taking a look at the family center approach to health care. As many of you know, we're very interested in how mental health care fits into health care as a whole. Of course, it does, but we need to continue to talk about that and to destigmatize mental or behavioral health care. And I think that this conference is going to go a long way toward that end.

One of the topics that I'll be discussing tomorrow and later today we'll be addressing mental health care for children, and also children that are facing chronic health problems of their parents and how we can best support them.

But now it is a great privilege and honor for me to be able to introduce to you a very special woman who has been a lifelong advocate on issues ranging from health care to women's rights to strengthening families, back in her home state of Arkansas as well as our nation's First Lady. And she's also a tremendous voice in addressing the needs of women and children.

She has a very compassionate spirit. She has the courage to speak out and always has, and she has a great determination to fight on behalf of women -- not just for women here in this country, but for women across the world. And she represents our nation, and I know all of us appreciate and respect her voice as it is our voice around the world.

She has demonstrated a lifelong commitment to improving health care for all of our families. And as the administration's leading voice on health care, she fought tirelessly for the passage of the landmark Children's Health Initiative, giving hundreds of thousands of previously uninsured children the opportunity to have health insurance and come under health care coverage.

Her efforts have helped to shed light, to educate people about the national need for more comprehensive health care services and benefits for all American families. And she has talked long and hard about a family centered approach to health care, the very issue that we are here to talk about in further detail today.

So I know all of you will join me in giving a very warm welcome to a very special woman, a very special leader, and our nation's First Lady, Hillary Rodham Clinton. (Applause.)

MRS. CLINTON: Thank you all. Thank you so much, and it is great to be back here to join Tipper and Al for this seventh Family Reunion conference. I know that many of you in the audience have followed with great interest the Family Reunion conferences of the past years, have been part of the deliberations and the follow-up. Others of you are new to this experience, but I can guarantee you that this is one of the most meaningful public policy discussions that you will be part of because it is aimed at really changing the way we look at a problem and coming up with practical solutions.

The Vice President made reference to some of what has already flowed from previous Reunion conferences, and I expect the same from this one, because certainly the issue is an important one in the lives of our families and is a timely one, as we know, as we look at the impact of a changing health care system on all of us.

The people who have planned this conference have been very thoughtful in bringing all of us together and setting an agenda that will lead to the kind of thoughtful reflection and results that are the hallmark of what Al and Tipper have been

doing for the last years. Their vision to launch this series of Family Reunions seven years ago was really in line with their lifetime of work and commitment to seeking to bring people together, not drive them apart; looking for ways to build consensus, not flame conflict; and making it possible for people of different points of view and experiences to find common ground. We need that more than ever in our nation because we are at a point in our history where we should be, with all the blessings that we're enjoying, be able to address some of the problems that underlie the stresses and strains that tear at the fabric of family life.

So I am personally very grateful to my friends, Al and Tipper, but I am even more grateful as a citizen to the Vice President and Tipper for making it possible for all of us to take some time out and think about these difficult problems that they have addressed through the Family Reunion conferences.

I want to thank everyone who has worked on this, particularly the two cohosts of the conference, Dr. Martha Erickson and Bill Purcell. I want to thank the chair of the conference, Jill Iscol; and Nancy Hoyt, who doesn't seem to be slowed down at all by her crutches and is a walking example of family-centered health care, since both her daughter and her husband are here as part of her support system. But that's what these Family Reunion conferences are all about -- bringing us together.

And today we are surely talking about a subject that affects all of us -- how do we get the health care system to be more responsive to the needs of families. Every one of us has a personal experience like the ones we just saw on the screen. We know the pain and anguish of having a family member who is sick or injured or in need of long-term care. I think every one of us has sat in a hospital waiting room worrying about a chronically-ill relative or close friend. We have faced the frustration of trying to understand the mind-numbing rules and regulations of medical insurance forms.

And we know how difficult it is to deal with the emotional stress that comes upon us at such a time. Now, we certainly have made a lot of progress in the last 30 years, 40 years, in moving toward being much more sensitive.

I well recall the anguish of my family when one of my brother came down with rheumatic fever, and in those days, in the 1960s, there were no special considerations given to parents or family members, and there was a very strict set of rules about what governed visiting, even for a young boy of the age of 8, alone in the hospital. So my mother and father were permitted only see him an hour a day, and certainly my brother and I were not permitted to see him at all.

What a difference that was from time that when Chelsea had her tonsils out and had to spend the night in the hospital both Bill and I her able to be there with her. So we've make a lot of progress in the hospital system, the entire health care system appreciating the role that families play in the healing of a member of a family and how we now have to look at how we move that further in the face of new challenges.

Now, the administration, under the leadership of the President and the Vice President, have been looking for ways to deal with the changing nature of the health care system. We'll be hearing in a few minutes from the forum panelists up here on the stage before you. And what you will hear from them is good news about how hospitals and health care providers are working with families and communities to make sure that families are participants in important medical decisions, that they get the information they need and the support they need and the respect they deserve.

But we know that there are still a lot of obstacles and difficulties. And one of the reasons this conference is so timely is that we have to be sure that as the way we organize and pay for health care changes we don't lose the advances we've made since my brother was in a hospital, and lose the extraordinary work that is being done by the panelists and many of you to make the health care system more family responsive.

You all know that we face an entirely different situation than we had just a few years ago: 160 million people are enrolled in managed care plans today. Now, that's an increase of 75 percent just since 1990. And as with any sweeping change, it has the potential for both harm and benefit. We are learning, as we work our way through this new system, that more people are feeling like numbers instead of patients.

I remember before my father died in 1993, he went to see a doctor that had taken over the practice of his longtime physician. And he got into the waiting room and there was no person there. And he had to punch a button and an automatic voice came on and asked him who he was. And my father said, "None of your business, I'm leaving," and walked out the door. (Laughter.) Well, I think that a lot of people had that feeling and have that feeling, that we don't want to be treated like numbers and we especially don't want our children and our parents and our loved ones treated like numbers. So how do we take the benefits of a changing health care system and put them to work on behalf of all of us?

Now, this administration has worked very hard to improve the health and well-being of our families and children, and to make sure, particularly, that children and elderly relatives and citizens with special needs are given the support and protections that they deserve.

One of the battles that the President and the Vice President have taken on is against the tobacco lobby and they've taken up the challenge of helping parents protect their kids from the deadly habit of smoking. Now, while that initiative took a beating last week in Congress, I know you can count on the President and Vice President never to walk away from fight when the fight is on behalf of the children of America. (Applause.) And as the President has said, if the members of the Senate had voted more like parents, instead of partisans, the outcome would have been different. And it still can be. (Applause.)

One of the important steps that the President and Vice President are also working to achieve is to pass the Patient's Bill of Rights, which would give Americans much needed protection.

Now, what does that mean to all of us? Well, I imagine, like me, you've heard of or you've seen with your own eyes some of the stories that are coming back from what's happening in the health care system -- people denied emergency care because somebody, hundreds or even thousands of miles away, decides they don't need it; someone denied access to a specialist because someone looking at paper, not looking at the patient, decides they don't need a specialist.

So the Patient's Bill of Rights would once again enshrine what we should never lose sight of: that the most important goal of any health care system is the well-being of the patient. And we should once again protect the physician-patient relationship and put it above any other consideration. (Applause.) The bottom line of profits cannot ever be permitted to interfere with the bottom line of patient care.

So this Patient's Bill of Rights would do things such as guarantee access to health care specialists and emergency services. It would create a strong grievance and appeals process so that consumers can resolve their differences with health plans

and health care providers. We must work to make sure that the Congress passes protections such as that this year.

Yet, all of us who have followed what goes on -- whether it's in a state capital or our Nation's Capital -- knows that passing legislation doesn't guarantee change. There is a lot of hard work to implement a law, and that is certainly the case with the historic children's health insurance program that extended health insurance for up to 5 million of our uninsured children. The administration has been working with states and communities to get the word out about the expanded coverage.

And I wanted to just show you a report that is being issued today, a report to the President of an interagency task force of government officials in Washington that have really looked hard about how we will implement this. And all of you who are from all over our country, in so many different settings, I hope will really help us make sure that the word gets out to parents and others that their children are now eligible for health care coverage. And the President will talk further about the steps that are going to be taken to reach as many children as possible.

The Vice President also referenced this administration's commitment to improving the quality and effectiveness of health care for our elderly citizens. And Tipper and I will be working together to get the word out about one of the new benefits that Medicare is covering tests to detect osteoporosis. And many of you are equally concerned about the new benefit on diabetes education. So we will do our best to get the word out in every way possible about osteoporosis, about diabetes, so that we can reach Americans so that they can help take care of themselves and family members can help take care of each other by spreading the word.

This conference today and tomorrow has such tremendous potential. But just like a piece of legislation that is passed standing alone it won't do anything other than perhaps educate those who are here and provide more opportunities for continuing to learn from each other. In and of themselves, those are very worthy outcomes. But we want to be sure that all of us take what we learn from this conference back to the hospitals, the community centers, the neighborhood health clinics, the advocacy groups -- everyone who is represented here -- and make sure that all of us know that fighting for health care, making sure it is family-centered, is not a luxury, it's not something that we can wait to do, but it is critical to how we define health care going into the 21st century.

Because of all the changes that we're coping with, we have a chance to really make some important decisions that will determine whether people are treated like numbers or whether people continue to be given the respect they deserve at a moment in their lives when all of us feel vulnerable and alone. And one of the ways of doing that is for each of us to be sure to get the word out that taking care of health care means taking care of families and giving families more of a voice and an opportunity to be part of everything that happens to one of their loved ones when the worst occurs.

So all of you are making it possible to fight for greater protections and services for Americans. And for that, I am very grateful and very pleased to be part of this important effort.

Thank you. (Applause.)

THE VICE PRESIDENT: Thank you so much. That was a wonderful presentation. And now ladies and gentlemen, I'm honored to introduce to you an individual who has been leading our country's efforts one health care. And let me say right at

the outset, no President has ever worked harder to improve health care for all Americans.

President Bill Clinton has increased access to health insurance for people who are self-employed, for people who have preexisting conditions, for people who are changing jobs, for children of low-income families. He's now working to expand health insurance for Americans aged 55 to 65. No one in history has cared more or done more to bring health care to a poor child, a working parent, or an ailing grandparent.

But President Clinton also understands that we must work to maintain the quality of American health care, to ensure that the dramatic changes in today's health care system work for, and not against, American families. That's why he's pushing so hard for passage of the Patient's Bill of Rights, so that every American gets quality health care.

I'm honored to introduce to you a President who has the strength, the stamina, and the commitment to help us build, step-by-step, a new nationwide commitment to health care access and excellence.

Ladies and gentlemen, the President of the United States, Bill Clinton. (Applause.)

THE PRESIDENT: Thank you very much. Thank you. (Applause.) Thank you very much. Mr. Vice President, Tipper, to all the leader of the conference, Surgeon General Satcher, Governor McWhorter, ladies and gentlemen, first of all, let me say that I look forward to coming here every year so much. I always learn something and I always see people who are full of energy and idealism and a sense of purpose who remind me of what, at bottom, my efforts as President should be all about. So I always get a lot more out of being here than I can possibly give back, and I thank you for that.

All these issues have been very important to our family for a long time. I grew up in a family where my mother was a nurse and where she served people before Medicare and Medicaid. I never will forget one time when a fruit picker that she had put to sleep for surgery brought us four bushels of peaches. I was really disappointed when third-party reimbursement came in. (Laughter.) I thought the previous system was far superior. (Laughter.)

When Hillary and I met, she was taking an extra year in law school to work at the Yale University Hospital in the Child Studies Center to learn more about children and health and the law and how they interfaced. And when we went home to Arkansas she started the Arkansas Advocates for Families and Children -- a long time before she ever wrote her now famous book, "It Takes a Village."

The Vice President and Mrs. Gore have plainly been the most influential, in a profoundly positive sense, family ever to occupy their present position -- whether it was in mental health or the V-chip in television ratings or telecommunications policy or technology policy or environmental policy or reinventing government or our relations with Russia and South Africa and a whole raft of other places -- history will record both the Vice President and Mrs. Gore as an enormous force for good in America. And I am very grateful to them.

This Family Conference is one of their most remarkable achievements. And as they said, it predates by a year our partnership and what happened since 1993. But I will always be very grateful to them for this as well.

I'd like to begin with just a remark or two about the tobacco issue, since it's been raised and it was a big part of the movies that we saw. We know that it's the number one

think that's what we ought to be doing. Because we know that no set of circumstances stays the same forever, and because we know that things are really changing fast and because we need to be looking to the future.

What are these big challenges? Well, a couple related directly to the concerns of the conference -- we need to make sure that Social Security and Medicare will be reformed so that they can accommodate the baby boom generation without bankrupting our children and our grandchildren. And we shouldn't be spending the surplus that finally is about to emerge after and we shouldn't be spending the surplus that finally is about to emerge after three decades of deficit spending, we shouldn't be squandering that surplus until we have saved Social Security and we know what we're going to do with Medicare. (Applause.)

We have to figure out how to grow the economy and do more to preserve the environment -- not just to avoid making it worse, we've got to actually recover many of our essential environmental things. (Applause.) And that's a health care issue.

We're here at Vanderbilt -- we've got the finest system of higher education in the world. We have to develop the best system of elementary and secondary education in the world. (Applause.)

We've got the lowest unemployment rate in 28 years, but we still have double-digit unemployment in some urban neighborhoods, on some Native American reservations, and in some poor rural communities. We have to bring the spark of enterprise to every place in America to prove that what we're doing really works. (Applause.) These are the things that we have to do. And we have to prove that we can all get along together across all the racial and religious and other lines that divide us, because in the world today, which is supposed to be so modern and so wonderfully revolutionized by the Internet, old-fashioned racial and religious and ethnic hatred seems to be dominating a lot of the troubles in the world. If we want to do good beyond our borders, we have to be good at home. (Applause.)

But on that list should be health care. Why? Because we have the finest health care in the world, but we still can't figure out how to give everybody access to it in a quality, affordable way. And in some form or fashion, every family in America just about, sooner or later, runs up against that fact.

Shirley McLaine was in there griping about her daughter getting the shot on the movie, you know? Now, why do you suppose -- never mind the movie -- why do you suppose something like that would happen in real life? Could it have something to do with the fact that not just HMOs, but the government, tried to take steps to stop medical expenses from going up at three times the rate of inflation, but, like everything else, if you overdo it, and the hospitals have to cut down on service personnel, that people will be late getting their pain shots? I mean, we have to come to grips with the fact that we still are alone among all the advanced societies in the world in not figuring out how to deal with this issue.

And I personally think we also -- we ought to be honest -- you know, it's easy to -- we could all get laughs with HMO jokes, but the truth is there was a reason for managed care, and that is that it was unsustainable for the United States, with the smallest percentage of its people with health insurance of any advanced country, to keep spending a higher and higher percentage of its income and increasing that expenditure at three times the rate of inflation. Pretty soon it would have consumed everything else. That was an unsustainable situation.

And a lot of good has come out of better management. I don't think anyone would deny that. The problem is, if that

kind -- if techniques like that are not anchored to fundamental bedrock principles, then in the end, the process overcomes the substance. And you have the kind of abuses and frustrations that have been talked about. That's why the Patient's Bill of Rights is important.

Now, the second thing I want to say is, we have to figure out how to do a better job of turning laws into reality. One of the things the Vice President I hope will get his just desserts -- we may have to wait for 20 years of history books to be written -- but the work that we have done in reinventing government is not sexy, it doesn't rate the headlines every day, people don't scream and yell when you mention the phrase, it doesn't sort of ring on the tip of the tongue. But we've got the smallest government we've had in 35 years, and it's doing more and doing it better than we were doing before in our core important missions.

And we've gotten rid of hundreds of programs and thousands and thousands of pages of regulation -- but the government, on balance, is performing better. And it's because of our commitment to change the way things work. The biggest challenge we've got right now is to fulfill the promise we made to the American people when we persuaded the Congress to put in the Balanced Budget Act of 1997 sufficient funds -- the biggest increase in Medicare funding since 1965, to provide health insurance to at least 5 million more children. There are 10 million or more children in America without any health insurance.

We had -- the latest numbers indicate that 4.5 million of those kids are actually eligible for Medicaid. Now, most of you here know that when we passed this program we provided for the establishment state-by-state of things that are called CHIPS, child health insurance programs, to provide health insurance mostly to the children of lower and moderate income working families that don't have health insurance at work.

But if you want to get the maximum number of people insured for the money that's bean allocated, obviously the first thing we need to do is to sign every child up for Medicaid who's eligible for it. And, again, most of these children live in lower income working families. They've been rendered eligible by action of the federal government or by action of the state legislature in Tennessee and the other 49 states in our union.

Recent studies have shown that uninsured children are more likely to be sick as newborns, less likely to be immunized, less likely to receive treatment for even recurring illnesses like ear infections or asthma -- which without treatment can have lifelong adverse consequences and ultimately impose greater cost on the health care system as they undermine the quality of life.

Now, we're working with the states to do more, but I want the federal government to do more as well. Four months ago I asked eight federal agencies to find new ways to help provide health care for kids. Today, at the end of this panel, I will sign an executive memorandum which directs those agencies to implement more than 150 separate initiatives, to involve hundreds of thousands of people getting information that they can use to enroll people in schools, in child care centers and elsewhere -- involve partnerships with job centers and Head Start programs.

This is what reinventing government is all about. The America Academy of Pediatrics says that these initiatives are "representing the best of creative government and absolutely critical to achieving our common goal of providing health insurance for all eligible children." So that's what we're going to try to do coming out of this conference to do our part.

Let me again say that those of you who are here, if you believe that families are at the center of every society, if you believe they are the bedrock of our present and the hope of our future, if you think the most important job of any parent is

raising a successful child, then surely -- surely -- we have to deal with the health care challenges, all of which have been discussed -- caring for our parents and grandparents, caring for our children. Surely we have to provide our families the tools to do that if we expect America to be what it ought to be in the new century. We'll do our part and I'm proud of you for doing yours.

Thank you and God bless you. (Applause.)

END 2:00 P.M. CDT