

Susan Mercer

CAROL H. RASCO
Assistant to the President for Domestic Policy

EVENT: Commencement Address - School of Social Work
University of Arkansas at Little Rock

DATE: Friday, May 13, 1994

TIME: 7:30 p.m.

EVENT LOCATION: University Theatre
University of Ark. Campus at Little Rock
33rd and University Avenue
Little Rock, Arkansas
*NOTE: Meet Ken Millar in his office in
Larsen Hall at 7p.m.

PRESENTATION: 15-20 minute speech - No Q & A

SEATING ARRANGEMENT: You will be seated on stage with faculty and
staff

INTRODUCTION BY: Ken Millar

AUDIENCE: 60 graduates

ISSUES OF INTEREST: Traditional commencement speech with
emphasis on health care

FORMAT:

PRESS: No press expected

DRESS: Personal cap and gown or business attire

CONTACT: Ken Millar, Dean of Social Work
Gwen Cowherd, Administrative Secretary
(501) 569-3240

GRADUATE PROGRAM IN SOCIAL WORK

CONVOCATION - MAY 13, 1994, 7:30 p.m.

UNIVERSITY THEATER

1. PROCESSIONAL

All guests are asked to rise for the Processional

2. INTRODUCTION OF PLATFORM PARTY AND WELCOME

Dr. Ken Millar, Chair, Graduate Program in Social Work

3. INTRODUCTION OF CAROL RASCO, CHIEF DOMESTIC POLICY ADVISOR TO PRESIDENT BILL CLINTON

Dr. Ken Millar

4. CONVOCATION ADDRESS

Carol Rasco

5. HOODING CEREMONY

Dr. Ken Millar
Dean John Gray

6. GREETINGS FROM THE ARKANSAS CHAPTER OF NASW

Ms. Consevella James, LCSW, President,
Arkansas Chapter of the National Association of Social Workers

7. GREETINGS FROM THE ALUMNI ASSOCIATION

Mr. David Nevela, LCSW, President of the
Graduate Program in Social Work Alumni Association

8. CLOSING REMARKS

Dr. Ken Millar

9. RECESSIONAL

Guests are asked to remain seated until the platform party and graduates have left the theater.

GRADUATES AND GUESTS ARE INVITED TO A RECEPTION WHICH WILL TAKE PLACE IN THE DONAGHEY STUDENT CENTER IMMEDIATELY FOLLOWING THE CONVOCATION CEREMONY.

THE GRADUATING CLASS OF 1994

GRADUATE PROGRAM IN SOCIAL WORK

UNIVERSITY OF ARKANSAS AT LITTLE ROCK

Master of Arts in Gerontology

Renee Deborah Lloyd
Alice McNutt

Master of Social Work

LITTLE ROCK

Jeanette Adams
Julie Allan
Loretta Bailey
Tonita Bell
Judi Bentley
Melody Bowman
Lynne Breuer
Lauren Brooks
Susan Elaine Brooks
Michelle Cain
Mark Cardillo
Ruby Edwards
Wayne Elkins
Betty Ferguson
Gilbert Fernandez

Amy Fewell
Marylan Fisher
Barbara Gore
Lori Graham
Kathy Gray
Kelly Hamilton
Patricia Hardin
Laura Harper
Charlene Hill
Janis Hillman
Genia Holland
Kay Hopper
Renel Johnson
Joyce King
Michael King

Victoria Lamb
Lori Ann Lawrence
Tanya Hogan-Lercher
Kody Logan
Scott McCaleb
Pat McNulty
Mary Orr
Kym Palmer

Sally Prewitt
Joseph Reinhart
Sharon Richardson
Michael Ridley
Lee Roberson
Britt-Marie Tromater-Seymore
Beverly Webb
Carl Woodyear

JONESBORO

Harold Biazo
Linda Brewster
Sheray Featherston
Bradley Fox
Martha Ivener

Connie Ryan
Mary Savage
Michael Smith
Michael Teague
Patricia Walls

FAYETTEVILLE

Mary DeWitt
Leo Fish
Sheryll Harbaugh
Betty Irish
Dell Manus
Leslie Berman Oelsner
Kristalene Pitts-Palmerton
Charles Plummer
Catherine Richardson

Connie Stave
Kimberly Stephen
Mary Tougaw
Carol Tucker
DeAnna Rai Vaughan-Vitali
Renee White
Ben Wilkins
Sarah Zerbest

The Faculty of the Graduate Program in Social Work and the members of the Fayetteville graduating class fondly remember Mr. Carl Berreckman. If not for his untimely death from cancer, Carl would have been a member of this graduating class.

**Commencement Address by Carol H. Rasco
School of Social Work
University of Arkansas at Little Rock
Friday, May 13, 1994 - 7:30p.m.**

~~Ken~~ Millar (Chancellor

*Provost Joel Anderson
Alan John Gray
Hathaway distinguished*

~~trustees~~ faculty, students, parents, friends, citizens and
most of all the graduates of the class of 1994.

Thank you, Ken for that introduction. It is with some
sadness and nostalgia I am here tonight as we bid Ken
farewell. While in the Arkansas Governor's Office I
appreciated so very much Ken's willingness to work with
us as an Administration and his ever present desire to
have this School of Social Work meet this state's needs.

The off-campus graduate program is the embodiment of the true meaning of the restructuring of education. I understand 27 of you tonight started in that off campus program, and I am sure for many of you it at least would have been difficult to take those FIRST steps toward this degree without the off campus program.

Ken, I also thank you on behalf of the state of Arkansas for your active support in developing the IV-E child welfare training project...more training and better training as well as ONGOING training...you and this School came through at a critical time for us in Arkansas...I mean, how can I forget that I brought the future nominee for the Presidency of the U.S. home from the New Hampshire

primary for a child welfare special legislative session?

Again, thank you Ken...Arkansas is a better place because you were here among us and we'll not forget your contributions. Even more importantly, there are a lot of families and children who will never know your name nor you theirs, but they will reap the benefits of your work here. Thank you.

I am very pleased, honored but in truth somewhat overwhelmed to be in front of you this evening. As I think about the bibliographies of works you have studied authored by those considered the BEST in the social work field and the hands-on work you have done in the various facets of social work over the last two years, the lengthy

discussions you've undoubtedly held discussing the conditions, needs, and hopes of our children and families...I wonder...what can I add to what you have learned?

I come tonight to add my strong commitment and that of the ^{full} administration as well as to issue a very specific challenge to you. The commitment is to work with each of you to assist in the empowerment of each person and particularly each child within this great country of ours to reach her/his full potential.

There is a lot of talk today about the use of this term "empowerment." It risks becoming a buzz word. But, I

LIKE the word. It brings together something that is uniquely American...the idea that people ought to be able to live up to the fullest of their God-given abilities; that the government should facilitate people fulfilling themselves, not just be a paternalistic government doing things for and/or TO people.

Empowerment involves work and family and self-fulfillment in a responsible way. You will be working daily in your chosen field of social work in some manner – treatment, administration, policy development–on this issue of empowering people. And a large part of that empowerment you will find involves the health care system...

But, how can we empower the American people when 81 million of us live in families with preexisting conditions that often preclude full health insurance coverage? when the average American, in the normal course of an economic lifetime now will change jobs eight times; when often a person can't think about changing jobs to further his/her economic wellbeing because it means their family will lose insurance coverage due to a pre-existing condition?

Is it empowerment that a child is not fully immunized on an approved and timely schedule? Or how do we empower a child who has a bad ear infection because there was no money to treat it in the early stages and now a

hearing loss is inevitable?

IS that empowerment? No, it is the very reverse. So when we try to fix it, what do our adversaries say? They say the Clinton administration's plan is trying to have the government take over the health care system...FALSE.

Private insurance which involves a comprehensive, prevention oriented package of benefits, private providers, empowerment for each person in America....that is what our plan promises.

If health care reform were easy it would have been done already, right? People have been trying to do this for over 60 years....and the bottom line issue, the heart of the issue is how to cover everybody..how to give small businesses the

same market power in buying insurance that big business and government have. Because all across America, government and big business are downsizing, and small businesses are growing. I might say, then, this means we better fix this now...because 10 years from now you'll have a smaller percentage of people working for government and big business, and a larger percentage of people working for small business. And if we do not fix this now, this system of health care will deteriorate further, it will get worse, not better.

Nine out of 10 Americans who have private insurance today have it at work. Eight out of 10 Americans who don't have insurance are in families where there is at least

one working person. Therefore, it makes logical sense to say that people who do work should be covered through work with a combination of responsibility between the employer and employee, and then people who are not working should be covered from a public fund. That is our plan, hardly a government takeover of health care.

It makes sense for the government to empower small business to be able to afford this by providing the opportunity to be in buyers' co-ops so that small businesses, self-employed people and farmers can buy insurance on the same terms big business and government can. Furthermore, it makes sense to give small businesses a discount because a lot of them have financial burdens

and lower profit margins, and so we do that. We eliminate discrimination so that people can move from job to job by removing the problems of pre-existing conditions.

We add a prescription drug component...too many providers, like yourselves, throughout the health care system have told us many times of the families faced with making choices between food and prescription drugs and then stretching out the medicine by taking capsules instead of capsules at a time as prescribed in order to make the medicine go further...all often meaning the illness is not treated effectively and more costly treatments are then necessary.

And finally face the fact that if you look at the aging population and the disabled population, we must do something to support long-term care that is community-based and home-based.

This is again, empowerment....this plan helps a person with a disability to be able to take a job by including a tax credit for personal assistance services worth 50 percent of what he or she earns. That is also empowerment. In the long run things like prescription drug coverage, personal assistance, long term community based care will cost less...but does it cost more in the short run? Yes, it costs some extra money. But if you look at the population trends in this country, if you look at the people with disabilities who are surviving and having lives that are

potentially meaningful, if you look at the fastest-growing group of Americans being people over 65, within that group the fastest growing being people over 80....this is something we have to face as a people...we will either do it in a rational way or we will be dragged, kicking and screaming, into a piecemeal and Band-aid-like plan over the next 10 years.

All of you know there is no perfect solution, no easy solution. Our bill in order to pay for it, phases some of the services in...but it recognizes the reality of who we are as a people and what we need. We need the work of every American who can work. We need the respect, the dignity of every American to be intact and we need to provide the

opportunity for every American to live up to his or her capacity in the least restrictive environment that the person might choose.

We need to secure for the American economy the services of every person who wishes to be and is capable of being a successful worker. We need to stop seeing government health care expenditures go up two or three times the rate of inflation every year to pay more for the same health care. We need to stop spending more money on paperwork and administrative costs than any other nation because of the health care financing system in this country.

The President's health plan provides a tremendous opportunity for social workers who are in the forefront in the delivery of health care of all kinds.

- **The HSA will include a comprehensive and equitably defined mental-physical health/substance abuse benefit to be phased in by the year 2001 which will include full incorporation of case management services. Those services are often coordinated by social workers who provide case follow-up and attend the changing needs of the client after discharge.**

- **Increased service delivery components of the HSA will enhance the opportunities for social workers in the area of case management, health promotion and education, and school-based clinic services.**
- **A defined benefits package as well as a new Enabling Services component in the HSA will give the social worker the resources to provide for both physical and mental health delivery, transportation, community and patient outreach, patient education, translation services, non-medical case management, social work services, the**

**provision of child care during clinic visits,
and home visiting services.**

- **The HSA recognizes the role of the clinical social worker as a key "health professional" for the purposes of reimbursement and contracting of services.**
- **The HSA with the incorporation of long term care for the severely disabled will open up additional opportunities for social workers to manage and coordinate the delivery and continual care of the disabled at home.**

- **The HSA maintains state freedom of choice laws for fee-for-service plans and preempts state scope of practice laws that would arbitrarily limit the ability of non-physician providers to deliver services. Both would allow the social worker the needed recognition and freedom to provide quality and accessible health care.**

We can do all of this and keep the many, many excellent components within our current health care system...and keep the many caring and dedicated health care providers like yourself that we now have in this country.

So the real problem in working on health reform is that there is no way – to use the political vernacular– to kiss it..to Keep It Simple, Stupid. The real problem is that we who want change bear the burden of every move because the system is complicated. So it is not simple to fix it.

I plead with you quite frankly on this special graduation evening that you become involved for your own sake, your family's sake, your clients/patients sake in the discussion now taking place nationally for a reformed health care system that empowers individuals and families of this country to live in dignity, to work in dignity and to fulfill ^{them} ourselves.

In closing, I would be quite remiss if I didn't turn to each of you as individuals...as you go out to work with people seeking to empower themselves, please do not forget your own ongoing empowerment. It is so simple to say, but so very hard to do...take time to smell the roses....smile and laugh a lot...treasure your own family whether your own children, extended family...reach out to friends....always have books on topics other than social work in the process of being read...discover your own mental and emotional refreshers and go to the well often for that refreshment.

We are living in very exciting times, and I hope that as you go forth from this special evening you do so with high spirits & enthusiasm. And that you understand that this marathon called life in which we

oil run - for which none of us
knows where the end will be -
cannot only be an exhilarating
experience, but it can be one
that leads to meaning in a
challenging time for us as
individuals & for us as
a people.

Thank you all. And Godspeed.