PRINCETON UNIVERSITY

FACSIMILE TRANSMITTAL SHEET

TO: Chris Jennings
FROM: Paul Starr
COMPANY: White House
DATE: 5/18
FAX NUMBER: 202 456-7028 (..7471)
TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: 202 456-5594
SENDER'S PHONE NUMBER: 609 258-4531
RE:
SENDER'S FAX NUMBER: 609 258 2180

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Chris -

As we discussed on Friday, here's a memo for Mrs. Clinton on her speech at Harvard.

Paul

DEPARTMENT OF SOCIOLOGY
2-N-1 GREEN HALL
PRINCETON, NJ 08544-1010

May 18, 1998

To: The First Lady
From: Paul Starr
Re: Topic for Harvard Medical School commencement speech

Recent reports of major advances in cancer research underline both the great achievements of American medicine and the unsettled problems of health policy. The achievements are an enormous credit to scientists, medical schools, and the pharmaceutical industry -- and to the American people, who have invested billions of dollars in the war on cancer for the past quarter-century. Yet many who paid taxes to support that effort may be unable to afford or get coverage for the new therapeutic innovations.

For example, new drugs show promise of significantly reducing the incidence of breast cancer, but many women -- including those on Medicare -- don't have prescription coverage. Under current policy, Medicare will pay for treatment of cases of cancer, but not for drugs that could prevent them.

What if new research actually results in a cure for cancer? Imagine what might happen the day after the media carry that news, if the nation hasn't addressed the issues beforehand. Victims of cancer and their families will be jubilant -- and desperate to get hold of the drugs. Who will play God in deciding priorities among the critically ill? And how will we assure that people facing cancer can afford treatment?

In 1955, when the effectiveness of the Salk vaccine for polio was established, America took action to assure wide access in schools across the country. As science races ahead today, we should be planning ahead to assure that new discoveries reach the people who need them as soon as possible and that government health programs provide appropriate coverage.

We also need a national conversation about how to reward innovation without limiting access to life-saving treatment. Many new drugs in recent years have carried astounding price tags. Any pharmaceutical company that discovers a cure for cancer surely deserves an ample reward. But might there be some way of rewarding innovation that still allowed such a drug to be available at a modest price? A drug that cured cancer would produce huge savings for Medicare and Medicaid. One possibility is for the federal government to "advance" a lump sum to the manufacturer to cut the price of the drug. (More specifically, the federal government could offer to buy the patent, then license it for production by competing manufacturers.)

Dramatic breakthroughs in science call for breakthroughs in policy. The American people financed the basic research, and now they too deserve a return on their investment.

OUTLINE FOR HARVARD MEDICAL SCHOOL
COMMENCEMENT ADDRESS
May 20, 1998

A. This is a time of unprecented change in our health care system and in the medical profession. These changes present both promises and challenges.

1. Advances in biomedical research, pharmacology and technology.

   a. Promise: Historic advances -- including the discovery of drugs that have the potential to prevent cancer, the increasing pace of our ability to map the human genome, and the development of new imaging technologies used to visualize brain activity -- will allow us to prevent and improve treatments for costly and disabling disease.

   b. Challenge: We must prevent breakthroughs in research from being used in inappropriate ways, including through discrimination by employers and insurers.

2. Changing demographics

   a. Promise: Americans are living longer and healthier lives. [Jeanne]

   b. Challenge: The aging of the baby boom generation will create growing pressure on our ability to provide and finance care for older Americans (e.g., Medicare reforms, end of life issues).

3. Changing structure of the health care system. Since 1990, the number of Americans in managed care plans has grown from about 94 million to more than 160 million -- about a 75% increase.

   a. Promise: Costs are coming under control [Jeanne -- number from yesterday] That means that . . . .[Jeanne]

   b. Challenge: But costs are still high as compared with other industrialized nations and look like they may be rising again, the number of uninsured continues to grow, and the increase in managed care raises concerns about quality and the automony of the medical profession.

B. What is our responsibility in the face of these challenges.

1. Continue to take steps to reform the health care system.

   a. We have made progress. We were not able to pass comprehensive health reform in 1994, but the President has worked to pass targeted, important reforms that help millions of Americans. We can not use our failure to win on comprehensive reform as an excuse for doing nothing. In the past

three years, the President has signed many important reforms into law. Virtually every one had its roots in the Health Security Act. Several examples:

People didn't think we did do these

(1) Medicare reforms
(2) Insurance reforms
(3) Children's health insurance

b. We should continue to take steps.

Reforms at the state level

(1) Tobacco
(2) Patient Bill of Rights
(3) Encouraged by efforts on both sides of the aisle -- Kennedy and Thomas

c. Broader effort to move forward -- call for dialog

2. Role of physicians

a. Integrating science
b. Management/costs/managed care

Health care goods

Training – too many physicians, but not in underserved areas

Kassebaum-Kennedy

The Health Insurance Portability and Accountability Act took important steps to provide millions of Americans much-needed access to health insurance. This new law helps Americans keep health insurance when they change jobs, imposes new limits on pre-existing conditions, and guarantees access to the individual health insurance market. It also gives all groups the right to purchase health insurance and guarantees that they can renew it as long as they continue to pay their premiums.

While this new law will provide millions of Americans access to health insurance, it does not address all of the shortcomings facing the health care system. There have been recent reports that some insurers are trying to find ways around this new law by giving insurance agents incentives to delay or deny coverage to those individuals now eligible for coverage. This spring, the President took action to stop these practices by directing the Department of Health and Human Services to send a letter to all state insurance agencies stating that these practices are inconsistent with the law and must be stopped.

Another criticism of this legislation is that this new law does not address the issue of affordability. Even though insurers must provide access to insurance, the law does not address the issue of affordability. However, the Administration has continued to work to make health insurance more affordable. Last year, the President signed into law the new Children's Health Insurance Program that will provide health care coverage to uninsured children at little to no cost.

- Time of unprec. change
- Presents ~~challenges~~ promises & challenges
- What we do
  - what we've done -- proved we can do good things
  - Can do next - challenges remain

[Vision]

- Role of physician/ challenge to them.

GENERAL OUTLINE #1
FIRST LADY HILLARY RODHAM CLINTON
HARVARD MEDICAL SCHOOL COMMENCEMENT
JUNE 4, 1998

INTRODUCTION -- Acknowledgments, Congratulations, Jokes

INCREDIBLE TIME TO GRADUATE FROM THIS EXTRAORDINARY INSTITUTION

A. Think back to the graduates who sat here 100 years ago (we're getting copy of 1898 Commencement address to Harvard Medical School). The challenges they faced, especially polio, smallpox, and other infectious diseases -- and the American Century in medicine that they helped write. [possible funny anecdotes from Starr's book about advice given to doctors at end of last century.]

B. Major changes since then...in large part because of what those graduates...and others who have sat where you sit today have done [name a few outstanding Harvard grads]

C. Now it is your turn. The country and world is looking to you for the next step. You have received an extraordinary education -- at one of the most diverse institutions in the world. You are graduating at a time of unprecedented change, yielding tremendous opportunities and raising new questions:

-- Daily breakthroughs in research are putting the medical keys in our grasp -- drugs with the potential to prevent cancer, rapidly mapping the human genome, new progress in understanding aging -- but also raising new ethical dilemmas about how to use them.

-- Changing demographics -- Americans living longer with less disability -- but raising new questions about how we provide and finance care for older Americans.

-- Revolutions in our health care delivery system -- lines between payers, providers and insurers blur, increases in managed care -- give us new opportunities to control cost and share risks, but raising new questions about the quality of care we provide and the protection of the sacred doctor-patient relationship. But uninsured continues to rise.

CHALLENGES -- What we say about health and life in the 21st century will depend in large part with what you do as individuals with the opportunities you have been given...And on what we do as a nation to make sure that you can always stay true to the oath you take today -- "The Health of my patient will always be my first consideration"

A. We must continue to reform our health care system. There are 41 million people without health insurance in our nation, an increase of 4 million since we debated health care reform alone. Pockets of major disparities based on race and income.

1. Were we disappointed that we didn't pass comprehensive health reform in 1994? Of course. But, when it comes to improving the health of our nation, none of us can ever let setbacks or obstacles be used as excuses for doing nothing.

1. We have done good things, and proved that we can do good things.

-- Back then, they said we couldn't build up Medicare without tearing it down. But we did, we reformed Medicare and saved it. They said we couldn't expand health insurance to working families, but we did. The Kennedy-Kassebaum says you won't lose your insurance just because you've lost your job. And because of the new Children's Health Insurance Program, millions of children without insurance will now have it. All of these goals were part of the Health Security Act. Now, many of them are the law of the land.

Dangerous because it sounds like I told you so.

2. Clearly, we have a long way to go -- must use the same resolve to tackle the challenges that remain [Future agenda -- fill in] Challenges remain -- implementing, new programs.

-- Whether they have Medicare or private insurance, HMO or traditional care, all citizens must have access to quality care. ["Results-oriented Medicine" born at Harvard with Ernest Codman, nurtured today by leaders like David Blumenthal, Heather Palmer, Arnold Epstein.]

-- Americans want quality...measured by results and consumer protection [The Consumer Bill of Rights] protecting the rights of the patient to appropriate and effective care and the sanctity of the doctor-patient relationship. Patients not tabula rasas -- importance of empowering them with information (mention Harvard Health Letter, which for more than 20 years has sought to give citizens information about protecting their health and their lives).

B. We must make sure that our quest for efficiency doesn't eclipse the public goods that led to the advances we celebrate today -- especially those borne in our cherished academic health centers -- research, training of the next generation, care for the most vulnerable among us. Examples: HMO and teaching hospital teaming up at Harvard. Our budget's carve-out for GME. Administration's Research Fund.

C. Make sure ethics keep pace with science [genetic discrimination, privacy]

WHILE WE MUST CONTINUE TO INVEST IN YOU -- YOU MUST BE THE ARCHITECTS OF THE NEW HEALTH CARE WORLD.

-- Your predecessors uncovered the mysteries behind antibiotics and immunizations, thereby dramatically decreasing infectious diseases and extending life. A hundred years from now, what will they say we did to ensure that all Americans -- all Americans -- live not only longer, but better? To win the battle against chronic diseases? To give people the tools they need to prevent illness -- especially those caused by tobacco. To find a vaccine for new killers like AIDS and old foes like Malaria?

-- A hundred years, ago there was the image of the struggling young doctor, hanging up his (it was almost always a him) sign on the door. Less insecurity now about making a living, more about what that job will be like. The answer no jjust dependent on what you've learned up until now, but on what you do from here on out to take advantage of new opportunities -- to lead.

-- "First Do No Harm" says the Hippocratic Oath. Still a solid piece of advice. But it was conceived to mainly address what physicians ought to do at their patient's bedside. At the dawn of the new century, will you take it further? Will you take a stand on the issues that affect your profession and patients? Will you ensure that the business of medicine never overshadows the healing of medicine?

CONCLUSION

From Ira

FIRST LADY HILLARY RODHAM CLINTON
HARVARD MEDICAL SCHOOL COMMENCEMENT
JUNE 4, 1998

Dr. Martin, Dean Donoff, parents, alumni, faculty, our co-moderators Alison Bryant and Samuel Somers, distinguished guests, and most important, the class of 1998: Congratulations. You have done it!

I hope you will find time today to step back and take tremendous pride in all you've accomplished. Some of you finished school while caring for a family. Many of you took out loans to reach your dream. You may have been the first in your family to attend college. Maybe you only recently came to this country. Some of you also managed to earn a Ph.D. or J.D. All of you have made great sacrifices to reach this day, to graduate from this extraordinary institution, and to enter the noblest of all professions.

And I hope you find time to thank all the people who have stood beside you during these last 4 or 5 or 6 or 7 years of school, especially your families...who sometimes gave money, and always gave love, support, and endless endless patience.

So I know there is a lot on your mind right now: One of the most immediate questions you may have is, "just how long is she going to speak?" Winston Churchill gave one of the shortest commencement speeches ever. He said, "Never ever ever give up." And then he sat done. While I can't beat that, my daughter did remind me last night that I'm the only thing standing between you and your diplomas. I'll try to heed that subtle advice.

[Of course, at an outdoor event like this, there is always the worry that bad weather will make an unwelcome appearance. I hear some took temporary comfort in the oft-repeated claim that God is a Harvard alumni -- and therefore never lets it rain on commencement day...until they realized it was not just a lawyer...but a lawyer from Yale who was speaking today!]

Even as you celebrate, I know most of you are already thinking about a new phase of life. The food will probably not be as good as the restaurants on Newbury Corner. The sleeping accommodations won't exactly be 5 star. You know it as -- internship. The word brings with it excitement and expectation. Images of countless hours in the intensive care unit. And even lingering questions like: "Will I be ready?" I have come here today with a very direct answer: No group of graduates has ever been better prepared to usher in the next century of medicine.

THOSE OF YOU GRADUATING TODAY WILL BE USHERING IN A NEW CENTURY OF Medicine

Think back a minute to your predecessors at the turn of the last century. Back then, you didn't need a bachelor's degree to get into Harvard Medical School. Tuition was about $200 for all two or three years of school. After Dean Eliot suggested that written exams supplement the oral ones, there was an outcry because most of the students couldn't write. And, in a 1898 edition of JAMA, a doctor who is mistaken for a night watch man, simply answers "No, friend...they can go to sleep on their beat and they draw their wages regularly."

Yet, like you, the students of that day had much to celebrate, much to look forward to. When Oliver Wendell Holmes spoke at the 100 year anniversary of Harvard in the late 19th century, he said, "Let us see where we stand today, and we shall know better what to hope for the future of the teaching, the science, the art of healing." Back then, they stood at a time of advances in the microscope, the thermometer, surgical anesthesia, and germ theory. They were staring down challenges like smallpox. Cholera. Typhoid. With little information about vaccinations. With no antibiotics. With horrible sanitation conditions. But, they were armed with the hope that they could write a new future for medicine in the 20th century. And they did.

Today, you stand on their shoulders...and the shoulders of all Harvard graduates who dreamed of -- and then set about creating -- a new future. Many of these alumni are here today. You stand on the shoulders of Judah Folkman, who has captivated this nation as he works to unlock the secrets behind cancer. You stand on the shoulders of Orah Platt, one of the top researchers in sickle-cell disease. You stand on the shoulders of David Ho, Time Magazine's Man of the Year in 1996...who is working day and night to rid our world of AIDS. And, yes, you stand on the shoulders of graduates like Michael Crichton and Noah Beir, who bring Dr. Ross, Nurse Hathaway and the entire team at ER to us every Thursday night.

~~Now, it is your turn to carry the future on your shoulders~~. Class of 1998, it is your time to lead. You have been given a first rate education from one of the finest schools in the world. Back when Holmes spoke, the doors of medicine were virtually glued shut to women and people of color. Today, your class was the first to enroll more women than men. Thirty years after your diversity program began, this is the first class to be majority minority. And you have been given the chance to put this education to use during the most exciting time ever in medicine -- a time when revolutions in health care are offering incredible opportunities and raising tough new questions that we must answer together.

You will enter a world where revolutions in research are giving you the medical keys to meet some of the humankind's most pressing needs. Daily breakthroughs have uncovered drugs to prevent cancer and treatments for stroke and AIDS. Technology is bringing us life-saving information in seconds and giving us more insight into Alzheimer's and other degenerative diseases. As we rapidly map the Human Genome, we're finding genes linked to breast cancer, colon cancer, and Parkinson's diseases. Yet we must ask ourselves: Will our genes be used to cure us or deny us health insurance? Will the privacy we took for granted in the Marcus Welby days still be protected in the ER days? In short, will our ethics keep pace with our science. Our progress depends upon it.

You will also enter a world of rapidly changing demographics, a world where the baby boomers are greying and all Americans are living far longer with less disability. When Holmes spoke at Harvard, he talked about two people's lives together filling a century. Now, a child born today may well live into the 22nd century. How will we provide and finance care for this growing group of older Americans? How will we address new end of life issues that arise when Americans live longer and longer, often with chronic disease -- an issue that is considered a luxury for most nations, but is nevertheless a necessity for us?

Finally, you will enter a world of revolutions in our health care delivery system. The lines between payers, providers, and insurers are blurring. More than 85 [check] percent of people with private insurance are enrolled in managed care plans. The era of the struggling young doctor hanging up his shingle is gone. We have more opportunity than ever to share risks and control costs...but we have more responsibility than ever to ensure the quality of care we provide. We have more responsibility than ever to protect the glue that holds our health care system together: the sacred patient-doctor relationship~~, or, in your shorthand, doctor-patient.~~

[I read that Oliver Wendell Holmes once arrived at the house of a patient, only to find the priest about to depart. "You're patient is very ill," said the Priest solemnly. "He is going to die." Holmes nodded. "Yes, and he's going to hell." The Priest was horrified. "I have just given him extreme unction. You must not say such things!" Holmes shrugged his shoulders. "Well you expressed a medical opinion, and I have just as much right to a theological opinion"]

Today, there is no shortage of people with medical opinions. As your class show made clear two years ago, there is no shortage of external pressures on you. No shortage of worry about how will you maintain the autonomy you need to make the right decisions for your patients. In this revolutionary health care world, it is up to all of us -- as individuals and as a nation to ensure that you can always stay true to the central pledge you'll make today: "The health of my patient will always be my first consideration."

And that means continuing to reform our health care system. People often ask: Were we disappointed that we didn't pass comprehensive health care reform in 1994? Of course. But, it seems to me that when the political environment stops you from taking large steps, you have two choices -- take small steps or sit on the sidelines and do nothing. It is far better to help a million people, 100,000 people, 100 people, than to help no one at all. As with everything we confront in life, setbacks should be used as an opportunity for education not as an excuse for inaction.

During and after the health care reform debate, there were critics who claimed we can't help uninsured Americans without hurting the insured. But we did it. Thanks, in large part, to the continuing leadership of this state's own Senator Kennedy, we said you can't deny someone health insurance just because they change jobs, lose jobs or have a pre-existing condition. And because of the new Children's Health Insurance Program, millions more children will now have health insurance. They said we couldn't build up Medicare without tearing it done. But we did. We extended the life of the Medicare Trust Fund and added new prevention benefits like mammograms and flu shots.

These goals were all part of the Health Security Act. And they are now the law of the land. But our job is not done. It's not done when the number of people living without health insurance has swelled to 41 million. When health care costs, ~~once going down~~ have started to plateau...and when fewer employers are providing insurance for their workers. Our job is not done when our citizens' access to health care too often depends on the color of their skin, the neighborhood they live in, and the amount of money in their wallet. Let me be clear: Our job as a nation will not be done until every American has access to affordable quality health care.

Until that day comes, there are important steps that all of us can take now. We must listen to the 60 percent of Americans who say they're worried that if they were sick their health plan would be more concerned with saving money than giving them the best treatment. And I know you share your patients concerns. I know you worry about health care decisions in your office being second guessed by a business person thousands of miles away. Many of us heard stories of doctors suing HMOs over gag clauses and other invasions of the doctor-patient relationship. That should never be necessary.

Whether people choose managed care or traditional care, they should always feel confident that they will get quality care. What better place to make that promise. This is where Ernest Codman gave birth to Results-Oriented Medicine. It's where Dr. Rabkin drafted the first Patient's Bill of Rights. And this is where we must say it for all to hear: No longer should patients have to beg and plead to see a specialist they need. They should have emergency care whenever and wherever they need it. They should have information to make good decisions. The bottom line of profits must never ecclipse the bottom line of good medicine. Every American should be protected by a Patient's Bill of Rights.

And every American should be concerned about the pressure being felt by our Academic Health Centers. If we want to train the next generation of doctors and dentists...if we want to give birth to the next century's greatest discoveries...if we want to care for the most vulnerable among us...we must safeguard the jewel of our health care system: our teaching hospitals. It is not enough to make sure they survive year to year. We must ensure they thrive into the future.

[We've reformed Medicare so that teaching facilities receive payments directly from the program -- not inadequately funneled through managed are plans.] And the President has proposed increasing the NIH budget by more than 50 percent over the next 5 years. Because the revolutions in health care that we celebrate today didn't happen by accident or overnight. They are the result of steady and sustained investments that those who walked before us made. Now, the task falls to you.

Because while we must continue to invest in you, you must be -- not the bystanders, but the architects of this changing health care world. Almost 100 years ago, one of your predecessors said, "We are very glad it is in the class of 1900, and not that of 1800, in which we are graduating; for, as great as the progress in the century just closing, we confidently believe that we all shall witness, some us perhaps share in, still greater triumphs in the century now dawning."

I hope you feel the same. Because when your successors stand at the edge of the 22nd century, I know they will look at the class of 1998 and say, that when given the chance and the opportunity, you lived up to the oath you will swear to today. That you served humanity. Just as we conquered bacteria in the 20th century, they will talk about how we conquered viruses in the 21st. How we taught spinal cord neurons to regenerate. How we gave people the tools they needed to prevent illness and death...to not only live longer, but better. And how we made sure that our grandchildren had to look to the history books to learn about menaces like cancer, AIDS, and Malaria.

I believe they will look back and say that you went far beyond the instructions to do no harm at the patient's bedside...and instead advocated for the welfare of the entire community. When uninsured kids walked through your doors to get their teeth cleaned or their vaccinations updated, you helped sign them up for health insurance. You made sure that no child ever picks up a cigarette or gun and throws away a future. You shared your expertise not only by submitting clinical abstracts, but also by submitting your views to your local newspaper and representative.

A hundred years from now, I believe they will be inspired by how, through all this, you managed to still maintain your own well-being and the well-being of those close to you. How you sought balance in your lives. Balance between work and family. Between work and leisure. Between the responsibilities of medicine and citizenship. And I hope they remark that you had fun. Yes, fun. That you laughed with your colleagues and patients. And that you enjoyed the incredible gift of healing that you will give throughout your lives.

And, in these often rough waters of change, I think they will be relieved that one thing remained constant: The sacred bond between doctor and patient. And they will know it was because, above all else, you worked each and every day to ensure that the health of your patient was always your first concern.

Congratulations, good luck, and Godspeed.

Jen, Jeanne + Sarah promised me this stuff today. But I don't have it today, so I'll write it today. Neera

FIRST LADY HILLARY RODHAM CLINTON
HARVARD MEDICAL SCHOOL COMMENCEMENT
JUNE 4, 1998

[NOTE to Neera and Jen -- this is missing the final section and it's very rough, especially the policy section, which is also kinda boring. I'm going to think about ways to make that section more interesting. I'll be back by about 11:00 on Sunday and have cleared the day. I still need the Patients Bill of Rights/GME/Research and the questions Chris is answering]

Dr. Martin, Dean Donoff, parents, alumni, faculty, our co-moderators Alison Bryant and Samuel Somers, distinguished guests, and most important, the class of 1998: Congratulations. You have done it!

I hope you will take time today to thank all the people who stood beside you during these last 4 or 5 or 6 or 7 years of school, especially your families...who sometimes gave money, but always gave love, support, and endless endless patience. And I hope you will find time to take tremendous pride in all you've accomplished. Some of you finished school while caring for a family. Many of you took out loans to reach your dream. You may be the first in your family to attend college. Maybe you only recently came to this country. Or somehow managed to also earn a Ph.Ds or JD. All of you have made great sacrifices to reach this day, to graduate from this extraordinary institution, and to enter the noblest of all professions.

So I know there is a lot on your mind right now: One of the most immediate questions you may have is, "just how long is she going to speak?" Winston Churchill gave one of the shortest commencement speeches ever. He said, "Never ever ever give up." And then he sat done. While I can't beat that, my daughter did remind me last night that I'm the only thing standing between you and your diplomas. I'll try to heed that subtle advice.

[Of course, at an outdoor event like this, there is always the worry that bad weather will make an unwelcome appearance. I hear some took temporary comfort in the claim that God is a Harvard Medical School alumni -- and therefore never lets it rain on your commencent...until they realized it was a not just a lawyer...but a lawyer from Yale who was speaking today. -- Jen any ideas for a better Yale/Lawyer joke]

Even as you enjoy today, I know most of you are already thinking about a new phase of life. The food will probably not be as good as the restaurants on Newbury Corner. The sleeping accomodations won't exactly be 5 star. You know it as -- internship. The word brings with it excitement and expectation. Images of countless hours in the intensive care unit. And even lingering questions like: "Will I be ready?" I have come here today with a very direct answer: No group of graduates has ever been better prepared to usher in the next century of medicine.

Think back a minute to your predecessors at the turn of the last century. Back then, you didn't need a bachelor's degree to get into Harvard Medical School. Tuition was about $200 for all two or three years of school. When Dean Eliot suggested that written exams supplement the oral ones, there was an outcry because most of the students couldn't write. [more funny stuff?]

When Oliver Wendell Holmes spoke at the 100 year anniverary of Harvard in the late 19th century, he celebrated the recent advances wrought by the achromatic microscope, the thermometer, surgical anethesia, and germ theory. He talked to students who were looking toward challenges like smallpox. Cholera. Typhoid. They knew little about vaccinations. There were no antibiotics. Sanitation conditions were horrible. But, they were armed with a firm belief that they could write a new history for medicine in the 20th century. And they did.

Today, you stand on the shoulders of thousands of Harvard graduates -- some of whom are even here today. You stand on the shoulders of Judah Folkman, who has captivated this nation as he works to unlock the secrets behind cancer. You stand on the shoulders of Orah Platt, one of the top researchers in sickle-cell disease. You stand on the shoulders of David Ho, Time Magazine's Man of the Year in 1996...who is working day and night to rid our world of AIDS. And, yes, you stand on the shoulders of graduates like Michael Creighten and Noah Beir, who bring Dr. Ross, Nurse Hathaway and the entire team at ER to us every Thursday night.

Now, it is your turn to carry the future on your shoulders. Class of 1998, it is your turn to lead. You have been given the opportunity. You are graduating from one of the finest schools on the planet. Back when Holmes spoke, the doors of medicine were virtually glued shut to women and people of color. Today, your class was the first to admit more women than men. Thirty years after your diversity program began, this is the most diverse class in history. When you leave here today, great revolutions in medicine await you, offering incredible opportunities and raising tough questions -- questions we must answer now and together.

in nation

What does this mean?

You will enter a world where revolutions in research are putting the best medical keys in your grasp. Daily breakthoughs have uncovered drugs to prevent cancer. Treatments for stroke. Technology is bringing us life-saving information in seconds and giving us more insight into Alzheimer's and other degenerative diseases. As we rapidly map the Human Genome, we're finding genes linked to breast cancer, colon cancer, and Parkinson's disease. But how we do we make sure that our ethics keep pace with our science? That our genes our used to cure us, not deny us health insurance? And that the privacy we took for granted in the Marcus Welby days is still protected in the ER days?

AIDS

You will enter a world of rapidly changing demographs, a world where the baby boomers are greying and all Americans are living far longer. When Holmes spoke at Harvard, he talked about two people's lives together filling a century. Now, a child born today may well live into the 22nd century. How will we provide and finance care for older Americans? How will we address new end of life issues that come as Americans live longer and longer -- an issue that is considered a luxury for many nations, but nevertheless a necessity for us?

Finally, you will enter a world of revolutions in our health care delivery system. The lines between payers, providers, and insurers are blurring. More and more businesses are self-insuring. More than 85 [check] percent of people with private insurance are enrolled in managed care plans. With this opportunity to share risks and control costs, comes questions: questions about the quality of care we provide, and about the protection of the sacred doctor-patient relationship.

[better transition] With all of these opportunities come obligations -- for you as

individuals, for us as a nation...to ensure that you can always stay true to the pledge you'll make today: "The health of my patient will always be my first consideration."

That means continuing to reform our health care system. People often ask: Were we disappointed that we didn't pass comprehensive health care reform in 1994? Of course. But, when the political environment stops you from taking large steps, you have two choices -- take small steps or sit on the sidelines and do nothing. It is far better to help a million people, 100,000 people, 100 people, than to help no one at all. Setbacks should be used as an opportunity for education not as an excuse for inaction.

During the health care reform debate and after, there were those who said we couldn't build up Medicare without tearing it done. But we did. We extended the life of the Medicare Trust Fund and added new prevention benefits like mammograms and flu shots. They said we couldn't expand health insurance to more working families, but we did it. Thanks, in large part, to the continuing leadership of this state's own Senator Kennedy, we said you can't deny someone health insurance just because they change jobs, lose jobs or have a pre-existing condition. And because of the new Children's Health Insurance Program, millions more children will now have health insurance.

These goals have a few critical things in common. They were all part of the Health Security Act. And they are now the law of the land. But our job is not done. It's not done when 41 million people still live without health insurance. [Chris: increase in uninsured, health care costs, decrease employer sponsored insurance] Our job is not done when our citizens' access to health care too often depends on the color of their skin, the neighborhood they live in, and the amount of money in their wallet. Let me be clear: Our job as a nation will not be done until every American has access to affordable quality health care. [~~or Jen do you want this stuff way up front so it isn't unfinished agenda -- it's easy to switch~~]

Until that day comes, there are important steps that all of us can take now. Every single one of us can do something to find those kids who don't have health insurance -- and sign them up either through the new program or, if they qualify, with Medicaid. Every single one of us can do something to ensure that we enact comprehensive tobacco legislation...so that no child ever again picks up a cigarette and throws away a life or a future. Every single one of us can do more to ensure that in the name of efficiency, we never sacrifice the core of our health care system...the patient-doctor relationship that you have spent 4 years learning about.

We must listen to the 60 percent of Americans who say they're worried that their health plan would be more concerned with saving money than about the best treatment if their sick. We must listen to the 63 percent of Americans who would not take a genetic test if their health insurers or employers could get access to the results. If we want people to feel confident seeking care from their doctor, we must outlaw genetic discrimination. We must ensure our medical records have just as many federal protections as your video records. And we must make sure that regardless of whether Americans choose managed care or traditional care, they always get quality care.

What they said we couldn't do we did, is not what we did.

HSA to Medicare Trust Fund

every here

Thoughtful discussion of mgd. care

Other stuff about patient bill of rights.

What better place to make that promise. This is where Ernest Codman gave birth to Results-Oriented Medicine. This is where the Harvard Health Letter was created more than 20 years ago. This is where [get name] drafted the first Patient's Bill of Rights. And this is where we must say it for all to hear: No longer should patients have to beg and plead to see a specialist they need. No longer should [Neera, fill in one or two other main points of Patients Bill of Rights stuff, esp. if it relates to doctor-patient relationship]. Every American must have the protection of a Patient's Bill of Rights.

It must never be said that we paid attention to the bottom line of profits -- and forgot about the bottom line of good medicine. [doctor suing HMO?]When we think about the advances Holmes paid tribute to more than 100 years ago. When we think about the breakthroughs in research we celebrate today. None of it happened by accident. None of it happened overnight. It was the result of sustained and steady investments in research and training and care. The very goods that are produced every day at our cherished Academic Health Centers.

Make no mistake: There will be no real progress if we do not protect our teaching hospitals and their fundamental mission. We've reformed Medicare so that teaching facilities will receive their payments directly from the progam -- not inaquately funneled through managed are plans. [NIH budget statement -- leading to our need to invest in them...future discoveries, etc]

***

CHALLENGE TO THEM -- WHILE WE MUST CONTINUE TO INVEST IN THEM, THEY MUST BE ARCHITECTS OF CHANGING HEALTH CARE SYSTEM.

SOMEWHERE USE QUOTE FROM STUDENT AT TURN OF LAST CENTURY: "We are very glad it is in the class of 1900, and not that of 1800, in which we are graduating; for, as great as been the progress in the century just closing, we confidently believe that we all shall witness, some of us perhaps share in, still greater triumphs in the century now dawning."

USE THEIR OATH: When you promise to serve humanity...you are promising to...etc.

RANDOM STUFF: The views held about the medical profession were also very different. When the prominent surgeon Marion Sims first informed his father that he was going to become a

doctor. He replied, "If I had known this, I certainly should not have sent you to college."

[Back in the 19th century, a prominent manual for medical practice told doctors to never allow patients to believe they could play a role in their treatment, explaining, "Especially avoid giving self-sufficient people therapeutic points they can thereafter resort to." Today, patients are surfing the internet. They're asking tough questions. They want information about how to protect their health. They want to make sure their care will be effective and their rights as consumers protected.]

FIRST LADY HILLARY RODHAM CLINTON
HARVARD MEDICAL SCHOOL COMMENCEMENT
JUNE 4, 1998

1. Prospective - policy formulations in each of areas.
2. Raise questions

How can, in Ding HC envir, stay true to oath?

What she's done since 1994?

Dr. Martin, Dean Donoff, parents, alumni, faculty, our co-moderators Alison Bryant and Samuel Somers, distinguished guests, and most important, the class of 1998: Congratulations. You have done it!

I hope you will find time today to step back and take tremendous pride in all you've accomplished. Some of you finished school while caring for a family. Many of you took out loans to reach your dream. You may have been the first in your family to attend college. Maybe you only recently came to this country. Some of you also managed to earn a Ph.D. or J.D. All of you have made great sacrifices to reach this day, to graduate from this extraordinary institution, and to enter the noblest of all professions.

And I hope you find time to thank all the people who have stood beside you during these last 4 or 5 or 6 or 7 years of school, especially your families...who sometimes gave money, and always gave love, support, and endless endless patience.

So I know there is a lot on your mind right now: One of the most immediate questions you may have is, "just how long is she going to speak?" Winston Churchill gave one of the shortest commencement speeches ever. He said, "Never ever ever give up." And then he sat done. While I can't beat that, my daughter did remind me last night that I'm the only thing standing between you and your diplomas. I'll try to heed that subtle advice.

[Of course, at an outdoor event like this, there is always the worry that bad weather will make an unwelcome appearance. I hear some took temporary comfort in the oft-repeated claim that God is a Harvard alumni -- and therefore never lets it rain on commencement day...until they realized it was not just a lawyer...but a lawyer from Yale who was speaking today!]

Even as you celebrate, I know most of you are already thinking about a new phase of life. The food will probably not be as good as the restaurants on Newbury Corner. The sleeping accommodations won't exactly be 5 star. You know it as -- internship. The word brings with it excitement and expectation. Images of countless hours in the intensive care unit. And even lingering questions like: "Will I be ready?" I have come here today with a very direct answer: No group of graduates has ever been better prepared to usher in the next century of medicine.

Think back a minute to your predecessors at the turn of the last century. Back then, you didn't need a bachelor's degree to get into Harvard Medical School. Tuition was about $200 for all two or three years of school. After Dean Eliot suggested that written exams supplement the oral ones, there was an outcry because most of the students couldn't write. And, in a 1898 edition of JAMA, a doctor who is mistaken for a night watch man, simply answers "No, friend...they can go to sleep on their beat and they draw their wages regularly."

Yet, like you, the students of that day had much to celebrate, much to look forward to. When Oliver Wendell Holmes spoke at the 100 year anniversary of Harvard in the late 19th century, he said, "Let us see where we stand today, and we shall know better what to hope for the future of the teaching, the science, the art of healing." Back then, they stood at a time of advances in the microscope, the thermometer, surgical anesthesia, and germ theory. They were staring down challenges like smallpox. Cholera. Typhoid. With little information about vaccinations. With no antibiotics. With horrible sanitation conditions. But, they were armed with the hope that they could write a new future for medicine in the 20th century. And they did.

Today, you stand on their shoulders...and the shoulders of all Harvard graduates who dreamed of -- and then set about creating -- a new future. Many of these alumni are here today. You stand on the shoulders of Judah Folkman, who has captivated this nation as he works to unlock the secrets behind cancer. You stand on the shoulders of Orah Platt, one of the top researchers in sickle-cell disease. You stand on the shoulders of David Ho, Time Magazine's Man of the Year in 1996...who is working day and night to rid our world of AIDS. And, yes, you stand on the shoulders of graduates like Michael Creighten and Noah Beir, who bring Dr. Ross, Nurse Hathaway and the entire team at ER to us every Thursday night.

Now, it is your turn to carry the future on your shoulders. Class of 1998, it is your time to lead. You have been given a first rate education from one of the finest schools in the world. Back when Holmes spoke, the doors of medicine were virtually glued shut to women and people of color. Today, your class was the first to enroll more women than men. Thirty years after your diversity program began, this is the first class to be majority minority. And you have been given the chance to put this education to use during the most exciting time ever in medicine -- a time when revolutions in health care are offering incredible opportunities and raising tough new questions that we must answer together.

You will enter a world where revolutions in research are giving you the medical keys to meet some of the humankind's most pressing needs. Daily breakthroughs have uncovered drugs to prevent cancer and treatments for stroke and AIDS. Technology is bringing us life-saving information in seconds and giving us more insight into Alzheimer's and other degenerative diseases. As we rapidly map the Human Genome, we're finding genes linked to breast cancer, colon cancer, and Parkinson's diseases. Yet we must ask ourselves: Will our genes be used to cure us or deny us health insurance? Will the privacy we took for granted in the Marcus Welby days still be protected in the ER days? In short, will our ethics keep pace with our science. Our progress depends upon it.

You will also enter a world of rapidly changing demographics, a world where the baby boomers are greying and all Americans are living far longer with less disability. When Holmes spoke at Harvard, he talked about two people's lives together filling a century. Now, a child born today may well live into the 22nd century. How will we provide and finance care for this growing group of older Americans? How will we address new end of life issues that arise when Americans live longer and longer, often with chronic disease -- an issue that is considered a luxury for most nations, but is nevertheless a necessity for us?

Finally, you will enter a world of revolutions in our health care delivery system. The lines between payers, providers, and insurers are blurring. More than 85 [check] percent of people with private insurance are enrolled in managed care plans. The era of the struggling young doctor hanging up his shingle is gone. We have more opportunity than ever to share risks and control costs...but we have more responsibility than ever to ensure the quality of care we provide. We have more responsibility than ever to protect the glue that holds our health care system together: the sacred patient-doctor relationship...or, in your shorthand, doctor-patient.

[I read that Oliver Wendell Holmes once arrived at the house of a patient, only to find the priest about to depart. "You're patient is very ill," said the Priest solemnly. "He is going to die." Holmes nodded. "Yes, and he's going to hell." The Priest was horrified. "I have just given him extreme unction. You must not say such things!" Holmes shrugged his shoulders. "Well you expressed a medical opinion, and I have just as much right to a theological opinion"]

Today, there is no shortage of people with medical opinions. As your class show made clear two years ago, there is no shortage of external pressures on you. No shortage of worry about how will you maintain the autonomy you need to make the right decisions for your patients. In this revolutionary health care world, it is up to all of us -- as individuals and as a nation to ensure that you can always stay true to the central pledge you'll make today: "The health of my patient will always be my first consideration."

And that means continuing to reform our health care system. People often ask: Were we disappointed that we didn't pass comprehensive health care reform in 1994? Of course. But, it seems to me that when the political environment stops you from taking large steps, you have two choices -- take small steps or sit on the sidelines and do nothing. It is far better to help a million people, 100,000 people, 100 people, than to help no one at all. As with everything we confront in life, setbacks should be used as an opportunity for education not as an excuse for inaction.

During and after the health care reform debate, there were critics who claimed we can't help uninsured Americans without hurting the insured. But we did it. Thanks, in large part, to the continuing leadership of this state's own Senator Kennedy, we said you can't deny someone health insurance just because they change jobs, lose jobs or have a pre-existing condition. And because of the new Children's Health Insurance Program, millions more children will now have health insurance. They said we couldn't build up Medicare without tearing it done. But we did. We extended the life of the Medicare Trust Fund and added new prevention benefits like mammograms and flu shots.

Recent criticism How need ← to be fixed

These goals were all part of the Health Security Act. And they are now the law of the land. But our job is not done. It's not done when the number of people living without health insurance has swelled to 41 million. When health care costs, once going down have started to plateau...and when fewer employers are providing insurance for their workers. Our job is not done when our citizens' access to health care too often depends on the color of their skin, the neighborhood they live in, and the amount of money in their wallet. Let me be clear: Our job as a nation will not be done until every American has access to affordable quality health care.

Until that day comes, there are important steps that all of us can take now. We must listen to the 60 percent of Americans who say they're worried that if they were sick their health plan would be more concerned with saving money than giving them the best treatment. And I know you share your patients concerns. I know you worry about health care decisions in your office being second guessed by a business person thousands of miles away. Many of us heard stories of doctors suing HMOs over gag clauses and other invasions of the doctor-patient relationship. That should never be necessary.

Whether people choose managed care or traditional care, they should always feel confident that they will get quality care. What better place to make that promise. This is where Ernest Codman gave birth to Results-Oriented Medicine. It's where Dr. Rabkin drafted the first Patient's Bill of Rights. And this is where we must say it for all to hear: No longer should patients have to beg and plead to see a specialist they need. They should have emergency care whenever and wherever they need it. They should have information to make good decisions. The bottom line of profits must never ecclipse the bottom line of good medicine. Every American should be protected by a Patient's Bill of Rights.

And every American should be concerned about the pressure being felt by our Academic Health Centers. If we want to train the next generation of doctors and dentists...if we want to give birth to the next century's greatest discoveries...if we want to care for the most vulnerable among us...we must safeguard the jewel of our health care system: our teaching hospitals. It is not enough to make sure they survive year to year. We must ensure they thrive into the future.

[We've reformed Medicare so that teaching facilities receive payments directly from the program -- not inadequately funneled through managed are plans.] And the President has proposed increasing the NIH budget by more than 50 percent over the next 5 years. Because the revolutions in health care that we celebrate today didn't happen by accident or overnight. They are the result of steady and sustained investments that those who walked before us made. Now, the task falls to you.

Because while we must continue to invest in you, you must be -- not the bystanders, but the architects of this changing health care world. Almost 100 years ago, one of your predecessors said, "We are very glad it is in the class of 1900, and not that of 1800, in which we are graduating; for, as great as the progress in the century just closing, we confidently believe that we all shall witness, some us perhaps share in, still greater triumphs in the century now dawning."

I hope you feel the same. Because when your successors stand at the edge of the 22nd century, I know they will look at the class of 1998 and say, that when given the chance and the opportunity, you lived up to the oath you will swear to today. That you served humanity. Just as we conquered bacteria in the 20th century, they will talk about how we conquered viruses in the 21st. How we taught spinal cord neurons to regenerate. How we gave people the tools they needed to prevent illness and death...to not only live longer, but better. And how we made sure that our grandchildren had to look to the history books to learn about menaces like cancer, AIDS, and Malaria.

I believe they will look back and say that you went far beyond the instructions to do no harm at the patient's bedside...and instead advocated for the welfare of the entire community. When uninsured kids walked through your doors to get their teeth cleaned or their vaccinations updated, you helped sign them up for health insurance. You made sure that no child ever picks up a cigarette or gun and throws away a future. You shared your expertise not only by submitting clinical abstracts, but also by submitting your views to your local newspaper and representative.

A hundred years from now, I believe they will be inspired by how, through all this, you managed to still maintain your own well-being and the well-being of those close to you. How you sought balance in your lives. Balance between work and family. Between work and leisure. Between the responsibilities of medicine and citizenship. And I hope they remark that you had fun. Yes, fun. That you laughed with your colleagues and patients. And that you enjoyed the incredible gift of healing that you will give throughout your lives.

And, in these often rough waters of change, I think they will be relieved that one thing remained constant: The sacred bond between doctor and patient. And they will know it was because, above all else, you worked each and every day to ensure that the health of your patient was always your first concern.

Congratulations, good luck, and Godspeed.

November 21, 1996

SECTION: No. 6, Vol. 26; Pg. S23; ISSN: 0093-0334

IAC-ACC-NO: 18995192

LENGTH: 2153 words

HEADLINE: Looking forward; future of health care reform; The Goals of Medicine: Setting New Priorities

BODY:

The premise of this report was this: that further discussions of health care reform should not satisfy themselves solely with debates about the organization and financing of health care systems. Something has been missing. At the heart of such systems lies the discipline and profession of medicine, which has itself rested on some strong premises: that progress is both good and necessary, that death and disease are enemies that can and should be overcome, that the search for cure is superior to the search for care, and that the quest for health is close to, if not synonymous with, the quest for general well-being. These have been powerful and attractive premises, the source of great advances and the relief of much suffering.

We have argued that these premises must be examined and interpreted afresh. Understood as they often have been, they are no longer adequate and can be unhelpful. This can be seen in the economic difficulties that have accompanied advanced progress-difficulties that stem as much from the way medicine is understood as from the way health care systems are organized - and because some modern interpretations of the goals of medicine leave it open to abuse or misuse. The economic attractions of medicine as a source of enormous profits, and the use of market models to deploy medical care, raise problems previously unknown in scale and magnitude in the history of medicine. The power of market models to improve medicine is matched by their power to bring mischief and distorted incentives to medicine. In the face of economic forces and an unbounded quest for profit, talk of goals can seem utopian and unrealistic. The literature of medicine tends to focus instead on health care reform, almost solely from an economic or policy perspective. Similarly, remarkably little careful discussion can be found in current medical literature about the

appropriate goals and priorities of research - a vast and expensive enterprise. And while debates on medical education have ranged across every continent, their roots in a fresh appraisal of the goals of medicine that is meant to animate that education are surprisingly shallow.

We conclude our report by emphasizing five aspirations for the medicine of the future, each of which must be grounded in a reflection on the nature of medicine - a medicine which is almost always double-layered, tacking continually between the individual and the community. Medicine can, in part, control its own destiny. But only in part. It will need at times the protection of the state to control an excessive profit motive, to develop a national consensus when needed, and to coordinate the various health care sectors, from public health through alternative medicine. The role of government must, therefore, remain a crucial topic for public discussion in pursuing the aspirations of medicine.

The medicine of the future, then, must aspire to be:

* An honorable medicine, directing its own professional life. Medicine can do no other than to engage in a continuing dialogue with the societies in which it is practiced and embedded. Those societies will pay for that medicine, will be deeply affected by it, and will have their own ideas about how best to make use of it. Yet medicine ought not to become the hireling of societies, existing simply to do their bidding and to put its skills to whatever purpose they may decree. Medicine must have its own vital inner life and its own clear direction. It should listen to what those societies want from it and try to be as responsive as possible. Yet in the end it must chart its own course in partnership with society. The profitability of modern medicine, its capacity to give people that which unaided nature does not give them, and its power to evoke dreams of human transformation sometimes make it exceedingly hard for medicine to find its own way. But that way can be found if medicine begins with its own history and traditions and continually returns to its original impetus: the relief of suffering and the pursuit of health. The question medicine should always put to its would-be masters, or patrons, or financiers, is this: can you help us to remain true to ourselves and those we must serve?

* A temperate, prudent medicine. For all the power of medical research and advancement, human beings will continue to get sick and die. The conquest of one disease will open the way for the greater expression of other diseases. Death can be delayed and diverted, but never conquered. Pain and suffering will remain part of the human condition. These are hard if banal truths, but easy to forget in the excitement of new knowledge and innovative technologies. People will always have to be cared for when curative medical skills reach their limits, when only comfort and palliation and decent caring and respect will help patients through fife and into death. A temperate, prudent medicine will keep

these truths always before it, seeking progress but never becoming bewitched by it or led to forget the intrinsic mortality of the human condition. A prudent and temperate medicine will balance its struggle against illness and disease with an abiding sense that its role is not to find transcendence of the body, but to help people live as healthy lives as possible within a finite life span.

* An affordable, sustainable medicine. Much of its research logic, and its capacity to please the marketplace, sets medicine on a course that is economically unaffordable. Almost every nation now struggles with the continuous influx of new technologies and increased public demand for ever-better health. The costs of health care are almost everywhere constantly pushed up, now and then amenable to cost control but rarely for long. It has been the faith of many that more clever schemes of organization, better government controls or an unleashing of market competition, or different economic incentives and disincentives can control the intrisically expansionary pressures of contemporary medicine. This is a misplaced hope if invested in technique alone. Only a simultaneous reinterpretation of the goals of the medicine will suffice to make organizational and economic techniques morally and socially acceptable. Given their own way, governments and markets can coerce people to live within externally imposed limits. But a more humane medicine will work to adapt its goals to economic realities, and to tutor people about the limits of medical possibility within these realities. It will seek goals that allow for a medicine that is affordable and thus, over the long run, sustainable.

* A socially sensitive pluralistic medicine. Medicine will take different forms and express itself differently in different countries and cultures. Medicine should be open to this pluralism even as, simultaneously, it works to remain true to its own roots and traditions. A socially sensitive medicine will be alert to the sociocultural needs of different groups and societies, the fruitful possibilities of new and varied understandings of health, illness, disease, and malady, and the potentialities of varied understandings of medicine to peacefully co-exist with, and mutually enrich, each other.

* A just and equitable medicine. A medicine that knows no boundaries, that lacks its own compass that is supine before the market, that forgets human finitude cannot be an equitable medicine. It win follow money and power, which feed off of the understandable, but mistaken, desire to overpower nature and the limits of human possibility. Political and economic injustice or mismanagement can distort the allocation of medical resources, as can a picture of medicine that too narrowly sees it as a source of money, or jobs, or sales and exports of technology, or a vehicle for infinite human progress. An equitable medicine requires appropriate medical and health administrative support as well as a strong political and policy foundation. This will not happen by itself. It requires a concerted political effort.

An equitable medicine will be affordable to all, or to the governments and economies that must provide it, not simply to those who can pay the going market price. It will not continually develop drugs and machines that only the affluent can afford, or that will bankrupt governments trying to provide them to all. It will be willing to live with the inevitability of disease and death, not struggle at the margin to prolong the inevitable. It will be a medicine that relies far more than in the recent past on public health, health promotion, and disease prevention. And it will understand that the desire to spend more to improve health will always be in tension with other societal needs and priorities. An equitable medicine will, above all, be designed with reasonable budgets in mind, sensibly balancing health needs and medical possibilities against the needs of other sectors of society.

Finally, the medicine of the future must see itself to be:

* A medicine that respects human choice and dignity. Modern medicine presents a complex range of choices, many exceedingly difficult, to individuals and societies. A necessary moral condition for responding to these choices is democratic participation in societal decisionmaking, and freedom of choice wherever possible in the individual decision-making. Freedom of choice, the fundamental right of self-determination, carries with it attendant duties and responsibilities. As citizens, we must make decisions about appropriate resource allocation and the comparative place of health as a social good. As patients and prospective patients, we will have to think about the shape of our own lives, the efforts we can make to remain healthy, our duties to family and our fellow patients. We will have to make responsible choices about the use of medical skills and knowledge to control procreation, to shape and modify mood and behavior, and to end life-sustaining treatment. To discharge these responsibilities appropriately will require education, public discussion, serious self-examination, and a political, medical, and social context that respects human dignity and choice. It will be important of course always to keep in mind the moral and medical responsibilities that are a corollary of free choice, and the need for a helpful background community dialogue on the content and social implications of individual choices. This is only to recognize the necessary and fruitful interaction - and sometimes tension - between individual good and social good.

DISSENTS

Dissent of the Sovak Group

The Slovak Group of the Goals of Medicine Project is honored to join the consensus of the Report of the Project, under the conditions and provisions stated in the Preface. It would like at the same time, however, to express

reservations about the wording of the paragraph on my planning, fertility regulation, and population matters (p. S15). It believes they are treated in a somewhat biased manner. The Slovak group believes a more balanced wording would accommodate positions affirming the utmost respect for human life from the time of conception until death, as well as understanding population problems more equally in terms both of population decline as well as population growth.

The Slovak Group also wants to join those groups that are opposed to euthanasia.

The fun text of the Slovak Group's statement is available from the Project director, Dr. Joseph Glasa.

Dissent of the Danish Group

Denmark is committed to a completely egalitarian health care system based on social solidarity and equal access to the public health care system. Accordingly it does not accept the idea of a decent minimum, which it believes would be a step backward (p. S19).

CODA

Is medicine art or science? Is it a humanistic enterprise with a scientific component, or a scientific enterprise with a humanistic component? We offer no definitive answers to those old questions. We only affirm the necessity that any strong vision of the goals of medicine must incorporate the art of human judgment in the face of uncertainty, a core of humanistic and moral values, and the findings of careful science. A medicine that seeks, simultaneously, to be honorable, temperate, affordable, sustainable, and equitable must reflect constantly on its goals. The bureaucratic, organizational, political, and economic means of achieving those goals should not be allowed to overshadow the enduring, and often troublesomely difficult, questions of ends and purposes. The medicine of the future win not, and should not, be the same in its institutional structures and policy settings as the medicine of the past and present. Only the common efforts of doctors and patients, medicine and society, can shape that future well and satisfyingly. The place where that effort must always begin is with the goals of medicine.

LANGUAGE: ENGLISH

IAC-CREATE-DATE: January 30, 1997
LOAD-DATE: January 31, 1997

JEANNE AND SARAH: YOU TWO HAD A LOT OF GOOD STATS. (I feel so positively reinforced) COULD YOU PLEASE INSERT WHERE YOU BELIEVE MOST APPROPRIATE. WE WILL TALK LATER. THANKS. ccj

DRAFT OUTLINE: May 7, 1998

(A)

Intro - time of unprecedented change / your decision to go into medicine

1. **Time of Unprecedented Change.** You are graduating at a time when the nation's health care system is undergoing enormous, perhaps unprecedented delivery, technological and demographic changes.

- **Rapid movement to managed care.** (Insert managed care stats)
  - Since 1990 the number of Americans in managed care plans has grown from about 94 million to more than 160 million -- about a 75 percent increase.

(1) Time of promise

Take from 1,2 B 4

- **Daily, exciting advancements in biomedical research, pharmacology, and technology.**

(2) Time of challenge

(B) Take from 1,2 B 4

- **The aging of our baby boom population.** (Jeanne stats)

(3) We have made some progress but

(C) inevitable limits of incremental reform

(4) Where do we go from here

2. **Changes are Presenting New Opportunities and Challenges.** These three changes alone are already having a profound impact on the health care delivery system and how Americans and their representatives are viewing its potential for both positive and negative impact on the health and well being of our nation's citizens. For example,

Positive:

- **Health care inflation getting under control.** In recent years, we have witnessed some of the lowest health care inflation in both the private and public sector in X years. Although only time will tell whether our success in this area can be prolonged (and, in fact, recent evidence suggest at least some increases), most believe it unlikely that we will once again see health care cost increases that, as they did in the 1980s and early 90s, triple the general inflation rate. (Jeanne stats for both private and public secorts; credit managed care more efficient management of

Medicare -- where appropriate).

- **Research and technology producing new interventions that reduce incidence of costly, disabling illnesses.** Research breakthroughs for new diagnosis and effective treatment techniques are and will continue to happen at almost breakneck speed. Raise concept of compression of morbidity. (Cite Sarah's examples and praise and encourage potential researchers in the room).

- **Evidence medicine has great potential to improve health care and possibly constrain costs.** Application of new evidence-based research to actual medical practice has the potential to increase quality, decrease unexplained and worrisome variability in medical practice, and possibly even reduce costs. This is the future of a strong health care system; this could well be your future and we want to work with you to make it work in a way that benefits providers and patients alike. (Sarah, cite positive examples of interventions.)

- **Americans are healthier and living longer than ever before.** (Jeanne: can you provide stats to back-up) There are many reasons for this trend, including a greater recognition of importance of individual responsibility to maintain ones health, a greater emphasis on prevention by insurers in both the private and public sectors, successes in eliminating, treating or preventing infant and childhood diseases, the existence of the Medicare program, and breakthroughs in health care technology and pharmacology (Jeanne, anything else? Are the previous ok?)

- **Baby boomers willing and desirous of responsible reforms to Medicare (and Social Security.)** There is a growing openness to deal with the demographic and other health care challenges facing us. Cite Medicare reforms, Medicare Commission and interest in Social Security reform.

Negative:

- **Declining satisfaction with the health care system's commitment to quality and impact of delivery changes on practice of medicine.** Incentives to control costs have seemed to be oriented more towards achieving discounts from providers and reduced access to care, rather than a truly managed care system that emphasizes quality outcomes. (Jeanne stats, back-up from AHCPR, anyone else?)

- **Health plans reimbursement policies have reduced commitment to teaching facilities, placing our crown jewels of research in much more precarious financial position.** (Jeanne, do we have any good evidence re this; Sarah have you seen anything on this? OSTP might have something, but be careful that it is objective info)

- **Growing fears that new breakthrough in research could be used in inappropriate**

ways. For example, information about gene make-up could be misused by insurers or employers. (Sarah, need example of women not getting the breast cancer screening they need because of fear of discrimination.)

- **Increasing concern that easy access to medical records raise major privacy issues that must not be ignored.** (Sarah, any clear or unclear evidence to back up this statement.)

- **Demographic burdens threaten the fiscal integrity of Medicare, Medicaid, and other programs (including the DVA, DoD, and the FEHBP).** (Jeanne, do we have any quick stats that would not be redundant to above; please focus particularly on demographics, but also new delivery and cost challenges.)

3. **Changes Are Occurring At a Time When We Have, on a Bipartisan Basis, Responded to Some of Our Chronic Health Care Challenges.** Despite our lack of success in passing comprehensive reform in 1994, the President has shown that targeted, important reforms that help millions of Americans can and should be passed. He has rightly determined that the absence of our ability to enact comprehensive reforms should not be an excuse for doing nothing.

   In the past three years alone, the President has signed into law many important health reforms. Virtually every one of them had roots in the Health Security Act, including:

- **Insurance reforms.** The long-overdue Kennedy-Kassebaum insurance reforms that provide the option for families to switch jobs without losing access to needed health insurance;

- **Children's health care.** A historic $24 billion children's health care coverage initiative, which we worked closely with Senators Kennedy and Hatch on will help us expand coverage to up to 5 million currently uninsured children;

- **Historic Medicare structural reforms.** An unprecedented set of Medicare reforms that emphasize preventive care, provided more plan choices, slowed the growth of the program to below that of the private sector, and extended the life of the Trust Fund for 10 years from today;

- **Long-overdue physician training, teaching facility support, and anti-fraud initiatives.** These Medicare reforms included graduate medical education reforms that recognize the importance of maintaining and improving incentives for training primary care physicians (is this true Jeanne?), a new Medicare carve-out to ensure that teaching facilities received payments directly from the program -- not inadequately funneled back through managed care plans; and a new series of tough but fair Medicare anti-fraud enforcement provisions.
- **Long-term care tax clarifications and consumer protections.** The private long-term

care insurance industry had long stated that they needed additional tax incentives to enhance their success in selling these products. The President enacted these reforms, along with some important consumer protections, to fill the long-term care void that Medicare leaves its 40 (?) million beneficiaries.

- **Moving toward parity for self-employed tax deduction.** A provision that phased in parity for the health care tax deduction for the previously discriminated self-employed to 100 percent;

- **Mental health parity.** A new mental health parity provision, which helps eliminate the discrimination that many Americans with mental illness have faced.

- **FDA modernization and reform bill.** A reform bill that modernized the Food and Drug Administration without compromising its health and safety mission. Important, but is this relevant to this discussion? Do we want to talk about research increases over time Sarah?

4. **But Our Successes Cannot Mask the Many Challenges that Remain.** Although we have achieved some significant and long-overdue reforms, the chronic problems of our health care system remain and, in some cases, grow worse.

- **41 million Americans are uninsured -- up from 37 just 5 years ago.** (Jeanne, can we cite employer-coverage trends and anything else compelling/frightening -- like the problem of not having coverage/or the importance of having it.)

- **Despite success in constraining cost growth lately, our spending dwarfs every other industrialized nation -- without much apparent gain from it.** We spend more per capita and more as a percentage of GDP than any other country in the world on health care (Jeanne, can you get exact info; is this true?, yet we still have no better, and in many cases, worse health care status/outcome. (True or not, can we cite anything?)

- **Cost pressures appear to be returning.** (Any stats?)

- **4 million kids eligible and not enrolled in Medicaid.** More in the new CHIP program. We are working with many; want to work with you.

- **Kids smoking, and getting worse.** (Sarah, insert stats)

- **Enormous variation in treatments and outcomes that cannot be justified by X, Y, Z.** Any stats???

- **Individual insurance market has virtually failed,** particularly for anyone who has any pre-existing condition. (Cite Kaiser and anyone else.)

- **Health care professional shortages remain in medically underserved areas?** (Cite stats and praise those students graduating who are planning to go into the Corps or straight to an underserved community.)

5. **<u>What Lessons Have We Learned? Where Do We Go From Here? How Do We Meet Our Current and Future Challenges?</u>**

- We tried to address these challenges in a comprehensive way in 1993 and 1994. We made mistakes, painful mistakes. Like 6? other Presidents before us, we tried and did not succeed.

- But **we are not ashamed for trying**. The stakes were and continue to be too high to ignore these challenges.

- **The President and I still believe that every American should have affordable, quality health care.** We have by any measure the strongest economy in the world, yet we hold the distinction of being the only industrialized nation that does not assure basic insurance coverage to all of its citizens.

- **However, we live in an environment in which comprehensive reforms are virtually impossible to achieve conceive.** In such an environment, one can move on to other issues and do nothing OR continue to make important improvements and targeted reforms. In my view, it would be unconscionable to do the former and irresponsible NOT to do the latter.

How different?

- **First, we must do what we can do to repair and reform our current system.** These include implementing our historic Medicare and children's health care reforms from last year. (Talk about prevention, choices, and absolute necessity to do outreach for kids.)

- **But we must also work to pass legislation that addresses the current challenges,** including bipartisan, comprehensive tobacco legislation, the Patient Bill of Rights, genetic discrimination and privacy protections, new multi-year biomedical research investments, Medicare buy-in, Medicare coverage of cancer clinical trials, and work on the Medicare Commission (LIST OTHERS).

- **Second, we should work to much better integrate breakthroughs in health care diagnosis and treatment into the daily practice of medicine in the health care system.** Cite patient outcomes stuff and investment in biomedical research and training.

- **And third, we cannot give up on addressing the health care system's shortcomings**

in a way that addresses some of the fundamental problems. I am encouraged that Members on both sides of the aisle are contemplating large reforms. Cite some examples -- Kennedy and Thomas?.

- **Call for dialogue...**

- Conclude with challenges and opportunities for physicians.

NEED MORE PHYSICIAN SPECIFIC INSERTS. Trying to integrate Jeanne's suggestions in this regard. Does this general outline work? I am tired...

Challenge class -- opp. to shape the field

- Today's success encourages great — and unrealistic — expectations: that there are medical "cures" to wide-ranging societal ills, from crime to death.

- Expectations for medicine will be even harder to meet as the baby boom generation ages. WHILE STILL BALANCING DESIRE TO CONSTRAIN COSTS.

4. Vision for Future Health Care Professionals. You — in your unique dual role as physicians and citizens — will shape how our society designs its health care system for the twenty-first century.

- As new doctors, you face two new opportunities and responsibilities.

1. Moving medicine from art to science.

The mysteries of the human condition will always require that physicians use experience and judgement as well are research to guide decisions. However, the often-unexplained variation in practice patterns that exist today suggests that research on effective therapies is not always incorporated into physician's daily work. As the pace of technological innovation quickens, your success as physicians will depend on your ability to assess and integrate research into practice. You will also be called on to contribute to this knowledge as researchers and participants in research trials.

2. Assuming financial as well as professional responsibility for your patients. Some predict that today's domination of for-profit managed care will give way to a provider-oriented health delivery system, where employers contract directly with provider groups to deliver care. Physicians will be challenged in such a system with balancing the age-old professional responsibility for patients with a community-oriented responsibility of delivering cost-effective care; balancing technological possibilities with human limitations; and with assuring that primary and preventive care take root at the center of the system.

3. Research

- As citizens, the challenge is simpler: we need to take any step — large or small — toward a more humane, equitable, efficient and effective health policy.

o Incremental improvements in the health system are difficult, create their own problems, and will not achieve — no matter how many "steps" you take — a rational and universal health coverage system.

- However, the alternative to incremental reform is doing nothing. And doing nothing in the face of a clear problem — as you know as physicians — is not a morally acceptable choice. If there are people that need help, we as a nation have some obligation to help, no matter how many or few are affected. [examples of people helped by policies?]

Shift to managed care

About one-fourth of privately insured were in managed care in 1987 (Gabel et al., 1988). Today, about 85 percent are in managed care -- an increase of 340 percent. [check]

About 40 percent of Medicaid beneficiaries (13.3 million) and 15 percent of Medicare beneficiaries (5.7 million) are enrolled in managed care. (HCFA, 1998)

Rise of for-profit health plans, physician and hospital networks, conversions

In 1995, 71 percent of HMOs were for-profit, up from 18 percent in 1981. About 80 percent of PPOs are for-profit. (Claxton et al., 1997)

In 1995, 28 percent of hospitals participated in networks, up from 6 percent in 1994 (AHA Hospital Statistics 1996/97)

Change in employer health insurance practices

Over 20 percent of establishments self-insure at least one plan (64 percent of establishments in firms with 100 or more self-insure; 80 percent of firms with greater than 500 employees). (NCHS, 1997)

Four out of five establishments offering health insurance sponsored only one plan. Because larger employers are more likely to offer choices, 43 percent of all private sector workers were eligible for more than one health plan. (NCHS, 1997) A different study found that 80 percent of small businesses offer only one health plan choice, while 47 percent of firms with 200 or more employees only offer one plan. (Gabel, 1997)

Small employers have increased employees' share of premiums: from 12 to 22 percent for single polices, 34 to 44 percent for family policies between 1988 and 1996. Deductibles have nearly doubled on average (Gabel et al., 1997)

ONGOING PROBLEMS AND PROBLEMS CREATED BY THIS PROMISE

Deterioration of access and affordability of health insurance coverage

Shift to jobs that typically lack health insurance. Only 35 percent of new establishments offer health insurance. Although this may in part result from the fact that new establishments are disproportionately small, even controlling for firm size, these firms are the least likely to offer insurance (NCHS, 1997)

Although 83 percent of all private sector workers are in firms that offer insurance, only 68

percent are eligible for benefits and 58 percent participate. (NCHS, 1997)

The ability for hospitals to shift costs of uninsured has decreased over time. CAN WE BE MORE SPECIFIC AS TO WHY? (Clement, 1997/1998)

Increasing number of uninsured

In 1996, there were 41 million Americans without insurance compared to 32 million in 1988. (EBRI, 1997)

Demand for health system to solve number of problems

"Quality of life" drugs: Propecia for balding; Prozac for depression; Ridlan for hyperactive children; Viagra for impotence; weight loss drugs

Drug companies estimate that they spend about $20 billion per year on developing new treatments (Gillis, Post, 1998)

Inability to constrain technology and utilization

A survey of medical directors in all types of health plans found that indemnity and for-profit plans are most likely to cover a wide range of technologies than HMOs and non-profits. (Steiner et al., 1997) A study comparing the use of one new technology in HMOs and other health plans found no difference in the adoption of this technology, and no difference in cost growth as a result. (Chernew et al., 1997)

States with high HMO enrollment also lower growth in hospital ownership of expensive technology (e.g., cardiac catheterization) but any savings are offset by increased spending on physicians and drugs. (Cutler and Sheiner, 1997)

A recent study found that PPOs saved 12 percent over FFS with utilization review, mostly through more aggressive utilization review, selection of providers. There was no measurable difference in the cost per claim. (Smith, 1997/1998)

A study of technology diffusion in Pennsylvania found that both regulation and competition failed to limit over-supply of new technology. Hospitals acquired new technology to attract and retail physicians and patients. (Bryce & Cline, 1998) Physician-owned labs and technologies also contributed toward this effect.

Aging of the population

Today, there are about 34 million Medicare beneficiaries; this will rise to 75 million beneficiaries in 2030. (Trustees, 1998)

SOLUTIONS

Information, outcomes research and new paradigm for medical education

Managed care plans have begun to invest in their own clinical and applied research. In 1996, spent $93 million in research centers. (Nelson et al., 1998)

Reassessing role of government

??

SOURCES:

Bryce CL; Cline KE. (1998). The supply and use of selected medical technologies. *Health Affairs* 17(1): 213-224.

Chernew M; Fendrick AM; Hirth R. (1997). Managed care and medical technology: Implications for cost growth. Health Affairs 16(2): 196-206.

Claxton G; Feder J; Shactman D, Altman S. (1997). Public policy issues in nonprofit conversions: An overview *Health Affairs* 16(2): 9-28.

Clement J. (1997/1998). Dynamic cost shifting in hospitals: Evidence from the 1980s and 1990s. *Inquiry* 34: 340-350.

Cutler DM; Sheiner L. (1997). Managed Care and the Growth of Health Care Expenditures. Working paper, May.

Eisenberg J. (1998). Statement before the Bipartisan Commission on the Future of Medicare. Washington, DC: March 5.

Employee Benefit Research Institute (EBRI). (1997). Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1997 Current Population Survey. Washington, DC: EBRI.

Gabel J; Jajich-Togh C; Lissovoy G; Rice T; Cohen H. (1988). The changing world of group health insurance. Health Affairs Summer: 48-65.

Gabel J; Ginsburg P; Hunt K. (1997). Small employers and their health benefits: an awkward adolescence. Health Affairs 16(5): 103-110.

Gillis J. (1998). Prescription for a better life. *The Washington Post*. April 26: A1.

Health Care Financing Administration (HCFA). (1997). Managed Care in Medicaid and Medicare. Washington, DC: Fact Sheet, November 17.

Mercer. (1998). Employers use creative strategies to temper rising Rx costs. New York: William M. Mercer, Incorporated: February 16, 1998.

National Center for Health Statistics (NCHS). (1997). *Employer-Sponsored Health Insurance: State and National Estimates*. Hyattsville, Maryland: U.S Department of Health and Human Services.

Nelson AF; Quiter ES; Solberg LI. (1998). The state of research within managed care plans: 1997 survey. *Health Affairs* 17(1): 128-139.

Newhouse JP. (1993). An iconoclastic view of health cost containment. *Health Affairs*. 12(Supp): 152-171.

Smith D. (1997/1998). The effects of preferred provider organizations on health care use and cost. *Inquiry* 34: 278-287.

Steiner CA; Powe NR; Anderson GF; Das A. (1997). Technology coverage decisions by health care plans and considerations by medical directors. *Medical Care*. 35(5): 472-489.

Trustees (Board of Trustees of the Federal Hospital Insurance Trust Fund). (1998). The 1998 Annual Report of the Board of Trustees of the Federal Hospital Insurance Trust Fund. Washington, DC.

pi'wZefemoQpQCj

`e

FIRST LADY HILLARY RODHAM CLINTON
HARVARD MEDICAL SCHOOL COMMENCEMENT
JUNE 4, 1998

Dr. Martin, Dean Donoff, parents, alumni, faculty, our co-moderators Alison Bryant and Samuel Somers, distinguished guests, and most important, the class of 1998: Congratulations. You have done it!

I hope you will find time today to step back and take tremendous pride in all you've accomplished. Some of you finished school while caring for a family. Over 70 percent of you took out loans to reach your dream. You might have graduated in 4 years...though more than 40 percent of you took 5..or 6...or more. You may have been the first in your family to attend college. Maybe you only recently came to this country. More than 15 percent of you also managed to earn a Ph.D., masters or J.D. All of you have made great sacrifices to reach this day, to graduate from this extraordinary institution, and to enter the noblest of all professions.

Even as you celebrate, I know many of you are already thinking about a new phase of life. The food will probably not be as good as the restaurants on Newbury Street. The sleeping accommodations might not be as comfortable as Vanderbilt Hall. You know it as -- internship. The word brings with it excitement and expectation. Images of countless hours in the intensive care unit. And even lingering questions like: "Will I be ready?" I have come here today with a very direct answer: No group of young doctors and dentists have ever been better prepared to care for their patients. No group has ever been better prepared to usher in the next century, the next Millennium, of medicine.

In the clinic, the classroom, and the community, you have received a first-rate education from one of the finest, most diverse, schools in the world. Your class was the first to enroll more women than men. Thirty years after your diversity program began, this is the first class to be

majority minority.

Think back a minute to what your predecessors encountered at the turn of the last century. Back then, the doors of medical education were virtually glued shut to women and people of color. You didn't need a bachelor's degree to get into Harvard Medical School. Tuition was about $200 for all two or three years of school. After Dean Eliot suggested that written exams supplement the oral ones, there was an outcry because most of the students couldn't write.

Yet, like you, the students of that day had much to celebrate, much to look forward to. When Oliver Wendell Holmes spoke at the 100 year anniversary of Harvard in 1883, he referred to some things that never change, such as students sleeping in class. He noted that bleeding was now an almost unknown operation. And he looked forward to the exciting advances in surgical anesthesia, germ theory, and the microscope, which produced miracles he said could have come from some new Gulliver's Travels.

That day, he talked to future physicians who were staring down challenges like smallpox. Cholera. Typhoid. With no vaccinations that could yet be used in humans. No antibiotics. No antiseptic surgery. With horrible sanitation conditions. But, they were armed with the hope that they could write a new future for medicine in the 20th century. And they did.

Today, you stand on their shoulders and the shoulders of all Harvard graduates who dreamed of -- and then set about creating -- a new future. Many of these alumni are here today. You stand on the shoulders of Judah Folkman, who has captivated this nation as he works to unlock the secrets behind cancer. You stand on the shoulders of Orah Platt, one of the top researchers in sickle-cell disease. You stand on the shoulders of David Ho, Time Magazine's Man of the Year in 1996...who is working day and night to rid our world of AIDS. And, yes, you

stand on the shoulders of graduates like Michael Creighten and Noah Beir, who bring Dr. Ross, Nurse Hathaway and the entire team at ER to us every Thursday night.

Now, it is your turn to carry the future on your shoulders. Class of 1998, it is your time to lead. You have been given the chance to put your training to use during the most exciting time ever in medicine. Just 30 years ago, who would have thought we'd see incredible revolutions in biology and technology, revolutions in the way we deliver and finance care, seismic shifts in demographics? All of these changes offer incredible opportunities, opportunities your predecessors could have only dreamed of, but they also present fundamental challenges..the most critical of which is this: In our revolutionary health care system, how can you stay true to your oath? "The health of my patient will always be my first concern."

I know this is something you've spent a lot of time thinking about. In the skits for your class show, in the discussions during "doctor-patient," you talk about making sure the healing of medicine is never overshadowed by the business of medicine. But what has impressed me most is not just the concerns you've raised, but the commitment you've made to address them.

I've read the extraordinary oath you've written. And I believe that the future of health care in the 21st century will depend upon what we do as individuals and as a nation to ensure that you keep the promises of your oath, while reaping the promises of a new health care world.

When you pledge to promote health and prevent disease, you have the fortune of doing that in a world where breakthroughs in research are putting the medical keys in your grasp. Where we've uncovered treatments for stroke and AIDS. Where technology is allowing us to instantly share life-saving information and giving us more insight into Alzheimer's and other degenerative diseases. And where the mapping of the Human Genome is revealing genes linked

to breast cancer, colon cancer, and Parkinson's diseases.

These kinds of advances don't just happen by accident or overnight. They depend upon sustained investments in research. Which is why the President wants to increase our research budget at NIH to historic levels -- by 50 percent over the next five years...and by almost two-thirds for the National Cancer Institute.

And these continuing advancements depend upon our ethics keeping pace with our science. We've all talked to people who don't seek care, who refuse to use their insurance, who don't get genetic tests because they think they'll be discriminated against or have their privacy violated. The President has asked Congress to outlaw genetic discrimination...so that you can look your patients in the eye and say: your genes will be used to heal you, not deny you a job or affordable health insurance. [And Republicans and Democrats are responding to his call.]

And at a time when our most personal health information is criss-crossing the country, electronically moving back and forth among our health plans, insurance companies, and employers with fewer federal safeguards than our video records...If you are to live up to your vow to hold in confidence all that your patients entrust to you, we must pass a law to protect their medical records.

When you pledge to respect the dignity and autonomy of your patients in living and in dying, you are fortunate to make that promise in a world of rapidly changing demographics. A world where the baby boomers are greying and all Americans are living far longer with less disability. In Holmes' speech at Harvard, he talked about two people's lives together filling a century. Now, more and more children born today will live into the 22nd century.

Like many nations, we must answer some tough questions about how we will provide and

finance care for this growing group of older Americans. There was a time when too many people worked their entire lives, fought our wars...only to grow old having to make choices between paying their heating bills and their doctors bills. There is a lot of talk about what's wrong with government. But let's never forget what's right. Medicare forever changed what it means to grow old in this country. And we must make sure it is there for every generation of Americans.

But, Medicare, like every program, must adapt to a new world. We've worked in a bipartisan fashion to extend the life of the Trust Fund for a decade. To give your patients new prevention benefits like mammograms and flu shots. And there is consensus between Republicans and Democrats that we must address the long-term future of Medicare together.

[And all of us must address the tough end of life issues that arise when Americans live longer and longer. Is there a time when care should be stopped? Who will decide? The question is no longer just whether we can prolong life...the question, in some circumstances, is should we?

But it's not just care for the elderly that we must rethink. As I have been privileged to travel around the world. It doesn't matter whether I'm at the World Health Assembly in Geneva or a small women's clinic in Kazahkstan...I encounter nations and citizens who are facing up to the difficult decisions about how we finance and deliver all health care amidst growing populations, new diseases, and other cost pressures. Some are cutting back on necessary services just to make ends meet. Others are in danger of having their existing structures collapse under the weight of caseloads from HIV/AIDS or TB. Even those with universal systems are now unable to afford the facilities they have or the technology they need.

You will dedicate yourself to the profession of medicine at a time when revolutions in our own health care delivery system are blurring the lines between payers, providers, and insurers. When more than 85 percent of people with private insurance are enrolled in managed care plans. The era of the young doctor struggling to make it on his own is over. More physicians are

forming their own health plans. We have more opportunity than ever to share risks and control costs...but we have more responsibility than ever to make sure that the bottom line of profits never eclipses the bottom line of good medicine.

Many of our most important social goods will simply not survive on their own. You have seen first hand what happens when new market forces squeeze our cherished Academic Health Centers. We've ensured that teaching facilities receive payments directly from Medicare -- not inadequately funneled through managed are plans. Now, we must look at whether there are other ways to help finance your mission. Because if we want to train the next generation of doctors and dentists, if we want to give birth to the next century's greatest discoveries, if we want to care for the most vulnerable among us...It is not enough to make sure our teaching hospitals survive year to year. We must ensure they thrive into the future.

We must listen to the 60 percent of Americans who say they're worried that if they were sick their health plan would be more concerned with saving money than giving them the best treatment. We should listen to the stories of people like Ricka Powers of Minneapolis, who came to the White House last week. When she found a lump in her breast three years ago, she went to her HMO and was told everything was fine. But, it wasn't. She started to feel worse, but her requests for further tests were denied. Finally, she got a biopsy on her own. It told her that she had stage two breast cancer. She needed surgery. But her HMO would only let her see a general surgeon. She wanted a list of specialists and made 123 calls to her HMO to get one. She was told the list didn't exist. So, she scheduled the surgery herself. The HMO did finally agree to pay for the surgery, but they haven't yet agreed to pay for the chemotherapy she began this week. We should work for the day when stories like Ricka's never happen again.

Whether Americans choose managed care or traditional care, they should always feel confident that they will get quality care. What better place to make that promise. This is where Dr. Mitchell Rabkin drafted the first Patient's Bill of Rights. And this is where we must say for all to hear: No patients should have to beg and plead to see a specialist they need. They should have emergency care whenever and wherever they need it. They should have information to make good decisions. Congress must pass a Patient's Bill of Rights to protect every American.

And if you are going to fulfill your promise to care for all in need, we must make a promise to continue to reform our health care system. People often ask: Were we disappointed that we didn't pass comprehensive health care reform in 1994? Of course. And I know that disappointment was shared by the many leaders of this institution and this State's Congressional delegation who worked hard to make the Health Security Act the law of the land.

But, it seems to me that when the political environment stops you from taking large steps, you have two choices -- take small steps or sit on the sidelines and do nothing. We moved ahead...believing strongly that it is far better to help 1 million people, 100,000 people, 1,000 people, than to help no one at all.

Thanks to the continuing leadership of Senator Kennedy, we said you can't deny people health insurance just because they change jobs, lose jobs or have a pre-existing condition. Is this a cure-all? Absolutely not. There are still questions about whether that insurance is affordable. There are still issues we are addressing to stop insurance companies from rewarding those who deny coverage.

But this law is making a difference for your patients who wake up worried about whether a change in their life or health will mean the end of their health insurance.

It's the same with the new Children's Health Insurance Program. It will help provide insurance for millions of children from working families who don't now have it. But, it doesn't mean our job is done. Passing legislation is difficult. But the real test is implementing it well. The real test is whether all of us work to find these children when they come in for check-ups, at church, in our communities. Whether we reach them and enroll them -- either through Medicaid or the new program.

Our job is not done when the number of people living without health insurance...the number of people shut out of the best health care system in the world...has swelled to 41 million. Who will take care of them as fewer and fewer employers are providing insurance? Who will pay as health care costs, once on the decline, and now leveling off, start to increase? Who will decide who gets access to cutting-edge technology and treatments?

Our job is not done when our citizens' access to health care too often depends on the color of their skin, the neighborhood they live in, and the amount of money in their wallet. Let me be clear: Our job as a nation will not be done until every American has access to affordable quality health care.

While our nation must continue to make changes that safeguard the sacred doctor-patient relationship...while we must continue to invest in you...it is you who must be the architects of this changing health care world. Not the bystanders. It is not enough to criticize from afar. You have been given the opportunities. Now, you have the responsibility to lead us into the next

century.

Almost 100 years ago, one of your predecessors said, "We are very glad it is in the class of 1900, and not that of 1800, in which we are graduating; for, as great as the progress in the century just closing, we confidently believe that we all shall witness, some us perhaps share in, still greater triumphs in the century now dawning."

I hope you feel the same. Because when your successors stand at the edge of the 22nd century, I know they will look at the class of 1998 and say, that when given the chance, you lived up to the oath you will swear to today. That you went far beyond the instructions to do no harm at the patient's bedside...and instead advocated for the welfare of the entire community

They will marvel at what you did in the service of humanity...not just in your own backyard...or your own country...but in the service of citizens I have seen worldwide...whose lives have been transformed because our nation and its citizens helped eradicate polio or measles. Because we helped them stem the rise of AIDS. Because we helped women get pre-natal care that saved their lives and the lives of their children. Because we believed that when one the health of one of us is threatened, all of us are threatened.

Just as we conquered bacteria in the 20th century, they will talk about how we conquered viruses in the 21st. How we tackled chronic illnesses and gave people the tools to live not only longer, but better. How we -- in our laws and lives -- made sure no child ever picks up a cigarette and throws away a future? How we created a world where our grandchildren had to look to the history books to learn about menaces like cancer, AIDS, and TB.

A hundred years from now, I believe they will be inspired by how, through all this, you managed to still maintain your own well-being and the well-being of those close to you. How you

sought balance in your lives. Balance between work and family. Between work and leisure. Between the responsibilities of medicine and citizenship. Reading not only the New England Journal of Medicine but also the local paper. Getting involved not only in medical societies, but in neighborhood groups. And always, always rewinding your videotapes before you return them.

I hope they remark that you had fun. Yes, fun. That you laughed with your colleagues and patients. That you enjoyed the incredible gift of healing that you will give throughout your lives.

And, most important, I believe that, during a time of great revolutions in health care...they will say that you were the ones who made sure your nation kept sacred the bond between doctor and patient. You were the ones who lived up to oath...the leaders who ensured that, "above all, the health of my patients will be my first concern." Congratulations, good luck, and Godspeed.

THE WHITE HOUSE
WASHINGTON

CC: Jen Klein -
HRC wants to
do -

FYI -
Dawn
4/23

THE COMMONWEALTH FUND

ONE EAST 75TH STREET
NEW YORK, NEW YORK 10021-2692
TEL 212.606.3825 FAX 212.606.3876
E-MAIL kd@cmwf.org
http://www.cmwf.org

KAREN DAVIS
President

March 20, 1998

Mrs. Hillary Rodham Clinton
Office of the First Lady
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mrs. Hillary Rodham Clinton:

It is my great pleasure to invite you to be the keynote speaker at The Commonwealth Fund's **First International Symposium on Health Policy**, which will begin **Wednesday evening, October 21, 1998**, with a reception and dinner at Blair House, co-hosted by the Honorable Donna E. Shalala, Secretary of Health and Human Services. We would value tremendously the perspective that you could bring to the symposium, and the importance of your presence in underscoring the United States' commitment to improving health care and encouraging innovative policy thinking about some of our most pressing health care problems.

The Commonwealth Fund is a leading private independent foundation based in New York, which since 1918 has conducted research and sponsored service delivery innovations helping address many of the most urgent health policy problems in the United States. Recognizing that many of the issues of greatest concern to the Fund—equity and access, adequate preventive and primary care, quality of care and responsiveness to patients' concerns, long-term care for the elderly and disabled, healthy development of children, effectiveness of medical interventions, cost of care, and approaches to resource allocation—are matters of concern in other industrialized countries, the Fund has recently established an International Program in Health Policy. Its purpose is to build an active network of international health policy experts, and spark innovative health policy thinking and high level exchanges that will benefit the United States and other industrialized countries.

The program's inaugural annual symposium will bring together 55 leading health policy makers and thinkers from the United Kingdom, Canada, Australia, New Zealand, and the United States, including the health ministers from each of the five countries, the coordinating committee of the Fund's International Program in Health Policy, selected leading policy researchers, government officials, and journalists. Focused on issues of health care costs, quality and outcomes, and access/equity, the meeting promises to be provocative and enlightening, providing an opportunity for examination of the different approaches being taken to address problems shared by participating countries. The symposium is premised on the belief that while all systems are influenced by their individual histories, the cultures in which they operate, and the manner in which physicians are educated and patients accommodated, there are lessons that can be drawn when policymakers, researchers, and journalists look beyond their own borders at the experience of other countries.

A draft agenda is enclosed for the October 21-23, 1998 symposium, which will look across the five health care systems, and has been titled *Costs, Quality, and Equity: Current Issues and Future Prospects.* Findings from The Commonwealth Fund's 1998 multinational health policy survey and 1998 cross-national comparisons of health systems data will be released at a news briefing on the first morning, October 22. With these two projects providing an overall frame of reference to the discussion, the symposium itself will be structured around commissioned papers presented by leading scholars from each of the five countries, coupled with a policy perspective provided by the health minister from each country. The symposium is being organized in collaboration with *Health Affairs*, the leading U.S. health policy journal, and its editor, John Iglehart. Commissioned papers from the symposium will be published by *Health Affairs* in a special international issue.

As the keynote speaker, you could provide a valuable starting point for the discussions that will follow over the next two days, if you were to comment on the issues that you see as paramount in the current U.S. health policy debate, where we are going, and what you hope will be achieved during the next three years. Your views on what can be gained from looking internationally at the experiences of and approaches taken by other countries, with regard to health and any other social policy areas, would make an important contribution to the symposium's goals of fostering high level health policy exchanges between countries. As indicated on the enclosed agenda, we have allowed 30 minutes for your presentation.

As background, I am pleased to share with you the most recent annual report of The Commonwealth Fund, and the membership of the International Program in Health Policy coordinating committee, which is chaired by Uwe Reinhardt. Also enclosed are materials on the Harkness Fellowships in Health Care Policy, a core component of the Fund's international health policy program that provides the opportunity for promising researchers from the United Kingdom, Australia, and New Zealand to spend a year conducting a policy-oriented research study in the United States under the mentorship of a leading health policy expert.

Should you or your staff have any questions regarding the symposium, please do not hesitate to call Ms. Robin Osborn, Director of the International Program in Health Policy at The Commonwealth Fund (tel: 212 606-3809; email: ro@cmwf.org).

We hope that you will be able to join us for what promises to be both a highly relevant and substantive meeting, and unique opportunity to enrich and advance American health policy thinking.

Sincerely,

Karen Davis

cc: The Honorable Donna E. Shalala

Enclosures:

- Symposium Draft Agenda with attached Notes on Agenda, and *In Search of Value: An International Comparison of Cost, Access, and Outcomes* by Gerard Anderson.
- Coordinating Committee for the International Program in Health Policy
- Harkness Fellowships in Health Care Policy brochure
- Annual Report of The Commonwealth Fund

Great to see you at Blair House this week - hope you can do this!

THE COMMONWEALTH FUND
FIRST INTERNATIONAL SYMPOSIUM ON HEALTH CARE POLICY

"Costs, Quality, and Equity: Current Issues and Future Prospects"

The Carlton Hotel
Washington DC
October 21-23, 1998

DRAFT AGENDA 3/13/98

Wednesday, October 21	Reception and Dinner Blair House
6:30 p.m. - 7:15 p.m.	Reception
7:15 p.m. - 8:00 p.m.	Welcome and Opening Remarks *The Honorable Donna E. Shalala, Secretary of Health and Human Services* *Karen Davis, President of The Commonwealth Fund* Keynote Speaker *First Lady Hillary Rodham Clinton, invited* Introduced by Secretary Shalala
8:00 p.m. - 9:30 p.m.	Dinner
Thursday, October 22	
8:00 a.m. - 9:30 a.m.	Media Briefing Release of Findings on Multinational Health Policy Survey and Cross-National Comparisons of Health Systems Data
9:00 a.m. - 9:30 a.m.	Continental Breakfast
9:30 a.m. - 9:45 a.m.	Welcome and Introductory Remarks *John Iglehart* *Uwe Reinhardt*
9:45 a.m. - 10:15 a.m.	Multinational Health Policy Survey *Robert Blendon and Karen Donelan* and Common Issues, Problems, and Approaches: Cross-National Comparisons of Health Systems Data *Gerard Anderson* *John Iglehart*, moderator

10:15 a.m. - 11:45 a.m.	Current Issues and Future Prospects: A Policy Roundtable and Discussion *The Right Honorable Frank Dobson, Secretary of State, United Kingdom** *The Honorable Allen Rock, Minister of Health, Canada** *The Honorable Michael Wooldridge, Minister for Health** *and Family Services, Australia** *The Honorable Bill English, Minister of Health, New Zealand** *The Honorable Donna E. Shalala, Secretary of Health* *and Human Services, United States* *John Iglehart*, moderator
12:00 p.m. - 1:30 p.m.	Lunch
1:30 p.m. - 3:15 p.m.	**THE UNITED KINGDOM:** An Overview of Health Issues *Julian Le Grand* A Public Policy Perspective *The Right Honorable Frank Dobson, Secretary of State* Discussion *The Honorable Louis Sullivan*, moderator* **CANADA:** An Overview of Health Issues *David Naylor* A Public Policy Perspective *The Honorable Allen Rock, Minister of Health* Discussion *The Honorable Louis Sullivan*, moderator
3:15 p.m. - 3:45 p.m.	Coffee Break
3:45 pm - 5:30 pm	**AUSTRALIA:** An Overview of Health Issues *Jane Hall* A Public Policy Perspective *The Honorable Michael Wooldridge, Minister for Health* *and Family Services* Discussion Moderator, *to be named*

**invited*

	NEW ZEALAND: An Overview of Health Issues *Karen Poutasi* A Public Policy Perspective *The Honorable Bill English, Minister of Health* Discussion Moderator, *to be named*
7:30 p.m. - 9:30 p.m.	Dinner Dinner Speaker, *to be named*
Friday, October 23	
8:15 a.m. - 9:00 a.m.	Continental Breakfast
9:00 a.m. - 9:55 pm.	**UNITED STATES:** An Overview of Health Issues *Uwe Reinhardt* A Public Policy Perspective *The Honorable Donna E. Shalala, Secretary of Health and Human Services* Discussion *Gail Wilensky*, moderator
9:55 a.m. - 11:00 a.m.	Open Discussion *Gail Wilensky*, moderator
11:00 a.m. - 11:30 p.m.	Closing Remarks *John Evans**

**invited*

3/13/98

Notes Regarding Agenda

- The Fund's 1998 Multinational Health Policy Survey is the first in a series of annual surveys to be supported by The Commonwealth Fund. A representative sample of 1,000 persons will be interviewed in the United Kingdom, Canada, Australia, New Zealand, and the United States, respectively, about their attitudes towards their country's health care system, their experiences in obtaining, paying for and using health care services, and their response to recent changes in the health care system.

- The Fund's 1998 Cross-National Comparisons of Health Systems Data is part of an annual series that will analyze spending, availability and use of health services, and health outcomes for the 29 industrialized countries in the Organization for Economic Cooperation and Development, highlighting key differences in health care systems and performance. A reprint of the 1997 analysis, conducted by Gerard Anderson and published in the most recent issue of *Health Affairs* is attached.

- Commissioned Research Papers for the Conference

As a framework for the major country-specific papers, authors will briefly articulate the principles that underlie their systems, discuss the major changes that the systems have experienced in the last five years and then focus on the status of cost, quality and access/equity issues within the systems.

On costs, authors will be asked to discuss how each country (except the United States) has kept its health-care expenditures under 10 percent of the gross domestic product while maintaining universal coverage. Has this record been achieved by government-imposed, top-down controls and gate-keeping, or has resource allocation been left to market mechanisms? Whatever the mechanism, is it broadly acceptable to providers and the public and what does the future hold for its continued application?

With regard to quality, most systems are seeking ways to strengthen the science base of clinical medicine and, regardless of the different labels put on this pursuit (e.g. the development of clinical guidelines or evidence-based medicine), they all are seeking better value for their money. Authors will be asked to address what is the status of this search for improved quality? Is the search driven by government, the profession, the public or some combination of all three, and what are the incentives to improve outcomes?

Lastly, the papers will discuss the subject of access to care and its equity among the country's citizens. In particular, how accessible is the system in relation to the most vulnerable citizens? Do they use it as often as the average citizen? How does the socioeconomic status of a poor person influence his or her health status?

- Ministerial Responses

Ministers will be asked to prepare remarks that respond to the key points made about the health care system of his or her country, but no formal papers will be required.

INTERNATIONAL PROGRAM IN HEALTH POLICY

COORDINATING COMMITTEE

THE COMMONWEALTH FUND

Briefing Note

AN INTERNATIONAL COMPARISON OF HEALTH CARE COSTS, ACCESS, AND OUTCOMES

Karen Davis, President

November 1997

To order Fund publications, please call: 1-888-777-2744

For more information, please call:
MARY MAHON
Public Information Associate
TEL 212-606-3853
FAX 212-606-3500
E-MAIL
mm@cmwf.org

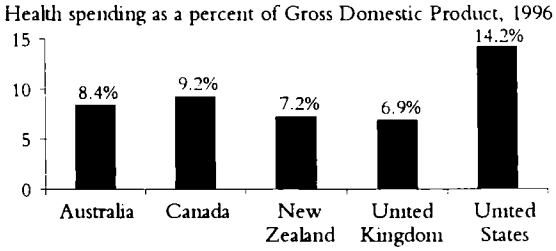
The United States spends more on health care and fares worse on health outcomes than most industrialized nations. Gerard Anderson, in his article "In Search of Value: An International Comparison of Cost, Access, and Outcomes," published in the November/December issue of *Health Affairs*, uses data from the Organization for Economic Cooperation and Development to compare the performance of the U.S. health care system with that of other industrialized countries.

Anderson, who is senior fellows' advisor for the Fund's International Program in Health Policy and a professor and director of the Center for Hospital Finance and Management at The Johns Hopkins University, writes that the United States spent the most on heath care of all the 29 industrialized countries in 1996 by a wide margin. Managed care and other initiatives, he notes, have been credited with slowing the rate of increased U.S. health care spending. Still, growth was more rapid than the rate in most other countries.

Among the factors he listed as being responsible for the higher level of spending and the higher growth rate in spending were an aging population, administrative costs, the spread of health insurance, increased incomes, a surplus of physicians, more defensive medicine, expensive care for the terminally ill, and new technology.

Among the industrialized countries, he points out that the United States made the lowest percentage of its population eligible for public insurance in 1995. Since 1960, Greece, Korea, and Mexico have surpassed the United States in health insurance coverage for their residents.

The United States spends more on health care than any other industrialized nation.



Source: Gerard F. Anderson, "In Search of Value: An International Comparison of Cost, Access, and Outcomes," *Health Affairs*, November/December 1997, p. 163.

Anderson concludes that while the United States appears to be comparable to the other G7 countries in terms of access to physicians, in-patient hospital services, and pharmaceuticals, it ranks frequently in the bottom quarter on health outcome indicators such as life expectancy and infant morality.

Facts and Figures

- The U.S. infant mortality rate in 1995 was 8 per 1,000 live births, ranking it 23rd out of 29 countries.
- The United States is tied with New Zealand in 20th place for life expectancy for women, and is 21st in terms of life expectancy for men.
- The average hospital stay for a normal delivery in the United States is 1.7 days; in Canada, 2.8 days; and in Japan, 6.5 days.

THE COMMONWEALTH FUND
ONE EAST 75TH STREET
NEW YORK, NY 10021.2692
TEL 212.535.0400
FAX 212.606.3500
E-MAIL cmwf@cmwf.org
http://www.cmwf.org

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

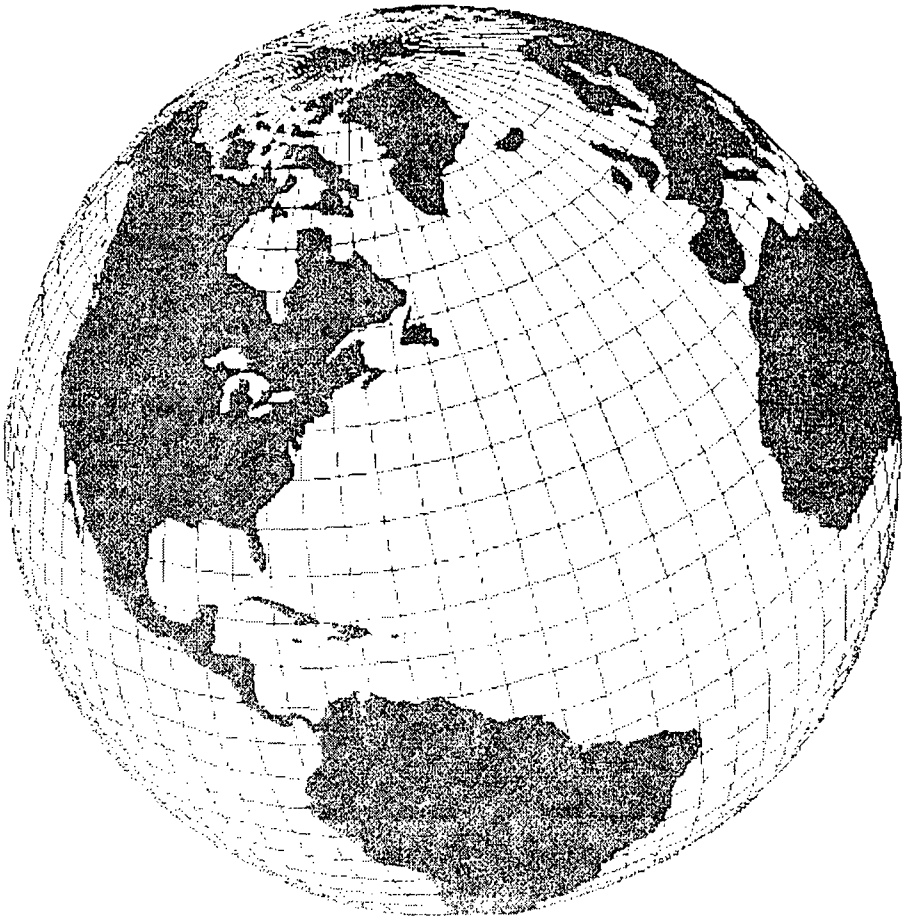
This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

THE COMMONWEALTH FUND

IN SEARCH OF VALUE: AN INTERNATIONAL COMPARISON OF COST, ACCESS, AND OUTCOMES

GERARD F. ANDERSON



Reprinted from *Health Affairs,* November/December 1997