

# Withdrawal/Redaction Sheet

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE  | DATE       | RESTRICTION |
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| 001. paper               | Interview Conducted by Adam Clymer; RE: private info [partial] (4 pages) | 01/28/1994 | P6/b(6)     |

### COLLECTION:

Clinton Presidential Records  
First Lady's Office  
Lissa Muscatine (First Lady's Press Office)  
OA/Box Number: 20111

### FOLDER TITLE:

FLOTUS Press Office Interview Transcripts Volume II 10/93--01/28/94 [Binder] :  
[01/28/94 Clymer, Adam New York Times]

2011-0415-S  
ms92

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
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01/28/94  
CLYMER, ADAM  
NEW YORK TIMES

THE WHITE HOUSE

Office of the Press Secretary

For Internal Use Only

January 28, 1994

AN INTERVIEW OF THE FIRST LADY  
CONDUCTED BY ADAM CLYMER, NEW YORK TIMES  
LAS VEGAS, NEVADA

MR. CLYMER: One of the things I'm sort of curious about, to start with, is just how your role is going to develop over the last few months. Are you going to continue, you know, being the chief salesman on the road, or are you going to be involved in sitting down and negotiating, or are you going to leave that to other folks and sort of look over their shoulders, or what?

MS. CLINTON: Oh, I think that I will principally be working to communicate about what the President's trying to do with people out in the country, and what I did today, I like doing that, and I always learn something. And I think it's an important part of this process because I want people to feel involved in it and participate.

And now that health care is on the front burner for the President and the whole White House, there are going to be a lot of people involved in it and last year spent their time and energy on the budget or on NAFTA or on any of the other initiatives.

So I will be involved, but there are going to be a whole team of White House folks who are focused on the legislative piece of it and are at work as we speak. I'm sure of that.

MR. CLYMER: One of the things that's sort of the bottom line in terms of universal coverage is obviously something that's subject to some different definitions, and your plan doesn't say everybody's covered today. You're phasing in as fast as you can possibly do it. That -- you know, that's one place where there is perhaps some give.

Are there any other ways of defining universal coverage that are still, you know, conceivable if there's enough else in it for your fund in narrowing a benefit

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package? Reducing the employer share below 80 percent or -- there are various ways to tinker with it that would still leave everybody more -- everybody a great deal more covered than they are today.

MS. CLINTON: I think that all of the details about how to achieve real guaranteed private health insurance for every American, with comprehensive benefits that are affordable, is now in the congressional process, and there may be all different kinds of ways that are devised to get there.

But we're going to wait and see how this process unfolds, and we're not ready to claim that any one particular way is better or worse. We want to see what emerges from the committees that are now looking at the proposal and see how they come up with achieving the President's bottom line.

MR. CLYMER: I'm plainly not in a position to negotiate. I don't have anything to offer. But one of the ideas that you folks seemed to react in a friendly way to back in September or early October that really hasn't been talked about very much since, and I wonder whether it's in some respects forgotten or impractical -- but a bunch of the Senate Republicans, one element of their chafing point was the idea that the extension -- achieving universality, that is, achieving the subsidized part of it, would depend on the savings actually being made or projected on other things.

Obviously, you folks feel that the savings that are in your plan that you've worked through, and a lot harder than they have, are real. But, I mean, is that an idea that is still in some fashion alive or attainable?

MS. CLINTON: It depends upon what is meant by that. Part of our difficulty in the last several months is that we've put forth a very detailed approach with costs and distribution tables and kind of analysis that we've worked on to support the policy, and most of the rest of the approaches haven't been scrutinized or subjected to that level of analysis. So it is difficult in a vacuum to talk about what might or might not work.

We're confident that our numbers will work. We believed that we put together a consistent, coherent financing package, and yet we also want to be open to other ideas. But those ideas have to be fully fleshed out, and they have to be run through the Treasury-OMB-TKVA-CBO-Lewin

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you know, the inside-outside/administration/congressional/private sector scrutiny that we've been subjected to before we even have a clue as to whether any of these other approaches are worth talking about or not.

MR. CLYMER: Does the administration part of that know how to work on Chafee or on Cooper or on some of these others?

MS. CLINTON: I don't know the answer to that because I haven't really talked to anybody about what level of analysis they're subjecting the other approaches to. I know that there have to be some, obviously, and I think some of the congressional committees are looking at them closely, but I couldn't -- I don't want to tell you exactly my thinking on it.

MR. CLYMER: Bob Reichauer told me that once they finish with yours, they will update theirs and look at Cooper's since they had worked on the previous version. So I guess Chafee's next and then -- you know, and then as many of them as we can get done. I mean, some of the stuff they're putting together is common to all of them, census staff and --

MS. CLINTON: Right.

MR. CLYMER: One of the things that has been striking since September, I guess, is the problem of seeming to keep momentum up after a person makes a speech, and the country listens and they like the speech. But he had a speech in September, he had -- in October, he had the State of the Union.

I'm not sure that it mattered a great deal whether one kept the momentum of the attention up before, but I think it does now.

MS. CLINTON: Mm-hmm.

MR. CLYMER: How do you do that -- what do you do that's different or additional to what you've done after the previous occasions?

MS. CLINTON: Well, I think that it's real now, and in the previous efforts we wanted to create an awareness that health care was a presidential priority, and that we were

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taking it very seriously, and I think we accomplished that. I think it was clear to everybody that the President has put health care reform on the front burner.

But it's only now that people realize it's actually going forward, that members of Congress are sitting in subcommittee meetings, arguing over details.

I don't know that we'll have to do a whole lot to keep attention focused on health care reform now because we're going to be in the thick of the legislative process. Just like last year when the President focused on the budget, that became the issue that people paid attention to, and then when he focused on NAFTA, that became "the issue." And the fact that we kept the momentum for health care reform going through the whole year, when it wasn't in the legislative process, I thought was a pretty remarkable accomplishment.

And now it is in the legislative process, and there will be all kinds of debates and arguments and back and forth over that which will, in and of themselves, demand a lot of attention.

And then you'll have the President and members of the administration spending their personal time and energy focusing on health care, and groups outside the government, who have a stake in the health care reform, are certainly going to be engaged both for and against various provisions of whatever legislation emerges from the committee. So I don't think we're going to have a problem keeping attention focused on it.

MR. CLYMER: You mentioned the groups. You've spent a great deal of effort last summer in making sure that a lot of people with a direct interest had as many of their problems satisfied as you could.

It seems that we have largely heard from most of them about the 10 or 15 percent of their problems you couldn't solve, rather than the 80 or the 85 that you did. I mean, I think, probably only big labor has been very much an unqualified support.

All sorts of other people who do like it are heard from more frequently, it seems, on what they either don't have or what they're afraid you'll give away. Is that -- do you have -- I mean, that must be sort of frustrating.

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MS. CLINTON: No, because I think that's to be expected. What we had over the past year was the molding of policy that we sought out advice about, and I think for most people who take health care reform seriously what the administration was doing was the real effort that they wanted to participate in. And I think it's just understandable that they'd want to focus their attention in dealing with the administration and in trying to bring public attention to bear on those points that they want fine-tuned or changed in some way.

Now that we're in the congressional process, and they support reform 85, 90 percent, but they disagree 15 percent or whatever, I expect them to be both working very hard on what they agree with to convince members of Congress and, very honestly, setting forth their areas of disagreement, which is what I would expect them to do. So that doesn't in any way surprise me that that's kind of where we are in the process.

And it will be significant as we move forward that, you know, a number of the major physician groups endorse the President's plan and are testifying before committees to that effect, even though they may want certain changes on the margins made. And it's significant that AARP and the major senior groups have endorsed the President's plan, even though they're going to be vigilant to make sure that Medicare preserved and that, you know, we don't have anybody going off in some direction that would undermine the security that seniors already have. And you can go down the list of all of the groups that are part of the various coalitions as well as on their own who have supported what we've done.

And that is getting, I think, better focused now that decisions are being made. Up until recently the administration has been both bearing the burden of trying to put forward a policy that made good sense and trying to listen to and respond to the concerns of people who had legitimate stakes in the system.

Now that moves into the congressional arena, and I think you're going to see a lot of strong support and a lot of very effective arguing in favor of the President's plan, you know, from these groups that we've worked with all year.

MR. CLYMER: One congressman, who is probably in a very good position to know, told me we would be hearing from

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big business fairly soon, and that was Dengell. I suspect that anybody who has them coming around for as many things as this committee requires is in touch.

Are you satisfied with the sort of external -- as an example, you told some people last September, some congressmen, that you would have lists in every congressional district of small businessmen who would support this because it would help them.

MS. CLINTON: Right.

MR. CLYMER: I haven't heard that that's come to pass.

MS. CLINTON: Well, it is coming to pass. One of the real challenges in this administration is dealing with the important issues simultaneously that the President addresses, and I don't think there's ever been a White House that is stretched as thin on as many important matters facing the country as this one, and it would be a whole lot easier if --

MR. CLYMER: Maybe FDR's.

MS. CLINTON: Yeah, maybe FDR's. Although when you think about the seriousness of the problems facing FDR and the kind of consensus in the country that something needed to happen, and the very different atmosphere in terms of outside groups and the press and everything, I think that it -- it's certainly true that the level of difficulty they confronted is unprecedented. But, you know, gosh, he could have, you know, Louie Howe or Harold Ickes or Harry Hopkins, and not even have to worry about a lot of stuff that we have to worry about, not that it may have been easier.

But certainly, you know, we're trying to address a whole lot of things all at the same time, and just as with the budget and as with NAFTA, when we focus on something, it gets done, and it's going to get done about health care. And all of the political work and the organizational work that we know has to be part of making the President's policy come alive and be presented effectively is going to get don, but it's a considerable challenge to do.

MR. CLYMER: Do you think -- I mean, who are -- you mentioned some groups, but is this a program that really has

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an impassioned constituency?

MS. CLINTON: It does have impassioned constituencies, especially on specific parts of the program. I mean, I think that, just as we heard from the gentleman today at that forum, older Americans are passionate about prescription drugs and long-term care. Groups that understand the importance of mental health are passionate about trying to provide better mental health coverage. Children's groups are passionate about trying to have universal coverage for children's health needs.

You could go down -- I mean, you can take pieces of every part of the President's proposal and find very influential and concerned groups that understand how important something is to the country as well as to the people they represent.

You know, we're doing something in reforming a health care system that is very hard to describe easily. It is hard if you do it honestly and demagogue it and beat people over the head about it. But most Americans, in every poll I've looked at, and certainly in every conversation I've ever had, feel passionately about health care and about its costs and about its access and want something done.

And that has not changed all through this past year. In fact, every time we look at any of these polls, whether they're done by a news group or some kind of civic group, they believe -- the American public believes there's a health care crisis. They believe that they're in danger of personal bankruptcy or restricted coverage or whatever the particular concern they have might be, and every time we describe the President's plan to them honestly, their support for it jumps terrifically.

So I think there's a lot of passion out there, and it's going to be important to get it focused and directed, not only to inform the debate, but to withstand the attacks from the defenders of the status quo, who feel passionate about taking care of themselves and the piece of the health care system that has been their domain.

MR. CLYMER: I guess you've heard it. It hasn't shown, obviously, in the kind of coverage I deal with, but I maybe I'm not looking in the right places. But I sort of reflect it through congressional eyes and what I hear from

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them, and I don't, you know, get that -- I mean, I have a sense that the most passionate people up there are probably Jim McDermott and Paul Walstock, the single payer folks.

MS. CLINTON: Gee, I have a very different take on that. I don't in any way discount the passion of some of the single payer people, and I really respect that because they care about trying to make sure that Americans have good health coverage at an affordable cost.

But I don't think you could find more passionate people than Jay Rockefeller, Tom Dashell (phonetic), or Ted Kennedy or -- in some of the meetings I've been with, John Chafee, you know, Ben Carden (phonetic), who cares deeply about this issue. Pete Stark, even when you disagree with him, is passionate about health care. John Dingell, you know, his father introduced the bill.

You know, I have a very different sort of --

MR. CLYMER: I don't mean that they aren't about the issue, but, I mean, the single payer folks strike me as the ones who are passionate about their bill.

MS. CLINTON: Well, you know, I think that they have a bill and an approach which is easy to explain, and that is one of its great strengths. You know, you've got the two ends of the spectrum here. The single payer system that is being proposed is something that you can describe simply and explain easily and beat the table about. And the pure market people who don't want much change, who bring up all the scare tactics about what might happen if you try to change something, they can beat the table on that, too.

I mean, we've always known that one of the real challenges we faced in trying to put together a policy that reflected the President's conviction that you need an American solution that was unlike anything that the single payer were proposing, but that you needed to have a better organized market than the folks who were the defenders of the status quo would concede would be a much more complicated position to explain easily.

But that doesn't make it something that inspires less passion or less conviction. I mean, every time I talk about it I end more convinced than I was the day before. Sitting around in that hospital this morning with the people that I met or going down the AIDS ward, you know, I think

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that we've got the chance, by taking the really strong point of the single payer system, which is guaranteeing coverage for every American, and marrying it with reforms in the market that will keep American medicine and health care on the cutting edge by constantly pushing the envelope about what we can do, and how we can do it better, and how we can afford to do even more with less.

I think that is a very exciting policy that I now believe holds not only great promise for our country, but even as a model for some of the other countries which are single payer systems, but are concerned about how their costs are suddenly beginning to rise, and how they don't feel that they're necessarily getting the maximum amount of innovation in their system. So there's a lot that gets me passionate about this.

MR. CLYMER: Do you think that, as far as the Senate is concerned, this is 60-vote assured issue, there's a real serious possibility -- I mean, I don't know that Dole has ever said we'd filibuster, but Moynihan keeps going around and saying, "We've got to make sure that Republicans don't, so you need 60 votes." And Kennedy argues that nobody would dare. I don't know whether he's daring them to try when he says that.

MS. CLINTON: I think that they're both right. I think that you have to create, insofar as possible, a bill that will command support across party lines, that takes health care reform out of partisan bickering. But that if you do that, then you've got a bill which will be very hard to filibuster.

And whether you need, you know, 60 votes or 50 votes, what you've got is an honest effort to deal with the health care crisis, and you have a lot of momentum behind it, so that it becomes a moot question, that nobody's going to filibuster this, or if they do, it's a filibuster that can be broken.

MR. CLYMER: What do you think the Republicans are up to these days with the health crisis argument?

MS. CLINTON: Oh, I think they don't know what else to say, and they're hoping that if they say no crisis enough times, Americans will forget reality and buy the argument. It's worked for them in the past, where, if you have a

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RR. Document will be reviewed upon request.

unified, concerted political strategy with everybody singing off the same page in the hymnal, they can sort of re-shape reality and distort reality long enough for people to forget there was a problem to be dealt with.

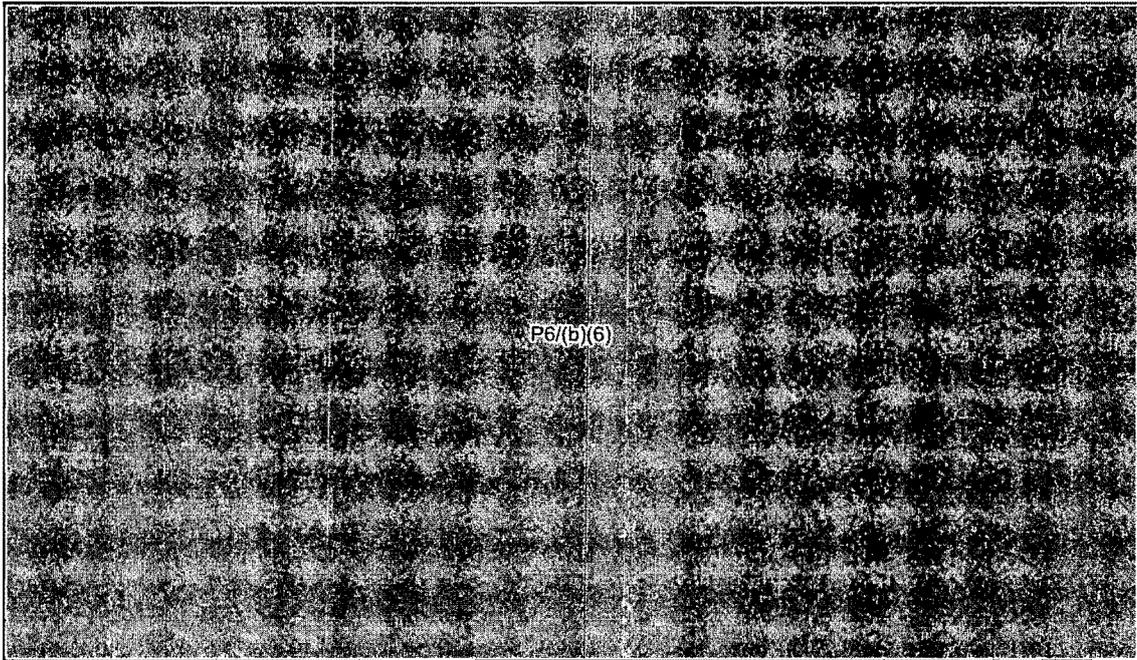
That's been around, and certainly the architect of the no crisis position, Crystal, who, you know, worked for Dan Quayle, has a vested interest in preventing the country and this President from dealing with health care.

So I see it as a strictly political strategy, which doesn't have much chance of success, because it's swimming against a pretty big tide.

MR. CLYMER: Dole, in fact, today was, I think, trying to wiggle off of it. "I think we shouldn't spend so much time arguing whether it's a crisis or just a very serious problem," which is exactly what he had been doing as recently as Tuesday night. And maybe they've got a call.

MS. CLINTON: Mm-hmm.

MR. CLYMER: Has Whitewater been a distraction? Has that gotten in the way of work, or is it, you know, just basically (inaudible)? I mean, we don't see in polling that (inaudible).



P6(b)(6)

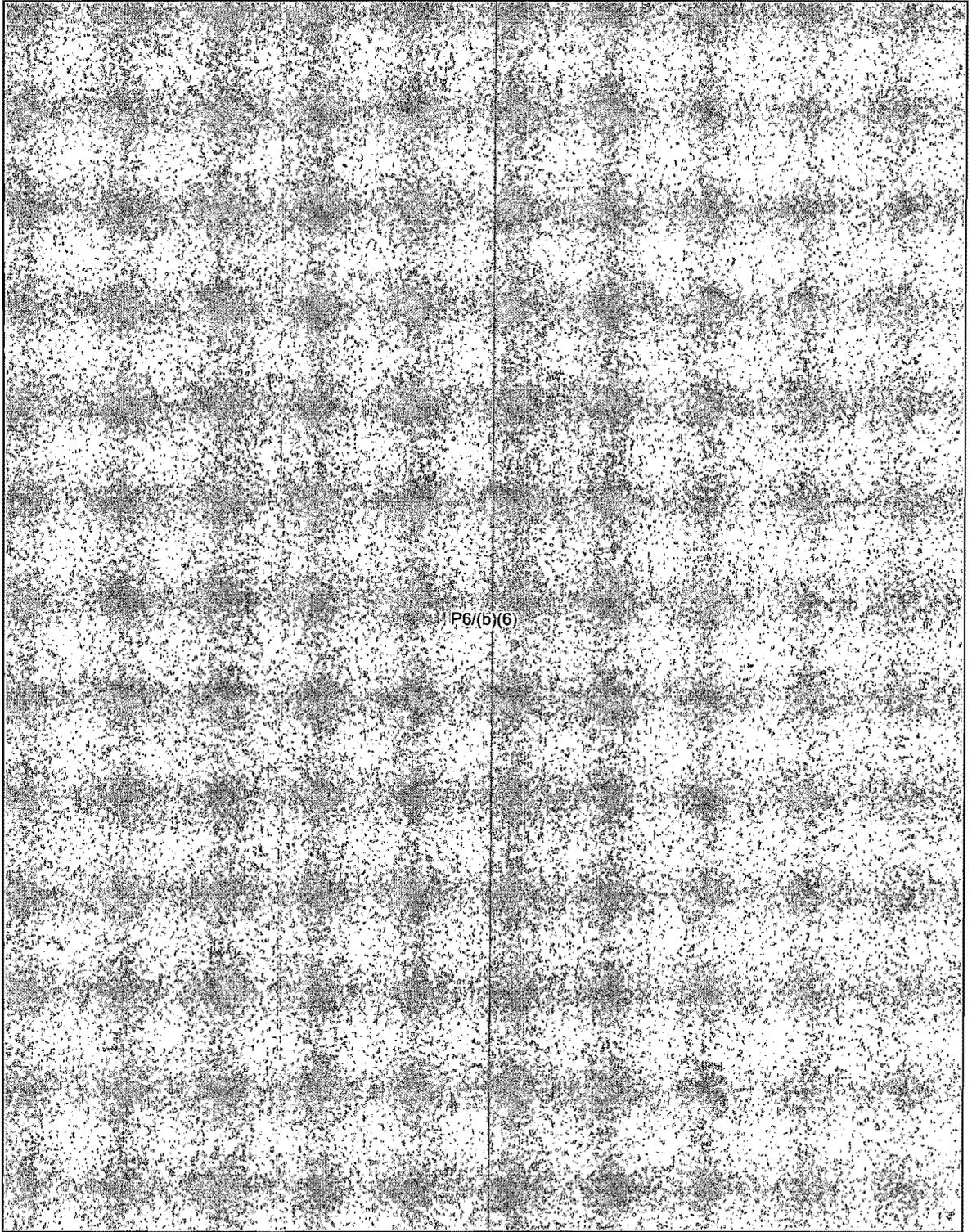
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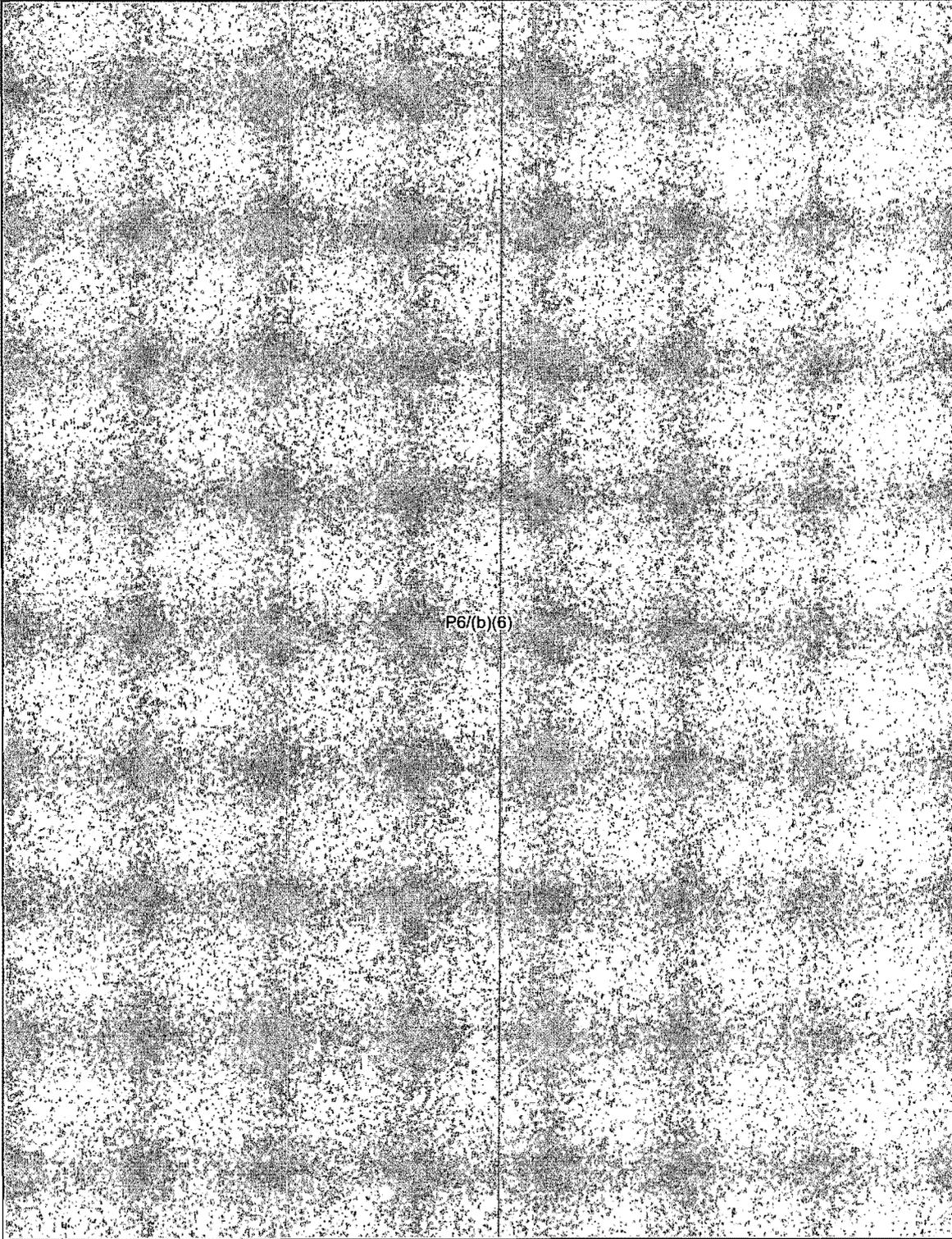
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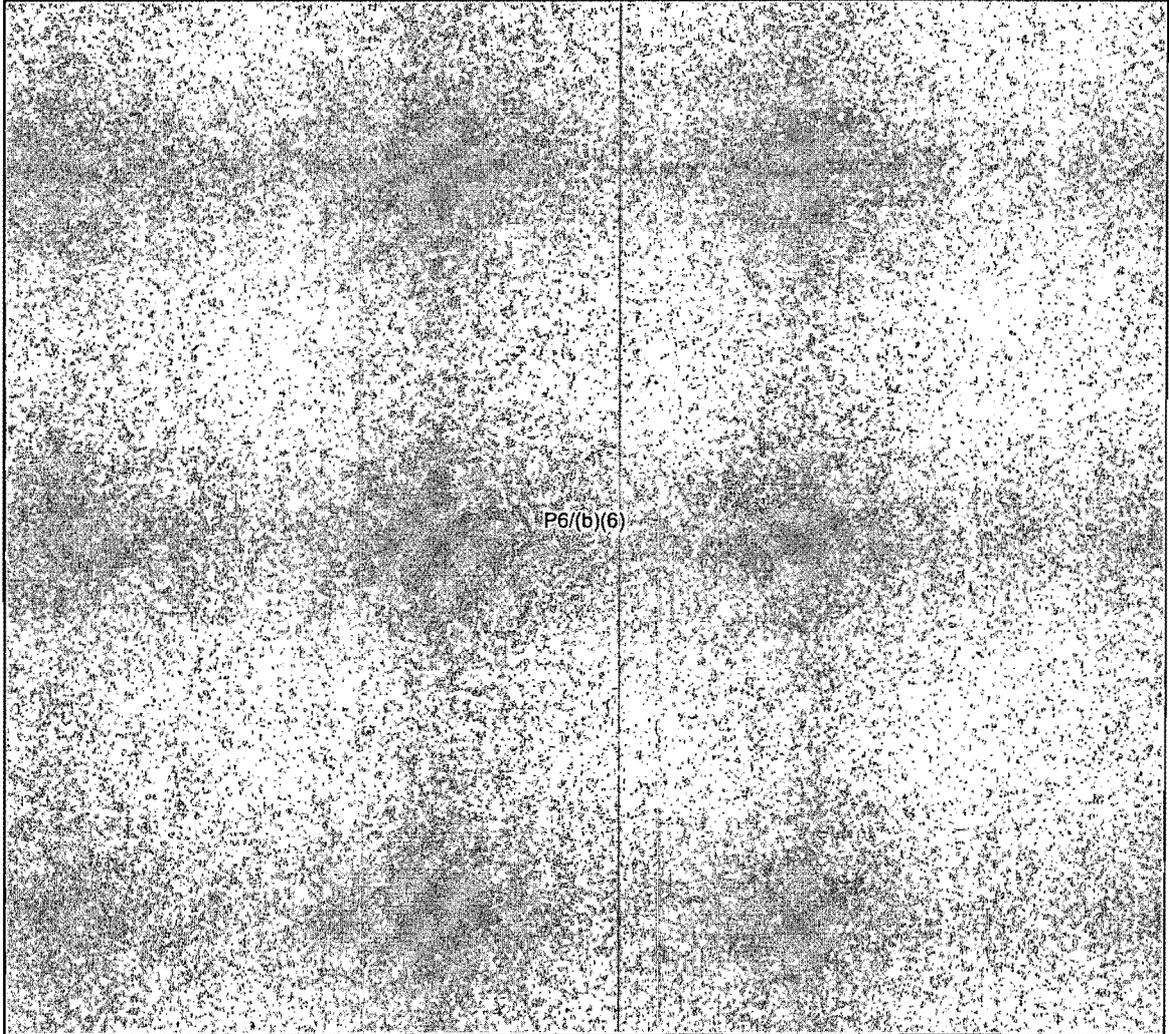
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Q Okay. Thank you. Thank you for (inaudible).

MRS. CLINTON: Enjoyed it. Thanks a lot.

(The interview was concluded.)

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