

Health and Education  
Consortium members -- Carol Rocco

Health and Education  
Children's Health Fund -- Carol Kasso

EXECUTIVE OFFICE OF THE PRESIDENT

09-Jan-1995 07:30pm

TO: Jennifer L. Klein

FROM: Karen R. Guss  
Office of the First Lady

SUBJECT: Carol's speech

Remarks By Carol H. Rasco  
National Health/Education Consortium Members Meeting  
January 10, 1994

Thank you for that kind introduction. It is wonderful to address the members of all of the important organizations here today that have worked so effectively and diligently to serve our children better by coordinating the health and education services they receive.

A large part of what brings me such pleasure in being here is the fact that we on the White House Domestic Policy Council focus all our work toward the pursuit of a single premise, and that is this: Every child shall be empowered to develop to his or her full potential throughout life. And as all of you in this room know, if a child doesn't get a healthy start -- or can't see a doctor when her or she gets sick -- that child is going to be seriously disadvantaged. Likewise, you know that educated children and families are more likely to be healthy children and families. Without the work that you do, we wouldn't be able to do what we do . . . so on behalf of the President and his Administration, I want to thank you for all your efforts.

Children are our most precious natural resource. If we are truly serious about developing a stronger economy, increased competitiveness, and a life better than our parents and grandparents knew, then we in the United States do not have a single child to waste.

And yet the state in which millions of America's children are living in is grim. During my years as a classroom teacher and elementary counselor in the Arkansas Delta, I had children from homes with dirt floors and outhouses sitting beside children from affluent families and comfortable homes. Through my 20 years of parenting two children, through my more than 15 years working in government, the problems children face have persisted or gotten

worse. Teen pregnancy has risen dramatically, more children are

being born into poverty, drugs and guns have silently crept their way into schools and neighborhoods and playgrounds.

And if I were to point to the two things that trouble me most in all of this, they would be: first, an increasing poverty of spirit, particularly among our children; and second, the increasing tendency to deal with individuals, families and communities in a piecemeal fashion -- compartmentalizing different problems and trying to solve them in isolation rather than trying to nourish the whole.

That is why it is so gratifying for me to be able to be here today to speak with the members of an organization founded on the principle that children must be healthy to be educated and must

be educated in order to be healthy. As you recognize, it does no good to look at a child as a health problem and a learning problem and a substance abuse problem and a violence problem that need to be tackled piece by piece. Our nation's children are whole children -- and your organization has reflected that knowledge with great success.

And when you begin to look at the whole picture, the questions before us become quite straightforward: "What supports and opportunities need to be available to help children learn and grow and develop into all they can become?" and "What barriers stand in the way of allowing them to take full advantage of those opportunities?"

Of course, lack of access to needed health care is one such barrier, and many of you in this room joined with us in our attempt to remove that barrier once and for all by guaranteeing health security for all Americans. Our nation still faces the enormous problems of increasing health care costs and decreasing coverage. Today, nearly 40 million Americans -- including close to 10 million children -- have no health insurance. The fact that our health care system is among the world's finest is cold comfort to the families who are shut out of the system entirely -- or to the millions more who are just one pink slip or serious illness away from losing their coverage.

And without health care reform, other social reforms become much harder. I first worked on health reform with then-Governor Clinton years before he ever considered running for President as part of our work on the Family Support Act -- a welfare reform proposal. It became very clear to us early on that one of the biggest issues for women getting off welfare was transitional health benefits. If a woman ultimately got a job, but that job didn't give her or her kids any health coverage, it was hard to argue that going back to welfare wasn't a more attractive picture. As you all know there's a lot of interest in welfare reform on Capitol Hill right now, and those issues are bound to emerge.

So while we were of course disappointed that health care reform legislation did not pass last year, we are pleased that all of your and our efforts helped lay the groundwork for continuing discussion and meaningful change. Health care was not just an issue for 1994; it is an issue for the 90s, and there is every reason to believe that starting down the path to full coverage is a goal people from all parties share. The President remains firmly committed to providing insurance coverage for every American and containing health care costs for families, businesses, and federal, state, and local governments. He intends to work with the new Congress to take the first real steps toward achieving these goals. The President and his Administration will work for legislation that includes measures

to make coverage more affordable for working families and their children, to assure quality and efficiency in the Medicare and Medicaid programs, to address the unfairness in the insurance market, and to reduce the long-term federal deficit. We hope that we may count on the continued support of all of you as we work to achieve meaningful and lasting health care reform.

And I want you to know that for all the hoopla about the death of health care reform in the last Congress, much of what did get accomplished and much of what did come out of the health care debate has great implications for improving the health and welfare of America's children.

First -- thanks in large part to your efforts -- the health care debate increased the visibility of the issue of school health. Second, the national debate was a catalyst for health care reforms undertaken by individual states. And finally, it forged a solid and permanent partnership among the federal agencies involved in promoting the health and education of children -- a partnership that never before existed.

Nearly 48 million children attend elementary and high schools each day in the United States. As you well know, schools are on the front line. They have a major influence on our children's psychological, intellectual, and social growth. Schools in many communities have had to expand their role well beyond the "three Rs" and take on a variety of health and social service functions: providing health care and referrals, mental health counselling, nutrition services, and health education. Schools have had to coordinate their activities with child abuse, welfare, and juvenile justice agencies. One important achievement of the health care debate for school health is something you all participated in -- the increased recognition of these realities. Those who care about children and health now better understand the role of schools in the development of healthy children.

Next, in some states, the state-level reforms I mentioned have included exploring Medicaid's role in financing health services delivered in school-linked or school-based centers. The Clinton Administration's Interagency Committee on School Health is actively facilitating this process.

The Interagency Committee on School Health is an example of the third result of the health care debate -- the formation of new interagency partnerships to better serve our children. Another example is the National Coordinating Committee on School Health -- which includes representatives from the National Health/Education Consortium -- and its work to promote both interagency and public/private cooperation.

The new partnership between the Departments of Health and Human Services and Education is illustrated by the unprecedented Joint

Statement on School Health issued by the Secretaries of both Departments. The statement embraces the fundamental relationship between education and health. It acknowledges the role of school health programs in helping students develop the knowledge, attitudes and behaviors that they need to succeed in school. And the statement recognizes that schools must have the support of health care providers, communities, and families before they can fulfill their critical role in the preparation of our children for the future.

In addition, activity involving the link between education and health has taken place outside the health care debate. For example, the legislation that was passed under the Clinton Administration in the area of education addresses the health/education relationship. First, we passed sweeping national education reform legislation, the Goals 2000: Educate America Act, last spring. The first of Goals 2000's eight goals is to ensure that children arrive at school ready to learn. Another goal is safe, disciplined, and drug-free schools. Yet another is reducing the high school drop-out rate. The legislation recognizes that health, nutrition and physical exercise support learning. It recognizes the role of schools in providing health education and services and in preventing risk-taking behaviors. Goals 2000 supports state efforts to set high academic goals for our nation's students. It can be the framework for schools and communities to address those barriers to our children's well-being that may keep them from reaching these goals.

In addition, we reauthorized the Elementary and Secondary Education Act. One of the underlying principles of the reauthorization legislation is the idea that schools can't do it all alone. Teachers, parents, students, and the community need to work together. The new legislation encourages local school districts to consider how they will coordinate education with health and social services. It gives school districts the ability to use up to 5% of ESEA funds to support coordinated projects linking these services. Although no education funds may be diverted to provide non-education services, the ESEA provides the resources and flexibility needed to "glue" all of these services together. In this way, we may better serve the "whole child."

The reauthorization of the ESEA also strengthened the Drug-Free Schools Program, which is now the Safe and Drug-Free Schools Program. The Safe and Drug-Free Schools program recognizes that violence and substance abuse are often connected. Under the new program, local school districts will have the flexibility to approach these problems in a way that meets local needs. Such an approach might include peer mediation, substance abuse prevention, or work with community organizations.



In addition, Department of Education Secretary Richard Riley has led the Partnership for Family Involvement to encourage and support efforts by families to take a more active role in their children's education. This initiative recognizes that parental involvement will promote better health and better learning. The wisdom of this approach becomes more and more clear every day --for example, a study released in the September issue of Pediatrics demonstrated that children who spend a good deal of time with their parents are less likely than their peers to engage in certain self-destructive behaviors. And other research shows that children who have involved parents are more likely to succeed in school. Parents are a child's first teacher. It stands to reason that they can do a tremendous amount to bolster the efforts of all the teachers who come later.

So although health care legislation was not passed last year, it is clear that there has been progress for school-based and school-linked health and education initiatives -- and progress for the children they serve. I have been proud to be a part of the these and of all of the President's efforts to strengthen families, encourage the values that make them strong, and provide America's children a future filled with opportunity. Knowing that all of you in this audience share that same dream for our nation's children, I would like to touch on just a few more examples of what we are doing to try to make that dream a reality.

\* We have taken great strides to put our economic house in order -- reducing the deficit at a rate of nearly \$700 billion over 5 years. And over 5 million jobs have been created in the first 21 months of this Administration. And the President's economic plan also included a billion dollar program to provide an array of supportive services to at-risk families and children designed to help strengthen them and prevent child abuse and neglect.

\* We passed the Family and Medical Leave Act, reducing the stress on families by allowing workers to take a little time off to care for a sick child or parent without losing their jobs. Thanks to this law, American workers are no longer forced to choose between their jobs and their families in times of crisis.

\* We acted upon the importance of disease prevention for our nation's children by sponsoring and signing the comprehensive Child Immunization Initiative. We've put the WIC nutritional assistance program on a full-funding path so that all eligible children between the ages of one and four can be served. We've implemented quality improvements in HeadStart that moved this multi-faceted preschool education program into the 21st century. And we initiated the creation of a new program to serve disadvantaged infants and toddlers aged zero to three.

\* The President introduced the Work and Responsibility Act -- a

tough welfare reform proposal -- which included a national campaign against teen pregnancy, education and training opportunities for young mothers, and the toughest child support enforcement laws ever proposed.

\* And under President Clinton's leadership, the Brady Law and the Violent Crime Control and Law Enforcement Act, the products of more than six years of bipartisan efforts to take back our streets and increase the safety and security of American families, are finally the law of the land. In addition to imposing a waiting period for handgun purchases, adding 100,000 more police to our streets, stiffening penalties for criminals, better assisting victims of domestic violence, and banning military-style assault weapons, the crime bill also invests in important prevention programs aimed at providing kids with the opportunities that will deter them from lives of crime.

It is now a very challenging time for those of us in public life -- Republicans and Democrats alike. It is a time when public servants will have to search for the common ground that brings us together rather than retreat to the divided turf that just pulls us farther apart. It is a time to focus on this nation's future, and to work together to make it as bright and as prosperous as possible for every single American. The President and his Administration know, just as you do, that our children's future is our nation's future. So I want to applaud all of you for the work you've done on behalf of helping children to reach their full potential, and to pledge our continued commitment to joining you in your continuing efforts. Thank you.

The Honorable Lawton Chiles  
 Governor  
 The State of Florida  
 Co-Chairman

NATIONAL  
**HEALTH/EDUCATION**  
 CONSORTIUM

William S. Woodside  
 Chairman  
 Sky Chefs, Inc.  
 Co-Chairman

December 13, 1994

TO: Julie DeMeo (fax: 202/456-2878; phone: 456-2216)  
 FROM: Tamara Copeland *tc*  
 RE: January 10th Presentation by Carol Rasco

As promised, following is a copy of the agenda for the upcoming members' meeting of the National Health & Education Consortium (NHEC). The meeting will be held at the Radisson Barcelo, 2121 P Street, NW (202/293-3100). Carol's presentation should begin a little after 1:00 p.m. following Jack Jennings'. He is scheduled to begin at 12:45 p.m. and, like Carol, was asked to speak for twenty minutes. Will she be willing to respond to questions from the audience? Will Carol be able to join us for lunch? If so, how many staff will accompany her?

Many of our members are interested in learning what health care reform proposals will be put forth next year and in hearing Carol's perspective on how their respective associations may be able to work with the Administration. It would also be helpful to hear Carol's comments on the role of an organization such as NHEC (a membership association representing almost 60 professional membership associations from the health and education fields whose purpose is to bridge the two communities) in assisting and supporting the Administration in moving forward an interdisciplinary, collaborative efforts to address the nation's problems.

As soon as I get a definite number of attendees, I will advise you. Based on past participation, we should have representation from approximately 1/2 to 2/3 of our sixty members. If she would like to provide any materials for the group, please forward them to me a couple of days in advance.

Julie, I will call you in early January to see if you need any further information. I had sent a few of NHEC's publications to your office to give the speechwriter a sense of our work. Let me know if you need to have these sent again.

Would you please fax me whatever introductory remarks Carol would like made or a copy of her bio?

Thanks for your help.

Information following (1)

The Honorable Lawton Chiles  
 Governor  
 The State of Florida  
 Co-Chairman

**NATIONAL**  
**HEALTH/EDUCATION**  
**CONSORTIUM**

William S. Woodside  
 Chairman  
 Sky Chefs, Inc.  
 Co-Chairman

**NATIONAL HEALTH & EDUCATION CONSORTIUM**

Members' Meeting  
 January 10, 1994  
 Tentative Agenda

Radisson Barcelo  
 2121 P Street NW  
 Washington, DC

9:30 a.m.	Registration (refreshments will be provided)	Phillips Ballroom
10:00 a.m.	Welcome and Introductions	Tamara Copeland
10:15 a.m.	NHEC Update	Tamara Copeland
10:45 a.m.	The Elementary School-based Health Initiative Update	Bettina Hoerlin
11:00 a.m.	Working Session for Members -- Promoting Collaboration: NHEC's Role	
Noon	Lunch (will be provided)	
12:45 p.m.	Education Reform and Its Impact on the Collaboration Movement	
	<p style="text-align: center;">Jack Jennings (confirmed)            Director, Center on National            Education Policy            Institute for Educational Leadership</p> <p style="text-align: center;">Former General Counsel for Education            Committee on Education and Labor            U.S. House of Representatives</p>	
	<p style="text-align: center;">Health Care: The Future of Reform and            Collaboration in the 104th Congress</p> <p style="text-align: center;">Carol Rasco (confirmed)            Assistant to the President            for Domestic Policy</p>	
1:45 p.m.	Closing Remarks	Tamara Copeland
2:00 p.m.	Adjourn	

Carol H. Rasco  
Assistant to the President for Domestic Policy

Remarks Prepared for Delivery at the  
National Summit on Children and Families  
Washington, D.C.

April 2, 1993

Kathi  
Rana  
Dancia  
Paul  
Gee  
Bruce  
Michael  
Ira  
Ryan  
Shirley

It is wonderful to be here at this historic national summit on children and families. And it is inspiring to hear the stories of young people who are succeeding--with determination, personal responsibility, and help from those who care.

I wish that every child in America could tell such a story. But you and I know that they can't. Many children are thriving in our nation--but too many are not.

The statistics for our children and youth are grim. Educational attainment is stagnant--at best. Mental illness and suicide are up. Violent crime and homicide--way up. And today, child poverty stands at levels last seen a generation ago.

For most of that generation, families with children have faced a relentless economic squeeze. The real wages of workers with young children--even educated workers--have fallen dramatically during the past twenty years.

These are the facts, and it's time we stopped ignoring them. We must show that we have not forgotten how to care. We need a new direction for our country. It's time we adults put our children first.

That's one big reason why our country needs the President's bold new economic program of growth and jobs. It's why we need the President's bold plan for investing in children and their families. With the help of the Congress, we're going to get that program--and get it in record time.

But the problems our children face are not just economic. Too many American families are disintegrating, or never forming at all. We have the highest divorce rate in the Western world, and the highest rate of children born outside marriage. Today, 28 percent of our babies are born to unmarried parents. For African-Americans, it's more than 66 percent.

Does this matter? Here are some findings from a report out just this week: Of the children born to young unmarried mothers without high school diplomas, 79 percent are living in poverty. For children born to married high-school graduates, the figure is only 8 percent.

The message is clear: if you stay in school and get married before you have children, your kids are ten times less likely to be poor. A stable family setting is the best anti-poverty program our country has ever devised. That is the message we adults should be sending our young people, in every way we can.

For too long, these issues were mired in partisan gridlock. Some talked only about the economic squeeze on families and cuts in government programs; others talked only about the disintegration of families and the decline of American culture. It is time--high time--to put an end to the politics of false choices. We must move beyond cheerleading for family values, on the one hand, and on the other, the old big-government notion that there's a program for every social problem.

There is another way, a commonsense path that offers more opportunity to every family and demands more responsibility from every individual. As the President has said so eloquently: Family values alone cannot nourish a hungry child, and material security alone cannot provide a moral compass. We must have both.

That is the trail that the National Commission has blazed for our country. You have advanced an ambitious legislative agenda, which helped shape the President's budget proposals. You have crafted a new consensus on children and families that could put futile debates behind us. Most important, you have reminded us of basic principles essential values.

- o First: Every American child should have the opportunity to develop to his or her full potential.

- o Second: Government doesn't raise children, parents do. Government can reinforce the vital work of parents, but it can't substitute for them. The family is--and must remain--society's primary institution for bringing children into the world and for supporting their growth throughout childhood.

- o Third: Children do best when they have the personal involvement and material support of a father and a mother and when both parents fulfill their responsibility to be loving providers.

These are the principles and values that guide us all. Now let me tell you what the President is doing to turn them into reality.

To begin with, he is rewarding work and family. Today, millions of Americans work full-time but don't make enough to lift their families out of poverty. That's wrong. No one who works full-time and has children at home should be poor in America. And that's why the President has proposed a dramatic

increase in the Earned Income Tax Credit.

At the same time, Bill Clinton is moving aggressively to relax the tension between work and family. He's proud that the first piece of legislation he signed was the Family and Medical Leave Act, twice vetoed by George Bush. And the administration is actively exploring other ways of making America's workplaces--including the federal government--much more family friendly.

Second, he is protecting the health of children and families, by fully funding the WIC program, by investing in childhood immunization, and by committing his administration to fundamental reform of our nation's health care system.

As you all know, we're working night and day to ensure that every American has access to quality health care at affordable prices. Next month, we're going to propose a comprehensive new health care plan. And during this Congress we're going to fulfill the dream of every Democratic president since Harry Truman and make health insurance a reality for all.

Third, the President is promoting the development of young children with the biggest expansion of Head Start ever. But the administration is not just going to make Head Start bigger; we're going to make it better. We're going to improve quality, increase flexibility, and better link the program to other child development efforts.

Fourth, the President is proposing fundamental change in public education. As governor, Bill Clinton helped draft the national education goals and bring them to the center of public debate. As president, he'll bring those goals to the center of education reform.

Bill Clinton is going to put an end to business as usual in American education. That means new initiatives with real incentives to states for systemic reform. It means a total reexamination of existing programs--such as Chapter 1--to ensure that every child has a fair chance to acquire high-level skills and make it in the economy of the 21st century. It means unprecedented emphasis on systematic, high-quality school-to-work programs. It means an expanded safe schools initiative because fearful kids can't possibly learn well. And yes, it means more choice for parents and students within our public school system.

Fifth, the President will deliver fundamental reform of our welfare system. He helped draft the Family Support Act of 1988, and he made it work in Arkansas. Now he has asked us to develop a plan to end welfare as we now know it. People don't want permanent dependency, they want the dignity of work, and we should give everyone the chance to have that kind of dignity. It's just common sense: more opportunity in exchange for more

responsibility.

The President's responsibility agenda doesn't end there. He's going to get tough on child support enforcement. That means establishing paternity right at the start, in the hospital; setting up a national registry; and using the IRS to collect seriously delinquent child support payments.

The principle is simple: if you are biologically responsible for a child, then you are morally and financially responsible as well. And that's why we have to get the message to our youth in schools, in the media, in every way we can: it's just plain wrong for children to have children, because you are assuming a responsibility that you aren't ready to fulfill.

The President wants to put government squarely on the side of keeping families together whenever possible. He wants us to do more for families at risk, especially at risk of foster care placement. He knows that constant shifting from one short-term foster home placement to another is an emotional disaster for kids; that in all but the most extreme cases, it's better for kids to be with their parents.

That why, last month he directed us to draft a new child welfare initiative combining family support and family preservation services--building on the work of Senator Rockefeller and Congressman Matsui and Congresswoman Schroeder and others. And believe me, we're going to deliver that initiative--to him, to our kids, and to the country.

I applaud the Commission for recognizing that families don't operate in a vacuum, but in neighborhoods, in communities, and in a climate of culture and values. We must do whatever we can to assist parents in educating their kids and teaching them right from wrong.

As every parent knows, in modern America that effort begins with the media. Three years ago, the Congress passed the Children's Television Act. And for three years, the Act was ignored. The same kinds of folks who informed us that ketchup is a vegetable were happy to certify GI Joe as an educational television program.

Well, the previous administration's FCC wouldn't enforce the bill--but ours will. By law, broadcasters who want to keep on operating must demonstrate their commitment to the educational needs of children. We're going to hold them to that. And while they're at it, it wouldn't hurt if they cut out the gratuitous sex and violence either.



I've talked about what the President has done and what he wants to do. We've begun to shift course. But this is just the beginning. We must have the courage to change--to recognize mistakes, to abandon what doesn't work, to challenge ourselves to do better. In short, we adults have some growing up to do.

I know that many of you in this room are tired after the last twelve years. Without you, many of the programs that serve children and families would have been gutted. They weren't, and you've earned a rest.

But we're asking you to go another round. The President can't pass or fund his initiatives alone. He can't break the gridlock alone. He still needs your help, and so do America's children.

For the first time in a long time, your efforts will be supported--not rebuffed--by the executive branch of this government. The details remain to be worked out. But for sure, there will be an ongoing, high-level focus on children and families, cutting across agency, departmental, and programmatic lines, coordinated by the White House, responsible not to any single constituency but to the national interest and directly to the President of the United States.

Concern for our children must start at the top--but it can't end there. We must empower parents, neighborhoods, communities and voluntary organizations across this great nation to do what our children need. The President can take the lead--but only you can complete the task.

At last, a new day is dawning for America's children and their families. We will work together with you. We won't always succeed, and we won't always be able to do everything that you--and we--would want.

But I can promise you this: we will never relent in our effort to give every child a chance to develop--fully. Because at the end of Bill Clinton's second term, at the dawn of the third millenium, I want to be able to say to Hamp Rasco and Mary Margaret Rasco and to all the children of America, with a clear conscience and a full heart: We did our best. And I want all of you at this summit to join me in being able to look at one another and say: We did our best.

Thank you very much.

Health Rad/O address  
POTUS 6/11/94

6/11/94

To: List  
From: David Kusnet (6-5705)  
Re: Draft for Saturday radio speech

Here's the revised second draft for the Saturday radio speech.

Please let me know if it is OK or if changes are needed.

List:

Don Baer  
Bob Boorstin  
David Dreyer  
Mark Gearan ✓  
David Gergen  
Pat Griffin  
Christine Heenan  
Dwight Holton  
Harold Ickes  
Greg Lawler  
Laura Quinn  
Bruce Reed  
Nancy Soderberg  
George Stephanopoulos

**The President of the United States  
Radio Address to the Nation  
June 11, 1994**

Good morning.

For me, and for many of you, last week was a time of remembrance and rededication. As we marked the 50th anniversary of D-Day, a grateful nation honored the generation of heroes who fought and won World War II and built fifty years of freedom.

I had the privilege of representing our country at ceremonies honoring all those who liberated Europe. It was an experience I will never forget, and I came home with a renewed sense of commitment to the work we must do in our own time.

The generation of heroes whom we honored last week never lost faith in the promise we call America. They worked their way out of the Great Depression, defeated fascism on three continents, and built a half century of prosperity for their children and grandchildren. With the history they made, they proved what a great democracy can accomplish when we work together for a great purpose.

Yet today, too many have lost that faith. After years of deadlock and division, too many doubt that our democratic process can change our lives for the better.

Yes, democracy can be imperfect; its workings can be untidy; and its pace can be frustratingly slow. But -- unlike any other system of government -- it allows the people's wisdom to prevail. And, ultimately, something good and decent gets done.

This morning, I want to tell you about something important that is being accomplished. For weeks, we've been told that health care reform is dead. But the truth is our nation is closer than ever before to achieving a goal that President Truman set after World War II: real health security for every family.

Last week, for the first time in history, Congress took several giant steps toward a bill that answers the call of history and provides guaranteed private insurance for every American. Senator Kennedy's Labor and Human Resources Committee approved a bill providing guaranteed private insurance for every family. And the Senate Finance Committee is moving forward under the leadership of Chairman Moynihan, who is also committed to achieving universal coverage.

Meanwhile, other Congressional committees are continuing their important work. And soon the House and Senate will debate

and decide on a bill that will make our families' anxieties about health care a thing of the past.

This isn't just about the uninsured, although their numbers are growing. This is also about tens of millions of Americans -- most of them hardworking middle class people -- who live with the uncertainty of never knowing whether their health care will be there when they need it. The only way they will be secure is when every American knows that -- whether they lose their job, change jobs, move their home, get sick, get injured, or just grow old -- their health care will be there no matter what.

Others urge half measures and quick fixes. They say they're reforming the health care system, but they fail to provide every American with the ironclad guarantee that they will have private health insurance that can never be taken away.

Health care reform just isn't the real thing unless middle class working people are guaranteed coverage. And, after at least 50 years of delay, the American people deserve the real thing.

I'll tell you why I'm fighting so hard for real health care reform. Every day, Hillary and I hear about hardworking Americans whose lives are being torn apart by uncertainties about their health care.

People like Jim Bryant, who told the Boston Globe he works 70 hours a week but has no health insurance for his family. He wonders if it's fair that he misses his son's soccer games to go to his Saturday job while people who must depend on welfare have health benefits. In a moment of frustration, he even suggested to his wife that they might be better off if they broke up, so that she and their sons could get benefits that working families like theirs can't afford.

This isn't right. No one who works should have to go on welfare to get health insurance. And everyone on welfare should have the opportunity to go to work without losing their health coverage.

It's families like the Bryants who will get no help at all from half measures, quick fixes, and bandaid style reforms. For the sake of these hardworking families, let's leave no one out. Let's cover everyone. Let's get the job done this year.

In the weeks ahead, you will hear from special interests who prefer the deadlock of our political system to the reform of our health care system. But, if you keep faith with democracy and make your voices heard, the national interest will prevail over the narrow interests. I feel profoundly confident that we can succeed.

Helen Keller once said that "The world is moved along, not only by the mighty shoves of its heroes, but also by the aggregate of the tiny pushes of each honest worker." Americans from every part of the country and every walk of life have called for fundamental health care reform this year. And the steps that Congress took last week prove that the voice of the people is being heard.

I urge you to tell your elected representatives that we need to do this, do it right, and do it this year.

Thank you for listening.

Remarks By Carol H. Rasco  
Children's Health Fund Annual Awards Dinner  
December 6, 1994

Thank you, Senator Daschle, and congratulations on being chosen to lead the Democrats in the Senate. I know that the cause we're all here to celebrate tonight -- the cause of children -- will be advanced under your leadership.

I'm very happy to be here to honor the Children's Health Fund and the important people who have helped make the fund such a success. I personally feel a bit overwhelmed addressing this group....as I look out into this audience and behind me on this stage, I see some of the most talented performers and the most respected public officials in this country. I see the faces of people who have taught me a great deal about public policy and about children, either through their writing or teaching or through their example. I feel like it's Oscar Night meets Capitol Hill.

I come before you at what is a very challenging time for those of us in public life -- Republicans and Democrats alike. It is a time when public servants will have to search for the common ground that brings us together rather than retreat to the divided turf that just pulls us farther apart. It is a time to focus on this nation's future, and to work together to make it as bright and as prosperous as possible for every single American.

The Children's Health Fund has served as a shining example of this spirit of cooperation, drawing from diverse groups and engaging all sides in the name of helping raise healthier children.

The White House Domestic Policy Council focuses all their work toward the pursuit of a single premise, and that is this: **Every child shall be empowered to develop to his/her full potential throughout life.** And as all of you in this room know, if a child doesn't get a healthy start -- or can't see a doctor when he or she gets sick -- that child is going to be seriously disadvantaged. Without the work that you do, we wouldn't be able to do what we do...so on behalf of the President and his Administration, I want to thank you for all your efforts.

And while I know we are here tonight to honor Steven Green and David Bethune, I can't let this opportunity pass without taking a moment to recognize Dr. Irwin Redlener. Irwin has been a tireless advocate for the health needs of children, and has walked the halls of Congress and pounded on our door at the White House to speak up for those too young or too sick to speak for themselves. There is a growing recognition that we must work toward creating a health care safety net for America's children, and that is due in no small part of the work of Dr. Redlener.

Dr. Redlener and I share important roots -- we both learned about the plight of medically underserved children in the heart of the Arkansas Delta. Dr. Redlener served there as a young pediatrician after medical school, and I grew up the daughter of a pharmacist in rural Arkansas. Years later, when I went to work for Bill Clinton in the Governor's office and we set out to improve health care for children in our state, we found that much of the groundwork had been laid by Irwin and his dedicated team.

But as the generosity and hard work of people like Steven Green and David Bethune demonstrates, you don't have to be a pediatrician to respond to the needs of children. Children are our most precious natural resource: they are, quite literally, our nation's future. If we are truly serious about developing a stronger economy, an increased competitiveness, and a life better than our parents and grandparents knew, than we in the United States do not have a single child to waste.

And yet the state in which millions of America's children are living is grim. During my years as a classroom teacher and elementary counselor, I had children from homes with dirt floors and outhouses sitting beside children from affluent families and comfortable homes. Through my 20 years of parenting two children, through my more than 15 years working in government, the problems children face have persisted or gotten worse. Teen pregnancy has risen dramatically, more children are being born into poverty, drugs and guns have silently crept their way into schools and neighborhoods and playgrounds.

And if I were to point out to the two things that trouble me most in all of this, they would be: first, an increasing poverty of spirit, particularly among our children; and second, the increasing tendency to deal with individuals, families, and communities in a piecemeal fashion -- compartmentalizing different problems and trying to solve them in isolation rather than trying to nourish the whole.

It is gratifying for me to be able to join in honoring an organization and its members who know, by their experience in the trenches, that it does us no good to look at a child simply as the fractured arm in examining room three, or as Medicaid recipient number 3,674, or as the oldest son of public housing applicant fifty-four. They are children -- whole children -- and your organization has reflected that knowledge with great success.

And when you begin to look at the whole picture, however, the questions before us become quite simple: "What supports and opportunities need to be available to help children learn and grow and develop into all they can become?" and "What barriers stand in the way of allowing them to take full advantage of those opportunities?"



Of course, lack of access to needed health care is one such barrier, and many of you in this room joined with us in our attempt to remove that barrier once and for all by guaranteeing all Americans at least a basic package of health benefits. And while we were of course disappointed that meaningful health reform did not take place this year, the efforts on behalf of health reform helped lay the groundwork for gradual policy changes that will move us ever closer to that goal. Health care was not just an issue for 1994; it is an issue for the 90s, and there is every reason to believe that starting down the path to full coverage for all Americans is a goal people from all parties share.

Because without health reform, other social reforms become much harder. I first worked on health reform with then-Governor Clinton years before he ever considered running for President as part of our work on the Family Support Act -- a welfare reform proposal. It became very clear to us that one of the biggest issues for women getting off of welfare was transitional health benefits. And then if they ultimately got a job that didn't give them or their kids any health coverage, it was hard to argue that going back to welfare wasn't a more attractive picture. AS you all know there's a lot of interest in welfare reform on Capitol Hill right now, and these issues are bound to emerge.

And I want you to know that for all the fanfare that surrounded the health care debate in the Congress, much of what did get done last session has great implications for improving the health and welfare of America's children.

I have been proud to be part of the President's efforts to strengthen families, encourage the values that keep them strong, and provide America's children a future filled with opportunity. Knowing that all of you in this audience share that same dream for our nation's children, I would like to take this opportunity to remind you of what we are doing to try to make that dream a reality.

\* We have begun to put our economic house in order -- reducing the deficit at a rate of nearly \$700 billion over 5 years. And over 4.6 million jobs have been created in the first 20 months of this Administration. And the President's economic plan also included a program to support at-risk families in the area of literacy, childhood education, child abuse prevention and other support services

\* We passed the Family Leave Law which guarantees that American workers are no longer forced to choose between their jobs and their families in times of crisis.. The Family and Medical Leave law allows workers to take a little time off to care for a child or a parent without losing their job.

\* We acted upon the importance of disease prevention for our nation's children by sponsoring and signing the comprehensive

Child Immunization Plan. And we've dramatically increased the numbers of children and pregnant women served by the WIC program, providing better nutritional assistance to an additional two million children. And we've dramatically increased HeadStart funding to allow almost 800,000 children to participate in this pre-school education program next year.

\* The President introduced the Work and Responsibility Act -- a tough welfare reform proposal -- which included a national campaign against teen pregnancy, education and training opportunities for young mothers, and the toughest child support enforcement laws ever proposed.

\* And under President Clinton's leadership, the Brady Law and the Violent Crime Control and Law Enforcement Act, the products of more than six years of bi-partisan efforts to take back our streets and increase the safety and security of American families, are finally the law of the land. In addition to imposing a waiting period for handgun purchases, adding 100,000 more police to our streets, stiffening penalties for criminals, and banning military-style assault weapons, the crime bill also invests in important prevention programs aimed at providing kids with the opportunities that will deter them from lives of crime.

\* In the area of education, the Goals 2000: Educate America Act sets national educational goals and gives resources to states and communities to implement comprehensive education reforms. The college loan program was reformed and AmeriCorps was created, giving young Americans more and different opportunities to further their education while serving their community.

Helen Keller once said that "The world is moved along, not only by the mighty shoves of its heroes, but also by the aggregate of the tiny pushes of each honest worker." At the Children's Health Fund, as in life, the heroes are workers and the workers are heroes, and I want to salute all of you and the work you've done on behalf of children, and to pledge that we join you in your efforts to provide all American children with the health care they need. Thank you.

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REMARKS BY THE FIRST LADY  
TO CATHOLIC HEALTH ASSOCIATION

MRS. CLINTON: (In progress) Millions of other Americans are gripped by fear that at any time they could lose their benefits. And every year, two million Americans do lose them. They may lose them for a month or two or six months or a year before they find a way back on some insurance roll. And they usually pay a lot more to be insured again. Still, every month, 100,000 Americans fall off the health insurance rolls. Others stay in jobs that they want to leave because they can't take the risk of being uninsured. And many families find they can't get coverage for the very problem they need care for, because that illness is stamped a "preexisting condition."

Americans who work for a living, who pay the bills and take care of raising their families should not be burdened by the insecurity of not knowing whether they will have health insurance. Security is what this health care debate is all about.

Once the new health care plan is up and running, everyone will get a health security card which will guarantee all Americans access to a comprehensive package of benefits, no matter where they work, where they live, and whether or not they've ever been sick before. Security, no matter what, is the first condition.

Second, we're going to work together to make sure that health care costs are brought under control. You see every day what happens when health care is priced out of the reach of many Americans. It forces you to absorb more red ink, and many other segments of the health care system to shift costs, and all of us bear the burden. Left unchecked, health care costs will continue to hurt our families, bankrupt businesses, and drive the federal deficit to ever greater heights.

Our reforms will rein in health care costs through several measures. We will strip away the incentives from rewarding doctors who do more tests and procedures, and instead will create a system that encourages cost-effective, high quality care where a doctor and a patient can again be at the center of the relationship and where decisions can be made not on how something will be reimbursed, but what a doctor believes is best for a patient. We will reduce the bureaucracy and micromanagement that bloats our health care system and that so many of you have complained about because it adds unnecessary costs.

Finally, we will say to all health care institutions and providers, just as you recommended in your proposal, we must live within a budget, and we must reallocate our health care resources within that budget away from paperwork, administration, insurance costs, into what matters most, caring for people. We're going to ask everybody -- workers, employers, providers, doctors, nurses, hospitals -- to chip in and do their part for health care. And to the drug companies that charge two and three times in America what they charge overseas, we're going to say, bring your prices down. It's only fair.

I can remember so well sitting in the St. Vincent's waiting area and talking with a friend of mine who's a physician there who told me that every day he discharges somebody from the hospital who needs continuing prescription medication to stabilize a condition. And every day there is at least one patient whom he knows cannot afford the drugs he prescribes. And so what often happens is that patient decides not to take those expensive drugs, or to self-medicate. Instead of the four a day required, maybe only one to stretch them a little further. And, sure enough, it's not too long before that patient ends up back in the hospital, costing all of us even more.

To the businesses who don't cover their workers today, yet take advantage of your hospitals and, therefore, drive up the costs for the businesses who do cover their workers, we're going to say it's time for everyone in America to take responsibility. It's only fair that we all pay our fair share.

To the individuals who think they can get by without coverage and have that terrible accident or that unpredicted illness and end up in the

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emergency room or in the ICU and, therefore, we all pay the bill, we're going to say, you, too, must do your part. If you can afford it, or whatever you can afford, you must contribute. It's only fair. We will all benefit if we all take responsibility for our health and for each other.

Third, our reform will reduce the waste that eats up our health care dollars now -- and so much of your time. Another key component of reform will be a wholesale reduction in the frustrating and wasteful paperwork that eats up the health care system. You all know very well what the load is like, and when you look at the number of rules, the volumes of regulations, the stacks upon stacks of forms, you have to ask yourself, where did all this bureaucracy come from?

The short answer is it comes from everywhere. It comes from private insurers, it comes from government. Forms were created to make sure that the most vulnerable people were getting proper care. Then more forms were created to make sure doctors and hospitals didn't perform unnecessary tests and procedures. Then the insurance companies have their own sets of rules for doctors and nurses to follow, so they create their own forms. And as the number of health insurance companies grew -- today there are more than 1,500 -- so did the number of forms. The result: Instead of a system where forms enforce the rules, we have a system ruled by the forms.

Patients don't know how to read their bills or make sense of their insurance policies, and worry they'll be left hanging because they didn't understand the fine print. Doctors and nurses, especially nurses, spend as much time dotting Is and crossing Ts as they do taking temperatures and carrying for patients. One of the nurses I spoke with told us she entered nursing because she wanted to care for people. She said that if she had wanted to be an accountant, she would have gone to work for an accounting firm.

And for every new doctor and average hospital hires it hires four new administrators. It's a bad case of the tail wagging the dog. And we're going to take that administrative mess we now have and clean it up for you and for everyone. We'll see a health care system that is made easy. One insurance form for everybody. A quality check form -- no hidden fine print. And we're going to reduce the paperwork and streamline the regulations. Doctors and nurses will be able finally to do what they were trained to do. At the same time, we will maintain and enhance the quality of American health care by measuring quality based on results, not based on micromanagement and forms.

*long-term* \*  
Fourth, this reform will make a serious start at addressing the growing long-term care problems our country faces. Now, many will argue we should put off consideration of this issue. While it would be too costly to try to meet all of America's long-term care needs at once, it would be irresponsible for us not to make a start, to try to get ahead of the aging curve. Today there are too few options for people hoping to stay at home and out of institutions, and too little help for families doing their best to care for ailing relatives. Individuals and their families, as you know, are often bankrupted by the cost of long-term care, or at least forced to spend themselves into poverty and turn their backs on their older relatives. They can't get help until they have almost nothing left.

The system is complex and disjointed and it fragments the care people receive. If the long-term care system is left unchanged all that will only get worse.

Most of you know Monsignor Charles Fahey. Monsignor Fahey served on our working group on ethics, the group charged with making sure that the system we develop is driven by fundamental values, shared responsibilities, social justice. Monsignor Fahey has confronted the fragmentation and backward incentives of our long-term care system firsthand. He took a month off this year to care for both his parents, seriously ill, in order to keep them out of a hospital or a nursing home. As he struggled to nurse his parents back to health in ways that met their needs and maintained their dignity, he took on a system that looked at the moving parts but never at the whole person. As the Monsignor put it, "We've got a system that cares for the eye or the foot or the nose, but never for Charlie or Elizabeth."

Our reform will reverse the incentives and expand the options for care at home and improve coordination of services. Another example from my visit to St. Agnes: That hospital, as many of you does, runs an adult day care center. And what they found is that they couldn't get reimbursed on even a sliding scale to help keep their patients and their families from the neighborhood at home. And so what often happened is that, although nursing home care was so much more expensive, the \$35 a day for adult day care in a hospital setting was beyond the

financial reach of so many families that they went ahead, met the Medicaid requirements and, very regretfully, put their relative in a nursing home.

It wasn't the choice they wanted and it cost us more money. How much more sensible we will be if the St. Agneses and the St. Vincents and the other hospitals in your association are able to reach out and help families make this connection to be able to serve their older relatives.

We'll make a serious start on improving long-term care coverage for the elderly and disabled Americans by expanding home and community-based care. People with severe disabilities will have access to a broad array of services, coordinated by a case manager, tailored to individual needs. By expanding the availability of home and community-based care, we will give seniors and disabled citizens who can't manage on their own the opportunity to remain in their community for as long as possible.

Lastly, we will improve the availability of health care in the areas that have been traditionally underserved -- rural communities, urban centers and other parts of the country where a health care card alone will mean little to people unless we guarantee that services will be there for them.

Americans everywhere need to know there will be a doctor and a health facility available to them. This is a problem that the Catholic Health Association knows very well because your members have helped to address the problem in many rural and urban poor areas. I am especially proud that one work of the Catholic health care providers in Arkansas was recognized this year, and I'm speaking about the wonderful work in caring for the needy by the St. Elizabeth Health Center in Gould, Arkansas, which serves a community that other health care providers have abandoned.

For the 1,500 residents of a community like Gould out in the country, the nearest doctor was out of reach. Many people didn't have transportation and couldn't reach even the facilities 18 miles away. But about three years ago St. Elizabeth's set itself up in an old police station and it's been filling the critical health void in that community ever since.

The President's plan will bolster these efforts by targeting funds for areas that are now underserved. And the plan will strengthen the health care infrastructure in these areas by linking community based centers to other hospitals and providers and will provide incentives for the national health service corps and other programs to encourage doctors to practice in remote parts of our country.

This plan will make sure that all America is cared for, just as you've recommended, with integrated delivery networks where all of our providers, doctors and nurses and others will be connected up to give care in areas that traditionally have been overlooked. We've gotten away from that. We've watched bureaucracies and paperwork and red tape distance us from the human caring that needs to be at the root of any health care system.

We can't wave a magic wand and reverse time, but we can try to reconnect. I know that CHA members try every day to inject that extra bit of humanity and caring into the system. That's the kind of effort that can make all the difference at those moments when we find ourselves, as I have, dependent on each other.

This is what I hope: that in a few years we will not only have a streamlined more efficient system, that we will not only have a better distribution of health care professionals and have more primary and preventive health care physicians and nurse practitioners and physician's assistants, that we will not only have better access, but we'll feel better about ourselves and about each other. We won't just be healthier, although that's a tremendous goal in itself, but we'll all be part of a community of caring again.

Thank you very much for being part of that community now, for thinking hard about how we can expand it to every American, and by standing behind the reforms that need to be made. Thank you all again.

Q (Questions were not recorded over phone link.)

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

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are attempting to set up to having accountable health plans that will be providing the benefit packages to citizens.

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

Q

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

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

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

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

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

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

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

Thank you all very much.

END

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F16405 -- Iris Cantor  
Humanitarian Award



**FIRST LADY HILLARY RODHAM CLINTON  
REMARKS TO THE IRIS CANTOR CENTER HUMANITARIAN AWARD LUNCHEON  
LOS ANGELES, CALIFORNIA  
JULY 19, 1993**

**DRAFT**

Good afternoon.

It is a privilege to be here with you today to accept the Iris Cantor Center Humanitarian Award. This award has special meaning for me because it represents a goal that we all share -- promoting better health care for all Americans, and particularly for a segment of the population whose health problems are too often ignored: women.

Let me also say that I am especially honored to receive an award that has Iris Cantor's name attached to it. I can scarcely think of anyone who has done more for her community, more for women, than Iris Cantor. In fact, I sometimes wonder if any worthy enterprise has escaped her reach!

As a champion of the arts, as a champion of education, as a champion of breast cancer research and treatment, Iris Cantor epitomizes a brand of selfless generosity and civic spirit that is much too rare today. Day in and day out, she reminds us of what it means to help others. Of what it means to give of oneself. Of what it means to be a good citizen.

Iris Cantor is certainly a model for me, and I hope for all Americans. And I assure you that in accepting this award, I am inspired to try to live up to her example, particularly as we revamp our nation's health care system in the months ahead.

Iris Cantor founded the Center for Breast Imaging at UCLA five years ago, and it has been exciting to learn more about the work being done there:

The evaluations and mammography screenings given to 700 women each month. The pioneering work of Dr. Bassett, Dr. [Nanette] DeBruhl, and Dr. [Marie] McCombs on the use of core biopsies, rather than surgical biopsies, to investigate abnormalities detected on mammograms. The research into silicone implant leakage. The education of physicians through books published by the center and through a special one-year fellowship. The outreach programs for underserved women throughout Los Angeles. And finally, the rigorous standards the center has set for quality mammography in the United States.

Truly, the Iris Cantor Center is a testament to the promise and rewards of new approaches to medical treatment, particularly

preventive care. And we all know that preventive care is crucial to improving the health and well-being of women in this country.

You, who support the center, should be applauded for your contributions. Your generosity has saved lives -- and opened up new options for women beset with one of the most pervasive and frightening diseases in our history.

But even with your efforts, the need to find the cause of and cure for breast cancer -- and other diseases that primarily endanger women -- remains <sup>great.</sup> ~~pressing~~.

For too long, the conventional wisdom has been that women's health problems are no different from men's. After all, women live longer than men. So, they must be healthier, right?

Wrong.

American women in general suffer from disproportionately poorer health than American men. They may have a biological advantage when it comes to life expectancy, but they don't have a medical advantage when it comes to funding, research, and treatment of the illnesses that burden them most.

Just last week [July 14], one of the most comprehensive surveys ever completed on women's health was released. It showed that 40 percent of women experience "severe depression" during their lives. It showed that women are too often victims of sexual, physical and verbal abuse. It showed that women are generally poorer than men, and thus less likely to receive needed medical care.

What this study confirmed is that too often, those bonus years when women outlive men are not really bonus years. They are lonely days and nights clouded by needless infirmity and inadequate care.

Sadly, even in 1993, women grow older with few clues about the health problems they face. Breast cancer is but one example. We don't know what causes it. We don't know how to prevent it. We don't know how to cure it.

We have technology sophisticated enough to detect missiles thousands of miles away . . . but we don't have technology sophisticated enough to detect ~~all of the smallest~~, fatal lumps in women's breasts.

Every three minutes a woman is diagnosed with breast cancer. Every 12 minutes a woman dies from it. And that means too many women are suffering and perishing from a disease that we should be able to beat!

*If no illustration of what women face if cancer is the real story.*

*True?*

Today, 2.6 million women have breast cancer, and the rate is going up. Just 30 years ago, a woman's chances of being diagnosed were 1 in 20. Today, the chances are 1 in 8. Of the 186,000 who will be diagnosed this year, only about 30 percent will come from a high-risk category.

Equally ominous, breast cancer mortality rates refuse to decline. Last year, 46,000 women died of breast cancer. And while African-American women are less likely to get the disease, their death rate is higher if they do. That is a very disturbing statistic, and one that our health care system must address.

*Life threatening disease doesn't discriminate in choosing their victims*  
We all know how indiscriminate breast cancer can be. So indiscriminate that being famous -- like former First Ladies Betty Ford and Nancy Reagan, actresses Julie Harris and Kate Jackson, journalists Gloria Steinem, Linda Ellerbee and Betty Rollin -- does not protect you from it. So indiscriminate that one's socio-economic station in life does not guard against it.

We all have friends or relatives who have been diagnosed with breast cancer, perhaps even died of it. My own mother-in-law was diagnosed in 1990.

At the White House, I receive letter after letter from women whose lives have been shaken by breast cancer. Women like Chris Carpenter of Alabama, an employee of the Social Security Administration, who has battled the disease vainly for three years. Now her friends are trying to raise \$170,000 for a bone marrow transplant that is not covered by her insurance.

And I've heard from women like Dolores Engelhardt of San Antonio, who was diagnosed in 1989. In the intervening four years, she has undergone six months of chemotherapy, a mastectomy, more chemotherapy, 26 radiation treatments, and a variety of experimental drug therapies. Now her doctors are contemplating a bone marrow transplant.

For Chris Carpenter and Dolores Engelhardt, the issue is not just life or death, not just whether they will lose a breast, not just how they will care for their families and loved ones. But who will pay for their escalating medical bills.

*on top of that*

For the past 30 years, the treatment for breast cancer did not appreciably change. And even with new approaches underway today, most women continue to rely on surgery, radiation, and chemotherapy for treatment. That costs about \$6 billion a year in medical bills and lost productivity.

Until we learn more about breast cancer -- what causes it, how to treat it, and ultimately how to prevent it -- all of us will share in the emotional and financial costs borne by women like Chris Carpenter and Dolores Engelhardt.

Fortunately, times are beginning to change, thanks to the extraordinary efforts of women and men across this country. Women like Iris Cantor, and cancer survivors, and scientists, and physicians, and health care advocates, and members of Congress have helped awaken our nation to the urgency of this epidemic.

Fran Visco, a trial attorney who was diagnosed at age 39, helped call attention to the seriousness of breast cancer as a co-founder of the National Breast Cancer Coalition, a grass roots organization that convened research hearings in Washington, lobbied Congress and successfully pushed for better funding and coordination of breast cancer programs. I'm proud to say that my husband appointed Fran Visco to the president's cancer panel [ck whether still in existence].

So where do we stand with breast cancer research and treatment?

In 1990, the federal government spent \$80 million on breast cancer programs. In the current appropriations bill, \$449 million is earmarked for programs at the National Cancer Institute and the Department of the Army. That's an improvement.

Scientists are also exploring promising drug therapies, such as taxol and tamoxifen. They have uncovered potential uses of RU-486 in tumor treatments. And now, at the National Institutes of Health, scientists may be on the verge of identifying a gene marker in high-risk women.

As you may know, the president also has lifted the ban on importation of RU-486, which will pave the way for more aggressive research. And he has lifted the ban on fetal tissue research, which may prove useful in finding a cure for breast cancer. These are heartening signs of progress.

But the truth is we still know far too little about this and other diseases that primarily afflict women. For example, do environmental factors, such as toxins, pollutants, diet, and drugs contribute to the rise in breast cancer rates? We don't really know.

Why don't we know? Because it wasn't until a few years ago that an energetic group of women scientists and grass-roots advocates alerted us to the inequities that existed in research and funding of these diseases.

Groups such as the Society for the Advancement of Women's Health Research showed us the appalling degree to which women were routinely excluded from major clinical trials of most illnesses.

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Even when women are victims of the same diseases as men -- such as coronary heart disease and strokes -- research has tended to focus on men.

Although hypertension is 2 to 3 times more common in women - and most prevalent in African-American women -- drugs to treat hypertension have largely been tested on men.

A major study on the relationship between cholesterol and heart disease involved 15,000 men. And no women.

And one of the most significant clinical trials in the 1980s -- which studied the preventive effects of aspirin on heart disease -- failed to include a single woman among 22,000 patients screened. . . . Even though heart disease is the leading cause of death among women, followed by cancer and strokes.

The frightening research patterns must change.

The fact is that women have unique health problems, unique symptoms, and unique responses to treatments. And they play a unique role as caregivers in our society.

But even so, they have never enjoyed the security they deserve when it comes to health care.

Too many women -- about 16 million -- don't have any insurance at all. Too many women suffer from ailments that have been ignored for decades in the scientific community. Cervical and ovarian cancer. Osteoporosis. Immunological illnesses such as lupus and MS. Certain forms of mental illness. Eating disorders. Menopause. Endometriosis. And the list goes on and on.

Why should we focus more attention on women's health? Because to do so will greatly benefit our country as a whole. Women make up 51 percent of the population. Their lifespans on average are eight years longer than men's. And their well-being often dictates the well-being of family members around them.

In economic terms alone, continued ignorance about women's health matters will cost our nation far more than any investment we make now to prevent and control these diseases.

Osteoporosis, a painful ailment that often results in deformities and loss of mobility, offers compelling proof. Nearly 75 percent of women over 65 suffer from it. The disease causes 1.3 million bone fractures each year. And the annual medical bills associated with it total as much as \$10 billion.

If we knew more about osteoporosis, if we developed ways to prevent its onset, we could simultaneously enrich life for elderly women, reduce hospital visits and stays in nursing homes,

and save billions of dollars a year. All from targeting that one disease.

Now I don't want to paint an entirely bleak picture, because we are making progress. Women's health is no longer thought of solely in terms of women's reproductive capacities. Medical students are no longer taught that women should only bear children between ages 18 and 25. Women are no longer lectured that they will contract endometriosis if they give birth after 30. Women do not automatically have their ovaries removed if they undergo a hysterectomy. And women do not automatically lose an entire breast if they are diagnosed with breast cancer.

Today, we have a more realistic view of women's health. And fortunately the federal government's interest in promoting women's health is greater than ever before.

The president recently signed the National Institutes of Health bill [ck title], which includes the newly created Office of Women's Health Research as part of statute. That office [ck] is currently funding a 14-year, \$625 million effort called the Women's Health Initiative that will explore long-term patterns of heart disease, cancer and osteoporosis in women. And the Congressional Caucus on Women's Issues is working on a Women's Health Equity Act and has organized task forces to study three specific areas of women's health.

As we look to the challenges ahead, we can't let women's health be treated as "the flavor of the month" in health care -- a fad that is soon forgotten. Improving women's health care should be elemental to improving our nation's health care overall.

To that end, I'm very excited about the changes we envision as we outline our health care reform proposal.

The administration's health care plan will give us a fresh start in tackling many of the problems women face. First and foremost, it will encourage new approaches to prevention and primary care that should help all Americans, and particularly women and children.

We have no choice but to change our mindset in this country and to focus more energy on preventive and primary care. We must offer a system that keeps people healthy, not a system that only treats patients once they're sick.

Our plan will include a benefits package that will allow women to get regular tests and screenings -- like pap smears, pelvic exams, and mammograms.

We will make prenatal care, dental and eye exams, immunizations and regular medical check-ups part of a comprehensive health package. Our system will provide incentives for patients to get diagnostic tests that pinpoint problems early -- rather than wait until an illness becomes acute.

Perhaps most important, our plan will provide American women and their families with security.

The security of knowing that they will have health coverage even if they have a preexisting condition or if they switch jobs. The security of knowing that every American will be guaranteed core benefits regardless of income. The security of having a doctor-patient relationship that encourages personal interaction, not abbreviated office visits and batteries of unnecessary tests.

And we will build a system that cares more about the health of the whole person and cares less about filling out forms and leaving medical decisions to anonymous representatives of insurance companies sitting in offices thousands of miles away.

Ultimately, our reforms will harness runaway costs. We will stop rewarding doctors for performing more tests and procedures, and will restore common sense and sound clinical judgment to the practice of medicine.

We will reduce the mountainous paperwork that now confronts doctors and hospitals and undermines the delivery of care.

We will produce a more efficient, streamlined system that provides better access, better distribution of doctors and nurses and technicians, and better care for patients.

These are enormous goals. They come at a critical point in our history. And we will all need to work together to ensure that they are met. Simply put, we cannot afford to fail. We cannot afford to maintain the status quo. It costs too much. And for too many Americans, it doesn't work well enough.

That said, I would like to offer one parting thought. No matter what the government does, no matter how we reform the system, no matter what cures and treatments scientists discover in the coming years, we must all be more responsible for our own good health.

As women, particularly, we must take better care of ourselves. And that's not always easy when you're working hard and looking after your own children and tending to aging parents and trying to keep a household functioning.

But we can help ourselves by improving our diets, exercising regularly, quitting smoking, examining our breasts each month,

*Let's face it  
the government can't  
do that well either*

and getting regular medical check-ups. We can take advantage of the technology that does exist -- like mammography screening. We can change our behavior.

As Hippocrates wrote more than 2,000 years ago: "The patient must combat the disease along with the physician."

This is important because, to me, health care reform is not just about reducing bureaucratic hassles, not just about balancing out the number of specialists and primary care physicians, not just about curbing the number of unnecessary hysterectomies performed each year.

Health care reform is really about our own vision of what it means to be healthy. Healthy as individuals. And healthy as a society.

It's about creating a climate in which women are treated on par with men and all Americans end up with better -- and happier -- lives.

It's about fostering a culture that enables us to care for ourselves -- and for each other.

It's about restoring a community-wide spirit of caring and good health.

Thank you very much for all the work you have done to make our nation healthier and stronger. And thank you for whatever support you can lend in standing behind the reforms that we must make together to ensure a happier, healthier future for all Americans.

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THE WHITE HOUSE  
Office of the Press Secretary  
For Immediate Release  
September 22, 1993

ADDRESS OF THE PRESIDENT  
TO THE JOINT SESSION OF CONGRESS

U.S. Capitol  
Washington, D.C.

9:10 P.M. EDT

THE PRESIDENT: Mr. Speaker, Mr. President, members of Congress, distinguished guests, my fellow Americans. Before I begin my words tonight I would like to ask that we all bow in a moment of silent prayer for the memory of those who were killed and those who have been injured in the tragic train accident in Alabama today. (A moment of silence is observed.) Amen.

My fellow Americans, tonight we come together to write a new chapter in the American story. Our forebears enshrined the American Dream -- life, liberty, the pursuit of happiness. Every generation of Americans has worked to strengthen that legacy, to make our country a place of freedom and opportunity, a place where people who work hard can rise to their full potential, a place where their children can have a better future.

From the settling of the frontier to the landing on the moon, ours has been a continuous story of challenges defined, obstacles overcome, new horizons secured. That is what makes America what it is and Americans what we are. Now we are in a time of profound change and opportunity. The end of the Cold War, the Information Age, the global economy have brought us both opportunity and hope and strife and uncertainty. Our purpose in this dynamic age must be to change -- to make change our friend and not our enemy.

To achieve that goal, we must face all our challenges with confidence, with faith, and with discipline -- whether we're reducing the deficit, creating tomorrow's jobs and training our people to fill them, converting from a high-tech defense to a high-tech domestic economy, expanding trade, reinventing government, making our streets safer, or rewarding work over idleness. All these challenges require us to change.

If Americans are to have the courage to change in a difficult time, we must first be secure in our most basic needs. Tonight I want to talk to you about the most critical thing we can do to build that security. This health care system of ours is badly broken and it is time to fix it. (Applause.)

Despite the dedication of literally millions of talented health care professionals, our health care is too uncertain and too expensive, too bureaucratic and too wasteful. It has too much fraud and too much greed.

At long last, after decades of false starts, we must make this our most urgent

priority, giving every American health security; health care that can never be taken away; health care that is always there. That is what we must do tonight. (Applause).

On this journey, as on all others of true consequence, there will be rough spots in the road and honest disagreements about how we should proceed. After all, this is a complicated issue. But every successful journey is guided by fixed stars. And if we can agree on some basic values and principles we will reach this destination, and we will reach it together.

So tonight I want to talk to you about the principles that I believe must embody our efforts to reform America's health care system -- security, simplicity, savings, choice, quality, and responsibility.

When I launched our nation on this journey to reform the health care system I knew we needed a talented navigator, someone with a rigorous mind, a steady compass, a caring heart. Luckily for me and for our nation, I didn't have to look very far. (Applause.)

Over the last eight months, Hillary and those working with her have talked to literally thousands of Americans to understand the strengths and the frailties of this system of ours. They met with over 1,100 health care organizations. They talked with doctors and nurses, pharmacists and drug company representatives, hospital administrators, insurance company executives and small and large businesses. They spoke with self-employed people. They talked with people who had insurance and people who didn't. They talked with union members and older Americans and advocates for our children. The First Lady also consulted, as all of you know, extensively with governmental leaders in both parties in the states of our nation, and especially here on Capitol Hill.

Hillary and the Task Force received and read over 700,000 letters from ordinary citizens. What they wrote and the bravery with which they told their stories is really what calls us all here tonight.

Every one of us knows someone who's worked hard and played by the rules and still been hurt by this system that just doesn't work for too many people. But I'd like to tell you about just one.

Kerry Kennedy owns a small furniture store that employs seven people in Titusville, Florida. Like most small business owners, he's poured his heart and soul, his sweat and blood into that business for years. But over the last several years, again like most small business owners, he's seen his health care premiums skyrocket, even in years when no claims were made. And last year, he painfully discovered he could no longer afford to provide coverage for all his workers because his insurance company told him that two of his workers had become high risks because of their advanced age. The problem was that those two people were his mother and father, the people who founded the business and still worked in the store.

This story speaks for millions of others. And from them we have learned a powerful truth. We have to preserve and strengthen what is right with the health care system, but we have got to fix what is wrong with it. (Applause.)

Now, we all know what's right. We're blessed with the best health care professionals on Earth, the finest health care institutions, the best medical research, the most sophisticated technology. My mother is a nurse. I grew up around hospitals. Doctors and nurses were the first professional people I ever knew or learned to look up to. They are what is right with this health care system. But we also know that we can no longer afford to continue to ignore what is wrong.

Millions of Americans are just a pink slip away from losing their health insurance, and one serious illness away from losing all their savings. Millions more are locked into the jobs they have now just because they or someone in their family has once been sick and they have what is called the preexisting condition. And on any given day, over 37 million Americans -- most of them working people and their little children -- have no health insurance at all.

And in spite of all this, our medical bills are growing at over twice the rate of inflation, and the United States spends over a third more of its income on health care than any other nation on Earth. And the gap is growing, causing many of our companies in global competition severe disadvantage. There is no excuse for this kind of system. We know other people have done better. We know people in our own country are doing better. We have no excuse. My fellow Americans, we must fix this system and it has to begin with congressional action. (Applause.)

I believe as strongly as I can say that we can reform the costliest and most wasteful system on the face of the Earth without enacting new broad-based taxes. (Applause.) I believe it because of the conversations I have had with thousands of health care professionals around the country; with people who are outside this city, but are inside experts on the way this system works and wastes money.

The proposal that I describe tonight borrows many of the principles and ideas that have been embraced in plans introduced by both Republicans and Democrats in this Congress. For the first time in this century, leaders of both political parties have joined together around the principle of providing universal, comprehensive health care. It is a magic moment and we must seize it. (Applause.)

I want to say to all of you I have been deeply moved by the spirit of this debate, by the openness of all people to new ideas and argument and information. The American people would be proud to know that earlier this week when a health care university was held for members of Congress just to try to give everybody the same amount of information, over 320 Republicans and Democrats signed up and showed up for two days just to learn the basic facts of the complicated problem before us.

Both sides are willing to say we have listened to the people. We know the cost of going forward with this system is far greater than the cost of change. Both sides, I think, understand the literal ethical imperative of doing something about the system we have now. Rising above these difficulties and our past differences to solve this problem will go a long way toward defining who we are and who we intend to be as a people in this difficult and challenging era. I believe we all understand that.

And so tonight, let me ask all of you -- every member of the House, every member of the Senate, each Republican and each Democrat -- let us keep this spirit and let us keep this commitment until this job is done. We owe it to the American people. (Applause.)

Now, if I might, I would like to review the six principles I mentioned earlier and describe how we think we can best fulfill those principles.

First and most important, security. This principle speaks to the human misery, to the costs, to the anxiety we hear about every day -- all of us -- when people talk about their problems with the present system. Security means that those who do not now have health care coverage will have it; and for those who have it, it will never be taken away. We must achieve that security as soon as possible.

Under our plan, every American would receive a health care security card that will guarantee a comprehensive package of benefits over the course of an entire lifetime, roughly comparable to the benefit package offered by most Fortune 500 companies. This health care security card will offer this package of benefits in a way that can never be taken away.

So let us agree on this: whatever else we disagree on, before this Congress finishes its work next year, you will pass and I will sign legislation to guarantee this security to every citizen of this country. (Applause.)

With this card, if you lose your job or you switch jobs, you're covered. If you leave your job to start a small business, you're covered. If you're an early retiree, you're covered. If someone in your family has, unfortunately, had an illness that qualifies as a preexisting condition, you're still covered. If you get sick or a member of your family gets sick, even if it's a life threatening illness, you're covered. And if an insurance company tries to drop you for any reason, you will still be covered, because that will be illegal. This card will give comprehensive coverage. It will cover people for hospital care, doctor visits, emergency and lab services, diagnostic services like Pap smears and mammograms and cholesterol tests, substance abuse and mental health treatment. (Applause.)

And equally important, for both health care and economic reasons, this program for the first time would provide a broad range of preventive services including regular checkups and well-baby visits. (Applause.)

Now, it's just common sense. We know -- any family doctor will tell you that people will stay healthier and long-term costs of the health system will be lower if we have comprehensive preventive services. You know how all of our mothers told us that an ounce of prevention was worth a pound of cure? Our mothers were right. (Applause.) And it's a lesson, like so many lessons from our mothers, that we have waited too long to live by. It is time to start doing it. (Applause.)

Health care security must also apply to older Americans. This is something I imagine all of us in this room feel very deeply about. The first thing I want to say about that is that we must maintain the Medicare program. It works to provide that kind of security. (Applause.) But this time and for the first time, I believe Medicare should provide coverage for the cost of prescription drugs. (Applause.)

Yes, it will cost some more in the beginning. But, again, any physician who deals with the elderly will tell you that there are thousands of elderly people in every state who are not poor enough to be on Medicaid, but just above that line and on Medicare, who desperately need medicine, who makes decisions every week between medicine and

food. Any doctor who deals with the elderly will tell you that there are many elderly people who don't get medicine, who get sicker and sicker and eventually go to the doctor and wind up spending more money and draining more money from the health care system than they would if they had regular treatment in the way that only adequate medicine can provide.

I also believe that over time, we should phase in long-term care for the disabled and the elderly on a comprehensive basis. (Applause.)

As we proceed with this health care reform, we cannot forget that the most rapidly growing percentage of Americans are those over 80. We cannot break faith with them. We have to do better by them.

The second principle is simplicity. Our health care system must be simpler for the patients and simpler for those who actually deliver health care -- our doctors, our nurses, our other medical professionals. Today we have more than 1,500 insurers, with hundreds and hundreds of different forms. No other nation has a system like this. These forms are time consuming for health care providers, they're expensive for health care consumers, they're exasperating for anyone who's ever tried to sit down around a table and wade through them and figure them out.

The medical care industry is literally drowning in paperwork. In recent years, the number of administrators in our hospitals has grown by four times the rate that the number of doctors has grown. A hospital ought to be a house of healing, not a monument to paperwork and bureaucracy. (Applause.)

Just a few days ago, the Vice President and I had the honor of visiting the Children's Hospital here in Washington where they do wonderful, often miraculous things for very sick children. A nurse named Debbie Freiberg told us that she was in the cancer and bone marrow unit. The other day a little boy asked her just to stay at his side during his chemotherapy. And she had to walk away from that child because she had been instructed to go to yet another class to learn how to fill out another form for something that didn't have a lick to do with the health care of the children she was helping. That is wrong, and we can stop it, and we ought to do it. (Applause.)

We met a very compelling doctor named Lillian Beard, a pediatrician, who said that she didn't get into her profession to spend hours and hours -- some doctors up to 25 hours a week just filling out forms. She told us she became a doctor to keep children well and to help save those who got sick. We can relieve people like her of this burden. We learned -- the Vice President and I did -- that in the Washington Children's Hospital alone, the administrators told us they spend \$2 million a year in one hospital filling out forms that have nothing whatever to do with keeping up with the treatment of the patients.

And the doctors there applauded when I was told and I related to them that they spend so much time filling out paperwork, that if they only had to fill out those paperwork requirements necessary to monitor the health of the children, each doctor on that one hospital staff -- 200 of them -- could see another 500 children a year. That is 10,000 children a year. I think we can save money in this system if we simplify it. And we can make the doctors and the nurses and the people that are giving their lives to help us all be healthier a whole lot happier, too, on their jobs. (Applause.)

Under our proposal there would be one standard insurance form -- not hundreds of them. We will simplify also -- and we must -- the government's rules and regulations, because they are a big part of this problem. (Applause.) This is one of those cases where the physician should heal thyself. We have to reinvent the way we relate to the health care system, along with reinventing government. A doctor should not have to check with a bureaucrat in an office thousands of miles away before ordering a simple blood test. That's not right, and we can change it. (Applause.) And doctors, nurses and consumers shouldn't have to worry about the fine print. If we have this one simple form, there won't be any fine print. People will know what it means.

The third principle is savings. Reform must produce savings in this health care system. It has to. We're spending over 14 percent of our income on health care -- Canada's at 10; nobody else is over nine. We're competing with all these people for the future. And the other major countries, they cover everybody and they cover them with services as generous as the best company policies here in this country.

Rampant medical inflation is eating away at our wages, our savings, our investment capital, our ability to create new jobs in the private sector and this public Treasury. You know the budget we just adopted had steep cuts in defense, a five-year freeze on the discretionary spending, so critical to reeducating America and investing in jobs and helping us to convert from a defense to a domestic economy. But we passed a budget which has Medicaid increases of between 16 and 11 percent a year over the next five years, and Medicare increases of between 11 and 9 percent in an environment where we assume inflation will be at 4 percent or less.

We cannot continue to do this. Our competitiveness, our whole economy, the integrity of the way the government works and, ultimately, our living standards depend upon our ability to achieve savings without harming the quality of health care.

Unless we do this, our workers will lose \$655 in income each year by the end of the decade. Small businesses will continue to face skyrocketing premiums. And a full third of small businesses now covering their employees say they will be forced to drop their insurance. Large corporations will bear vivid disadvantages in global competition. And health care costs will devour more and more and more of our budget. Pretty soon all of you or the people who succeed you will be showing up here, and writing out checks for health care and interest on the debt and worrying about whether we've got enough defense, and that will be it, unless we have the courage to achieve the saving that are plainly there before us. Every state and local government will continue to cut back on everything from education to law enforcement to pay more and more for the same health care.

These rising costs are a special nightmare for our small businesses -- the engine of our entrepreneurship and our job creation in America today. Health care premiums for small businesses are 35 percent higher than those of large corporations today. And they will keep rising at double-digit rates unless we act.

So how will we achieve these savings? Rather than looking at price control, or looking away as the price spiral continues; rather than using the heavy hand of government to try to control what's happening, or continuing to ignore what's happening, we believe there is a third way to achieve these savings. First, to give groups of consumers and small businesses the same market bargaining power that large corporations and large groups of public employees now have. We want to let market

forces enable plans to compete. We want to force these plans to compete on the basis of price and quality, not simply to allow them to continue making money by turning people away who are sick or old or performing mountains of unnecessary procedures. But we also believe we should back this system up with limits on how much plans can raise their premiums year in and year out, forcing people, again, to continue to pay more for the same health care, without regard to inflation or the rising population needs.

We want to create what has been missing in this system for too long, and what every successful nation who has dealt with this problem has already had to do: to have a combination of private market forces and a sound public policy that will support that competition, but limit the rate at which prices can exceed the rate of inflation and population growth, if the competition doesn't work, especially in the early going.

The second thing I want to say is that unless everybody is covered -- and this is a very important thing -- unless everybody is covered, we will never be able to fully put the breaks on health care inflation. Why is that? Because when people don't have any health insurance, they still get health care, but they get it when it's too late, when it's too expensive, often from the most expensive place of all, the emergency room. Usually by the time they show up, their illnesses are more severe and their mortality rates are much higher in our hospitals than those who have insurance. So they cost us more.

And what else happens? Since they get the care but they don't pay, who does pay? All the rest of us. We pay in higher hospital bills and higher insurance premiums. This cost shifting is a major problem.

The third thing we can do to save money is simply by simplifying the system -- what we've already discussed. Freeing the health care providers from these costly and unnecessary paperwork and administrative decisions will save tens of billions of dollars. We spend twice as much as any other major country does on paperwork. We spend at least a dime on the dollar more than any other major country. That is a stunning statistic. It is something that every Republican and every Democrat ought to be able to say, we agree that we're going to squeeze this out. We cannot tolerate this. This has nothing to do with keeping people well or helping them when they're sick. We should invest the money in something else.

We also have to crack down on fraud and abuse in the system. That drains billions of dollars a year. It is a very large figure, according to every health care expert I've ever spoken with. So I believe we can achieve large savings. And that large savings can be used to cover the unemployed uninsured, and will be used for people who realize those savings in the private sector to increase their ability to invest and grow, to hire new workers or to give their workers pay raises, many of them for the first time in years.

Now, nobody has to take my word for this. You can ask Dr. Koop. He's up here with us tonight, and I thank him for being here. (Applause.) Since he left his distinguished tenure as our Surgeon General, he has spent an enormous amount of time studying our health care system, how it operates, what's right and wrong with it. He says we could spend \$200 billion every year, more than 20 percent of the total budget, without sacrificing the high quality of American medicine.

Ask the public employees in California, who have held their own premiums down by adopting the same strategy that I want every American to be able to adopt -- bargaining within the limits of a strict budget. Ask Xerox, which saved an estimated



\$1,000 per worker on their health insurance premium. Ask the staff of the Mayo Clinic, who we all agree provides some of the finest health care in the world. They are holding their cost increases to less than half the national average. Ask the people of Hawaii, the only state that covers virtually all of their citizens and has still been able to keep costs below the national average.

People may disagree over the best way to fix this system. We may all disagree about how quickly we can do what -- the thing that we have to do. But we cannot disagree that we can find tens of billions of dollars in savings in what is clearly the most costly and the most bureaucratic system in the entire world. And we have to do something about that, and we have to do it now. (Applause.)

The fourth principle is choice. Americans believe they ought to be able to choose their own health care plan and keep their own doctors. And I think all of us agree. Under any plan we pass, they ought to have that right. But today, under our broken health care system, in spite of the rhetoric of choice, the fact is that that power is slipping away for more and more Americans.

Of course, it is usually the employer, not the employee, who makes the initial choice of what health care plan the employee will be in. And if your employer offers only one plan, as nearly three-quarters of small or medium-sized firms do today, you're stuck with that plan, and the doctors that it covers.

We propose to give every American a choice among high-quality plans. You can stay with your current doctor, join a network of doctors and hospitals, or join a health maintenance organization. If you don't like your plan, every year you'll have the chance to choose a new one. The choice will be left to the American citizen, the worker -- not the boss, and certainly not some government bureaucrat.

We also believe that doctors should have a choice as to what plans they practice in. Otherwise, citizens may have their own choices limited. We want to end the discrimination that is now growing against doctors, and to permit them to practice in several different plans. Choice is important for doctors, and it is absolutely critical for our consumers. We've got to have it in whatever plan we pass. (Applause.)

The fifth principle is quality. If we reformed everything else in health care, but failed to preserve and enhance the high quality of our medical care, we will have taken a step backward, not forward. Quality is something that we simply can't leave to chance. When you board an airplane, you feel better knowing that the plane had to meet standards designed to protect your safety. And we can't ask any less of our health care system.

Our proposal will create report cards on health plans, so that consumers can choose the highest quality health care providers and reward them with their business. At the same time, our plan will track quality indicators, so that doctors can make better and smarter choices of the kind of care they provide. We have evidence that more efficient delivery of health care doesn't decrease quality. In fact, it may enhance it.

Let me just give you one example of one commonly performed procedure, the coronary bypass operation. Pennsylvania discovered that patients who were charged \$21,000 for this surgery received as good or better care as patients who were charged \$84,000 for the same procedure in the same state. High prices simply don't always equal

good quality. Our plan will guarantee that high quality information is available is available in even the most remote areas of this country so that we can have high-quality service, linking rural doctors, for example, with hospitals with high-tech urban medical centers. And our plan will ensure the quality of continuing progress on a whole range of issues by speeding the search on effective prevention and treatment measures for cancer, for AIDS, for Alzheimer's, for heart disease, and for other chronic diseases. We have to safeguard the finest medical research establishment in the entire world. And we will do that with this plan. Indeed, we will even make it better. (Applause.)

The sixth and final principle is responsibility. We need to restore a sense that we're all in this together and that we all have a responsibility to be a part of the solution. Responsibility has to start with those who profit from the current system. Responsibility means insurance companies should no longer be allowed to cast people aside when they get sick. It should apply to laboratories that submit fraudulent bills, to lawyers who abuse malpractice claims, to doctors who order unnecessary procedures. It means drug companies should no longer charge three times more per prescription drugs made in America here in the United States than they charge for the same drugs overseas. (Applause.)

In short, responsibility should apply to anybody to abuses this system and drives up the cost for honest, hard-working citizens and undermines confidence in the honest, gifted health care providers we have.

Responsibility also means changing some behaviors in this country that drive up our costs like crazy. And without changing it we'll never have the system we ought to have. We will never.

Let me just mention a few and start with the most important -- the outrageous cost of violence in this country stem in large measure from the fact that this is the only country in the world where teenagers can rout the streets at random with semi-automatic weapons and be better armed than the police. (Applause.)

But let's not kid ourselves, it's not that simple. We also have higher rates of AIDS, of smoking and excessive drinking, of teen pregnancy, of low birth weight babies. And we have the third worst immunization rate of any nation in the western hemisphere. We have to change our ways if we ever really want to be healthy as a people and have an affordable health care system. And no one can deny that. (Applause.)

But let me say this -- and I hope every American will listen, because this is not an easy thing to hear -- responsibility in our health care system isn't just about them, it's about you, it's about me, it's about each of us. Too many of us have not taken responsibility for our own health care and for our own relations to the health care system. Many of us who have had fully paid health care plans have used the system whether we needed it or not without thinking what the costs were. Many people who use this system don't pay a penny for their care even though they can afford to. I think those who don't have any health insurance should be responsible for paying a portion of their new coverage. There can't be any something for nothing, and we have to demonstrate that to people. This is not a free system. (Applause.) Even small contributions, as small as the \$10-copayment when you visit a doctor, illustrates that this is something of value. There is a cost to it. It is not free.

And I want to tell you that I believe that all of us should have insurance. Why should the rest of us pick up the tab when a guy who doesn't think he needs insurance or says he can't afford it gets in an accident, winds up in an emergency room, gets good care, and everybody else pays? Why should the small businesspeople who are struggling to keep afloat and take care of their employees have to pay to maintain this wonderful health care infrastructure for those who refuse to do anything?

If we're going to produce a better health care system for every one of us, every one of us is going to have to do our part. There cannot be any such thing as a free ride. We have to pay for it. We have to pay for it.

Tonight I want to say plainly how I think we should do that. Most of the money we will -- will come under my way of thinking, as it does today, from premiums paid by employers and individuals. That's the way it happens today. But under this health care security plan, every employer and every individual will be asked to contribute something to health care.

This concept was first conveyed to the Congress about 20 years ago by President Nixon. And today, a lot of people agree with the concept of shared responsibility between employers and employees, and that the best thing to do is to ask every employer and every employee to share that. The Chamber of Commerce has said that, and they're not in the business of hurting small business. The American Medical Association has said that.

Some call it an employer mandate, but I think it's the fairest way to achieve responsibility in the health care system. And it's the easiest for ordinary Americans to understand, because it builds on what we already have and what already works for so many Americans. It is the reform that is not only easiest to understand, but easiest to implement in a way that is fair to small business, because we can give a discount to help struggling small businesses meet the cost of covering their employees. We should require the least bureaucracy or disruption, and create the cooperation we need to make the system cost-conscious, even as we expand coverage. And we should do it in a way that does not cripple small businesses and low-wage workers.

Every employer should provide coverage, just as three-quarters do now. Those that pay are picking up the tab for those who don't today. I don't think that's right. To finance the rest of reform, we can achieve new savings, as I have outlined, in both the federal government and the private sector, through better decision-making and increased competition. And we will impose new taxes on tobacco. (Applause.)

I don't think that should be the only source of revenues. I believe we should also ask for a modest contribution from big employers who opt out of the system to make up for what those who are in the system pay for medical research, for health education center, for all the subsidies to small business, for all the things that everyone else is contributing to. But between those two things, we believe we can pay for this package of benefits and universal coverage and a subsidy program that will help small business.

These sources can cover the cost of the proposal that I have described tonight. We subjected the numbers in our proposal to the scrutiny of not only all the major agencies in government -- I know a lot of people don't trust them, but it would be interesting for the American people to know that this was the first time that the financial

experts on health care in all of the different government agencies have ever been required to sit in the room together and agree on numbers. It had never happened before.

But, obviously, that's not enough. So then we gave these numbers to actuaries from major accounting firms and major Fortune 500 companies who have no stake in this other than to see that our efforts succeed. So I believe our numbers are good and achievable.

Now, what does this mean to an individual American citizen? Some will be asked to pay more. If you're an employer and you aren't insuring your workers at all, you'll have to pay more. But if you're a small business with fewer than 50 employees, you'll get a subsidy. If you're a firm that provides only very limited coverage, you may have to pay more. But some firms will pay the same or less for more coverage.

If you're a young, single person in your 20s and you're already insured, your rates may go up somewhat because you're going to go into a big pool with middle-aged people and older people, and we want to enable people to keep their insurance even when someone in their family gets sick. But I think that's fair because when the young get older, they will benefit from it, first, and secondly, even those who pay a little more today will benefit four, five, six, seven years from now by our bringing health care costs closer to inflation.

Over the long run, we can all win. But some will have to pay more in the short run. Nevertheless, the vast majority of the Americans watching this tonight will pay the same or less for health care coverage that will be the same or better than the coverage they have tonight. That is the central reality. (Applause.)

If you currently get your health insurance through your job, under our plan you still will. And for the first time, everybody will get to choose from among at least three plans to belong to. If you're a small business owner who wants to provide health insurance to you family and your employees, but you can't afford it because the system is stacked against you, this plan will give you a discount that will finally make insurance affordable. If you're already providing insurance, your rates may well drop because we'll help you as a small business person join thousands of others to get the same benefits big corporations get at the same price they get those benefits. If you're self-employed, you'll pay less; and you will get to deduct from your taxes 100 percent of your health care premiums. (Applause.)

If you're a large employer, your health care costs won't go up as fast, so that you will have more money to put into higher wages and new jobs and to put into the work of being competitive in this tough global economy.

Now, these, my fellow Americans, are the principles on which I think we should base our efforts: security, simplicity, savings, choice, quality and responsibility. These are the guiding stars that we should follow on our journey toward health care reform.

Over the coming months, you'll be bombarded with information from all kinds of sources. There will be some who will stoutly disagree with what I have proposed -- and with all other plans in the Congress, for that matter. And some of the arguments will be genuinely sincere and enlightening. Others may simply be scare tactics by those who are motivated by the self-interest they have in the waste the system now generates, because that waste is providing jobs, incomes and money for some people.

I ask you only to think of this when you hear all of these arguments: Ask yourself whether the cost of staying on this same course isn't greater than the cost of change. And ask yourself when you hear the arguments whether the arguments are in your interest or someone else's. This is something we have got to try to do together.

I want also to say to the representatives in Congress, you have a special duty to look beyond these arguments. I ask you instead to look into the eyes of the sick child who needs care; to think of the face of the woman who's been told not only that her condition is malignant, but not covered by her insurance. To look at the bottom lines of the businesses driven to bankruptcy by health care costs. To look at the "for sale" signs in front of the homes of families who have lost everything because of their health care costs.

I ask you to remember the kind of people I met over the last year and a half -- the elderly couple in New Hampshire that broke down and cried because of their shame at having an empty refrigerator to pay for their drugs; a woman who lost a \$50,000-job that she used to support her six children because her youngest child was so ill that she couldn't keep health insurance, and the only way to get care for the child was to get public assistance; a young couple that had a sick child and could only get insurance from one of the parents' employers that was a nonprofit corporation with 20 employees, and so they had to face the question of whether to let this poor person with a sick child go or raise the premiums of every employee in the firm by \$200. And on and on and on.

I know we have differences of opinion, but we are here tonight in a spirit that is animated by the problems of those people, and by the sheer knowledge that if we can look into our heart, we will not be able to say that the greatest nation in the history of the world is powerless to confront this crisis. (Applause.)

Our history and our heritage tell us that we can meet this challenge. Everything about America's past tells us we will do it. So I say to you, let us write that new chapter in the American story. Let us guarantee every American comprehensive health benefits that can never be taken away. (Applause.)

In spite of all the work we've done together and all the progress we've made, there's still a lot of people who say it would be an outright miracle if we passed health care reform. But my fellow Americans, in a time of change, you have to have miracles. And miracles do happen. I mean, just a few days ago we saw a simple handshake shatter decades of deadlock in the Middle East. We've seen the walls crumble in Berlin and South Africa. We see the ongoing brave struggle of the people of Russia to seize freedom and democracy.

And now, it is our turn to strike a blow for freedom in this country. The freedom of Americans to live without fear that their own nation's health care system won't be there for them when they need it. It's hard to believe that there was once a time in this century when that kind of fear gripped old age. When retirement was nearly synonymous with poverty, and older Americans died in the street. That's unthinkable today, because over a half a century ago Americans had the courage to change -- to create a Social Security system that ensures that no Americans will be forgotten in their later years.

Forty years from now, our grandchildren will also find it unthinkable that

there was a time in this country when hardworking families lost their homes, their savings, their businesses, lost everything simply because their children got sick or because they had to change jobs. Our grandchildren will find such things unthinkable tomorrow if we have the courage to change today.

This is our chance. This is our journey. And when our work is done, we will know that we have answered the call of history and met the challenge of our time.

Thank you very much. And God bless America. (Applause.)

END10:02 P.M. EDT