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LIASSON, MIRA
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NPRAT: Mrs. Clinton Says Health Reform Open to Compromise

All Things Considered (NPR) June 24, 1994

Transcript #1523 Segment #03

Mrs. Clinton Says Health Care Reform Open to Compromise

LINDA WERTHEIMER, Host: President Clinton said today he thinks Congress will adopt universal health care, although there may be some minor debates about how exactly to define that. It's not clear how flexible the administration will be about the pace at which universal coverage is phased in or the steps it will accept to get there.

First lady Hillary Rodham Clinton is considered to be more determined on this issue than her husband. But as NPR's Mara Liasson reports, Mrs. Clinton is making sure there is plenty of room to maneuver.

MARA LIASSON, Reporter: As the Chafee group worked on its proposal this week, the White House reacted very diplomatically. The first lady encouraged the group's work, but refused to comment on the details. White House officials were hopeful it would provide some way to get a bill out of the Finance Committee that could eventually lead to the president's goal - a piece of legislation he could credibly argue guaranteed universal coverage at some point in the future.

In an interview a few hours before the Chafee group presented its proposal, Mrs. Clinton repeated her bottom line.

HILLARY RODHAM CLINTON: There has to be some mechanism for achieving universal coverage. We think there are a number of ways of achieving universal coverage and we will wait to see what the other committees do before we reach any conclusions about what will or will not work, or what is politically possible.

LIASSON: Many members of Congress and some White House officials believe that Mr. and Mrs. Clinton have over-estimated what it politically possible from this Congress on health care reform. White House aides have been hopeful that the Chafee proposal would at least include a mechanism to phase in individual mandates, if not employer mandates. But it didn't and that, sources say, was a disappointment.

Senator Jay Rockefeller, Clinton's strongest supporter on the Finance

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Committee, said if this is the best they have to offer, it only shows we have a lot of work to do. The plan offered only a smidgen more than the marginal reforms the first lady said the president would never accept.

Mrs. CLINTON: We have been as open and flexible as we knew, but the president has laid down the bottom line, which is no more marginal reforms, no more avoiding the ultimate objective of health care reform. We have to achieve universal coverage. But he is open to the way of doing that.

LIASSON: The White House argues that without universal coverage, even marginal reforms won't work. But some of those reforms, such as a ban on denying insurance to people who have pre-existing conditions, would be welcomed by many middle class Americans. So might a goal just a little less than 100 percent coverage within the first five years. Some of the president's advisers counsel that it would be politically foolish to walk away from a deal like that, should it come to his desk. But Mrs. Clinton talks openly about that possibility.

Mrs. CLINTON: I wouldn't blame anybody. I would be just be very sad that we had failed to do what we should as a mature nation, be able to do. But my husband never gives up. So, if, for some reason it were not what he thought the country needed, he's not going anywhere. He'll be back. But I don't think that will happen.

LIASSON: Whether or not that does happen depends on just how flexible the president and Mrs. Clinton decide to be about health care reform. So far, White House officials believe their tactic of standing firm on universal coverage, and repeating the veto threat, has put pressure on the other side. But if you listen closely, Mrs. Clinton sounds a lot more flexible than her sometimes strident comments on the need for broad-based reform, would suggest. Her language is carefully chosen to allow the president as much room as possible to define what does and what doesn't meet his bottom line. None of us will get exactly what we wants, she says.

Mrs. CLINTON: If we get a piece of legislation that puts us firmly on the road toward universal coverage, and I know it will be there, yes it's not going to solve everyone's problems over night. But we didn't get into this situation over night. It will take time to do it right. But if we are on that road, then I can go back to any town I've been in, I can re-read any of the more than a million letters I have received and feel that our country has really responded.

LIASSON: Being on the road to universal coverage could mean many things. As one outside adviser says about the Clintons, 'They've never dug their heels in so hard that they've brought the process to a halt.' At the White House, I'm Mara Liasson.

[music]

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NPRME: Health Care Reform Plan a Reflection of First Lady

Morning Edition (NPR) June 29, 1994

Transcript #1378 Segment #1

Health Care Reform Plan a Reflection of First Lady

BOB EDWARDS, Host: Good morning. The U.S. dollar fell to another record post-war low today in Japan. I'm Bob Edwards. Today is Wednesday, June 29th, and this is NPR's Morning Edition.

['Morning Edition' theme music]

EDWARDS: In Japan today, former Prime Minister Toshki Kaifu [sp] may become prime minister again. The city of Aden in Southern Yemen was repeatedly shelled all night in rocket and missile attacks by forces from Northern Yemen. More meetings in Paris today on Bosnia, and a British general in Sarajevo said today the Bosnian cease-fire is dead. Gary Busey is 50 today, and today is the birthday of Congressman Fred Grandy; he's 46 years old. The news is next.

[newscast]

[funding credits given]

['Morning Edition' theme music]

EDWARDS: This is Morning Edition; I'm Bob Edwards. Hillary Rodham Clinton has been a central figure from the start in the debate over health care reform. She is the architect of the president's plan, and its chief advocate. Mrs. Clinton also has become a lightning rod for both praise and criticism. Millions of Americans have written her letters in the hopes that the president's plan will solve their health care problems. Interest groups, and some members of Congress, have complained she is strident and uncompromising in her pursuit of the president's goal - universal coverage. NPR White House correspondent has this report on Mrs. Clinton's role in White House efforts to reform the health care system.

MARA LIASSON, Reporter: So much of the administration's effort to reform the health care system is a reflection of the complicated and driven woman who leads it. The plan reflects Mrs. Clinton's own confidence that it is possible to design a system to reform one-seventh of the U.S.

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economy, and it embodies her belief that government can solve social problems.

Her emotional involvement is intense. The first lady has heard hundreds of tragic stories about people caught in the health insurance system, but, she still gets teary-eyed at almost every health care event. In an interview with NPR, Mrs. Clinton said she was grateful to have met those people.

HILLARY RODHAM CLINTON, First Lady: Almost to a person, not one of them complains to me. They don't take me aside and blame somebody. They don't yell and scream. They don't, you know, call up talk radio shows and carry on. They look me in the eye and they say, 'Let me tell you what the problems are, and let me give you my ideas about how they should be solved, and why I think every person needs to have health care coverage.' So, it's been both a sobering experience, but a credibly uplifting one to be confronted by that much courage on a daily basis.

LIASSON: When Mrs. Clinton speaks in public, she has a reformer's zeal. Health care reform is important for political and economic reasons, she says, and it's important for social justice.

Ms. RODHAM CLINTON: This is an issue that has an ethical dimension, a moral dimension. It says a lot about what kind of people we are, what our values are, what we care about. It says a lot about what kind of country we are going to have.

LIASSON: As the president's health care plan lost support with the public, the criticism of Mrs. Clinton became less restrained. Sources in and outside of the White House now say most of her mistakes were made in the beginning. She insisted on a closely controlled secretive process to develop the plan. The plan itself was huge and terribly complicated; too hard to explain to the public, too easy for special interests to pick apart piece by piece.

Against the advice of the White House political advisers, she went on the attack against insurance providers, drug companies, even potential allies on Capitol Hill, such as Congressman Jim Cooper, the author of a rival plan Mrs. Clinton felt threatened the goal of universal coverage. People who have worked both for and against her on health care say Mrs. Clinton sometimes has the hubris of the do-gooder. When she's convinced she's right, her conviction is unshakable.

As a lobbyist for a group of big hospitals, Michael Bromberg [sp] has fought hard against price controls in the health care bill, and he's had several meetings with Mrs. Clinton.

MICHAEL BROMBERG, Lobbyist for Hospitals: I sense an incredible willingness to talk, an incredible willingness to spend a lot of time. They'll spend lots of time with you, but they don't bend.

LIASSON: Mrs. Clinton's supporters have a different view. West

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Virginia Senator Jay Rockefeller is a leader in the fight for universal coverage, and he's one of the first lady's biggest boosters.

Sen. JOHN ROCKEFELLER (D-WV): She's been a driver on this. She's not been ideological, she's been willing to compromise. She's been ferociously committed to universal health care from the very beginning. When she does make gestures or statements of compromise, there's probably a very good reason for it. Like, I think she pretty much always knows what she's doing.

LIASSON: Right now, that's a proposition being debated in Washington.

Is Mrs. Clinton's hard-line stance on universal coverage a tactic or a strategy? Is she a canny poker player who knows when to hold 'em and when to fold 'em? Or is she holding out for more than Congress can deliver? Mrs. Clinton says there's no need for the president to cut a deal now. The work has to come from Congress, she says.

Some fear she will miscalculate and hold out until there's not enough time left to get a health care deal. Michael Bromberg-

Mr. BROMBERG: The art of compromise is sometimes compromising away what you think is right, and not being too thin-skinned. I mean, they're very thin-skinned of our criticism. I mean, you can see the body language change when you criticize any one of these pages. Out of the 1,341, you figure there's got to be one page there that probably can go. You try to bring it up and the whole- there's a whole shift in body language.

LIASSON: One minute there's a smile, Bromberg says, the next minute she's shaking her finger. Like many on Capitol Hill, Michael Bromberg would rather negotiate with the president than the first lady.

Mr. BROMBERG: I think that she has very strong beliefs, and I don't think she's a compromiser. I really don't. I think he is a compromiser, and he may have beliefs, but, I don't think they're as ideological. And I have heard her say several times that if the bill is not to their liking, or meeting their tests, she knows how to run on the issue.

LIASSON: It's not easy to tell whether Mrs. Clinton looks forward to running on the issue, or just wants to keep lobbyists like Michael Bromberg off balance. Asked if she would recommend the president veto a bill and then campaign on health care in the mid-term elections, she says that won't be necessary.

Ms. RODHAM CLINTON: I don't think I would have to. The president is on record as strongly as he could be.

LIASSON: [interviewing] That he would do that?

Ms. RODHAM CLINTON: Yes.

LIASSON: [interviewing] Can the White House afford to do that politically? In other words, who's gonna get the blame if he does that?

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Ms. RODHAM CLINTON: You know, I don't think about issues like that, and I wish people in Washington and politics would stop thinking about that.

LIASSON: But, people in Washington do think about that, and Mrs. Clinton seems to be one of them. She participates in political strategy sessions at the White House almost every day, and she can describe a scenario where the opponents of health care reform are blamed if the effort fails. It's based on a question she repeats often - 'How can members of Congress who have guaranteed themselves insurance, deny the same thing to average Americans?'

Ms. RODHAM CLINTON: If I were a member of Congress, I would not want to answer that question. And there are many in the Congress who will be able to answer by saying, 'That is exactly what I tried to do. Now you have to help me at the ballot box convince other members it's what you want them to do as well.'

LIASSON: [interviewing] Next time.

Ms. RODHAM CLINTON: Whenever.

LIASSON: But, many in Washington believe there won't be a next time. They think it's now or never for health care reform, and there are signs, despite Mrs. Clinton's disciplined delivery of her bottom-line demand, that she knows that too. Members of her own staff say Mrs. Clinton's inflexibility has been exaggerated. Her pragmatic side is just as strong, they say. For example, she recently warned her allies not to hold out for the moon, and she's indicated a willingness to consider compromising on abortion coverage in order to preserve the goal of ensuring everyone. And, White House officials point out, that even though her advice on health care is crucial, it's the president who will make the final decision, and he is getting advice from others, including his newly named chief of staff, Capitol Hill veteran Leon Panetta.

These days, the first lady's pragmatism is expressed in a studied vagueness. She flatly refuses to talk about dates or numbers or definitions of universal coverage, even as she worries about disappointing all the people whose expectations have been raised by the crusade she led.

Ms. RODHAM CLINTON: It bothers me every single day, but, I could feel that we had done what we should do as a nation if we get a piece of legislation that puts us firmly on the road toward universal coverage. If we are on that road, then I can go back to any town I've been in, I can reread any of the more than a million letters I have received, and feel that our country has really responded.

LIASSON: If the goal is merely being on the road to universal coverage, then the possibilities for an acceptable compromise grow. Sources say the first lady has been sobered by the events of the last year, really sobered. She may not show it, one outside adviser said, but, a lot

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of the early idealism is gone. Now Mrs. Clinton seems to be concentrating on two things - working to keep the pressure on for universal coverage, and leaving her husband as much room as possible to say he achieved his goal. If she's successful at both, she has a good chance of ensuring her own place in history. In Washington, I'm Mara Liasson.

[music]

EDWARDS: The time is 19 minutes past the hour.

['All Things Considered' promo]

[music]

[news headlines]

[music]

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@SHOW TITLE: Health Care Reform Plan a Reflection of First Lady

@SHOW DESCRIPTION: Hillary Rodham Clinton has become a lightning rod for both criticism and praise for her work on health care reform. Mara Liasson discusses the first lady's role as chief architect of the plan.

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@SHOW GUEST: HILLARY RODHAM CLINTON, First Lady; MICHAEL BROMBERG, Lobbyist for Hospitals; Sen. JOHN ROCKEFELLER (D-WV)

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THE WHITE HOUSE

Office of the Press Secretary

For Internal Use Only

June 24, 1994

AN INTERVIEW OF THE FIRST LADY
CONDUCTED BY MARA LIASSON OF NATIONAL PUBLIC RADIO,
THE WHITE HOUSE

Q Yesterday you sounded very, very hopeful about what was happening in the Senate Finance Committee, and today, as you know, some of your allies attacked the proposal, or at least the part of it that wants to install an individual mandate. They say it's bad for the democrats. Do you agree with them?

MRS. CLINTON: Well, I am hopeful about the process that's going on in the congress, in both houses of congress. And I think there's a lot of strong feelings on all sides, but what's important is that people are working together to reach a resolution of these difficult issues, and I find that very encouraging. So my hope is they will keep working and do the best job they can, and then we can go to the American people and talk about what the alternatives are and get a piece of legislation passed.

Q Last week when you spoke to the League of Women Voters you criticized the concept of a trigger, the idea of delaying -- delaying the hard decisions that have to be made if we're going to get to universal. It looks like some kind of delay mechanism or trigger is going to be -- very likely going to be part of what emerges from this process. Do you have a different feeling about the mechanism now?

MRS. CLINTON: I don't remember saying that. I remember saying that we cannot have any legislation that does not get us to universal coverage, but from the very beginning, the President and all of us who worked on this issue have said there are many ways of getting there. It is difficult to comment on abstract proposals. These ideas have to be put down on paper, they have to be analyzed, they have to be costed out, but the ultimate objective has never changed, and that is universal coverage as soon as it possibly can be obtained.

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Q Yesterday you said there were many different ways of getting to universal coverage, and you've always said that some combination of employer mandates, individual mandates, taxes, are necessary. Is any combination of those three good enough, as long as it gets to the goal?

MRS. CLINTON: Again, I would say the same as I have said all along: There has to be some mechanism for achieving universal coverage. And we have encouraged everyone on all sides of this debate to be creative, to come forth with their best thinking. Very few have put it down in writing and have actually put it into legislative language, and have actually obtained whatever the cost projections are.

We think there are a number of ways of achieving universal coverage, but you cannot vote on an abstract concept. It has to be actually worked out, and we're waiting to see what comes of the discussions that are being held.

Two committees have now finished their work. The public can look at the bills that have been reported out by the Senate Labor and Human Resources Committee, and the House Education and Labor Committee, and evaluate them. We will wait to see what the other committees do before we reach any conclusions about what will or will not work, or what is politically possible.

Q But you are quite flexible about the mechanisms. It's the (inaudible) point that you are --

MRS. CLINTON: We always have been. We always have been, because we know that this is a very difficult political challenge, and it has not been addressed in our country for more than 60 years, despite 7 presidents trying very hard to put it on the agenda.

This president has actually achieved that, and so we have been as open and flexible as we knew. But the President has laid down the bottom line, which is: No more marginal reforms, no more avoiding the ultimate objective of health care reform. We have to achieve universal coverage. But he is open to the way of doing that.

Q You spoke about the debate, the new debate that will happen when this gets to the floor, and how the public will pay attention to it, as perhaps they haven't been up until that point. If the choice then is a bill with an

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individual mandate, versus one that has more of an employer mandate, do you think then that there will be a surge of public support for universal coverage with something more -- that requires the employers to pay for it?

MRS. CLINTON: Again, I think it's hard to talk about in the abstract. You would have to see what the details are and how would this actually be implemented. In every poll I've ever seen, people favor having the employer share the responsibility. That is uniform in every part of the country.

We have the example of Hawaii, which has worked very well for 20 years, but there is an individual responsibility as well. So in fact we are always talking about both individual and employer-shared responsibility. How it actually is described and would be implemented -- we will have to wait to see what the legislative alternatives are before anyone, I think, can make a judgment.

Q You know that health reform efforts have died in the past because of the combined attacks of the left and the right, or the misguided efforts of the left and attacks from the right. Recently you told a group of your supporters that they were paying too much attention to the individual pieces that they wanted, or the individual mechanisms, instead of the big key goal, and that that perhaps could be in jeopardy if they didn't fight harder for universal coverage.

Do you think that that could be happening now, when you have groups of -- consumer groups and labor unions starting to zero in on the individual mandate instead of fighting for universal coverage? Are you worried about the debate getting so polarized that you can't get something in the middle through?

MRS. CLINTON: Oh, I always worry about that, because I do think this issue is an issue for middle class working Americans who don't have the time to spend boning up on every bit of detail about the issue. And I believe strongly that universal coverage is the key to putting our health care system on a much firmer financial footing, to providing quality and choice for every American, and for insuring that most of the Americans who are insured don't run the risk of losing their insurance, as is increasingly happening.

MORE

So I would like everyone on all sides of this issue to keep focused on what is really at stake, and that is, will we guarantee health insurance to every American? And if we keep our focus on that, people are going to have to give on the left, give on the right.

There's going to have to be an honest effort to work out differences, but the objective should remain the President's objective, and that is guaranteed health insurance. And that's what we want everyone to focus on.

Q Right now this debate is getting down to the wire. Is there anything else the White House can do, the President can do, to push this process along? Does he need to get more involved in hammering out some kind of compromise now, or do you still have a length of time left?

MRS. CLINTON: Well, I think this is -- it's moving along very well. It's remarkable that you would have the kind of attention paid to this issue and the results already from two major committees, and I know that this has been a very intense effort for members of congress. I think the President has become fully invested in this issue. I don't believe there are many Americans who don't identify him with it, but I think the work still has to come out of congress.

And what we believe in the administration and the supporters of health care reform is there will never be a better opportunity, that this is an issue that should go beyond partisan politics, you know. Children who need health care are not going to be paying their bills with clippings about rhetorical debates. I mean, this is an issue that really affects people's lives.

And the President will continue to make it absolutely clear what he expects from the legislative process, but this process has to work. I think the American people are watching very carefully to see whether or not this congress will respond and will solve their problems. I have said many times that all we are asking is that congress give the American people what they have for themselves, which is guaranteed health insurance.

There was an event on the Hill where a young woman stood and talked about her health problems, a woman who had always worked hard, she had educated herself, she tried to do what she thought was right. And a friend jokingly told her,

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well, you could always commit a crime and go to prison, because they do give prisoners health care, or you could run for office and get elected to congress, because then you would get health care.

That was not a very funny joke in the context of her life, but I think a lot of us shook our heads because it's true. If you're rich enough, you get health care; if you're poor enough, or in a prison, you get health care. But if you're in the majority of American life, the middle class, you live from job to job, where you're one pink slip away, you're one divorce away, you're one accident or illness away. So I'm hoping that the congress hears what I hear when I travel every day, and gets the job done this year.

Q If something doesn't meet the criteria that you have repeated again and again, universal coverage by a date certain, although there is obviously some legal room in that, would you counsel the President to veto it and take it to the voters?

MRS. CLINTON: I don't think I would have to. The President is on record as strongly as he could be.

Q That he would do that?

MRS. CLINTON: Yes.

Q And if he does --

MRS. CLINTON: And let me explain why, because many people say, why don't you just settle for insurance reforms, for example. Let's just try to take care of preexisting conditions or portability. The problem is, in the absence of universal coverage you cannot solve those problems. You can legislate insurance reform, but you cannot make it possible to control the cost of insurance through universal coverage.

And therefore people who have a preexisting condition or an illness, or lose their job, they may, after such insurance reforms, be entitled now to insurance. But there is no effort to help them, through either subsidies or through some mechanism to control the price of insurance, so that although it might be available to them, it remains unaffordable.

And anyone who looks at the health care system in

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our country and sees the increasing number of the uninsured, sees the way the insurance market discriminates against so many of us who have, through no fault of our own, illnesses or accidents with resulting medical conditions, knows that just legislating insurance reform without universal coverage will not solve the problem. It will, though, drive costs up for many people who already have insurance, and it will in many respects give us the worst of both worlds.

Q If the President is in the position of rejecting something, vetoing something that includes only (inaudible) preexisting conditions, portability, these bare-bones insurance reforms that you say can't work without universal coverage, and he does take it to the voters, can the White House afford to do that politically? In other words, who is going to get the blame if he does that?

MRS. CLINTON: You know I don't think about issues like that. And I wish people in Washington and politics would stop thinking about that. I mean, this President believes, and believed long before he was President, that health care reform was vital to the economic well being, to the social fabric, and really as a matter of ethics in our larger national community.

And he has staked himself out, as he has on so many issues in the last year and a half. And you know it's a lonely position to be in, to be the advocate of reform, where the forces against change are extremely well organized and know exactly what they want, which is as little as possible.

And the forces in favor of reform are confused, bewildered, have many different agendas. We know the landscape. And for my husband, being in public life, being President, is only worth it if you are actually helping people and making a difference for the positive good of the majority of Americans.

So I don't look to place blame. I just would be very sad that we as a nation had walked away from our responsibility, that we, in the face of three more -- three million more uninsured this year than three years ago, with more people in danger of losing their insurance, had turned our backs on those people, that we as a nation couldn't get our financial house in order to be able to figure out how to rein in health care costs.

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I wouldn't blame anybody. I would just be very sad that we had failed to do what we should, as a mature nation. But my husband never gives up, so if for some reason it were not what he thought the country needed, he's not going anywhere. He'll be back.

But I don't think that will happen, because I believe the congress cannot go back and face voters and answer a question which is a very simple one, in my mind: Why do they give themselves health insurance, paid for in part by their employer, namely the American people, and they cannot sit down, all those smart folks, and figure out how to do it for the rest of America? If I were a member of congress, I would not want to answer that question.

And there are many in the congress who will be able to answer by saying, That is exactly what I tried to do. Now you have to help me at the ballot box convince other members it's what you want them to do, as well.

Q Next time?

MRS. CLINTON: Whenever.

Q Okay. Yesterday I went to all the events that you were at about health care, and I notices how emotional this issue is. And it's hard not to get, as you yourself said, it's hard not to have that psychological barrier broken down when you're listening to these incredible stories about suffering, really.

I'm wondering how the process has affected you personally, and if you worry about letting some of these people down. You know, even under some of the best scenarios that can come out of congress, some of those people won't get their insurance problems solved even in the next year or two. Are you concerned about them and their expectations?

MRS. CLINTON: I'm very concerned. Because if I were in the position of the people that I've met in the last year and a half, if I were the mother who couldn't afford health care for my child, if I were the wife who didn't know what she would do with a disabled husband who needed round the clock care, or if I were the woman who had a lump in my breast and were told by my doctor if I had insurance he would biopsy it, but since I don't we'll just watch it, I don't know how I could stand that.

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I have looked into the faces of literally thousands of Americans, now. They are not complainers, they are not whiners. These are people who work every day, who pay their taxes, who there but for the grace of God go you or I. And I don't think it's right that they are put into financial jeopardy, that their lives are shortened, as we know they are. When uninsured people have the same problems as insured people, they are three times more likely to die. That is not right.

So it does, it bothers me every single day. But I could feel that we had done what we should do as a nation if we get a piece of legislation that puts us firmly on the road toward universal coverage. And I know it will be there. Yes, it's not going to solve everyone's problems overnight, but we didn't get into this situation overnight.

It will take time to do it right and to make sure that it is done so that it really helps the people that we think should be helped, as well as providing security to all the rest of us. But if we are on that road, then I can go back to any town I've been in. I can reread any of the more than a million letters that I have received and feel that our country has really responded.

And you know in a time of such cynicism, where our political system is under attack because people have so many questions that are hard to answer, I think it's important for our democracy that we let people know that their needs have been addressed and that, at least insofar as health security goes, that is an issue that will be taken care of. And that's what I think the American people deserve to have.

Q I just have one last question. This whole effort seems to have a real spiritual side for you. Yesterday you talked about the ethical and moral need to do reform, that it has a social justice component.

I'm wondering how you balance that personal commitment of yours, on those levels, with the very hard-nosed, hardball, pragmatic politics that you're going to have to be involved with, especially for the next month or two, which might involve making some very tough compromises, giving up -- which is what compromise is about -- on some things that you really, really believe are right. How do you feel? I mean, you must think about this.

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MRS. CLINTON: Well, I think that it's important to recognize what the political process can do. And what it can do is bring people together who hold very different points of views, and through that process help everyone come to some consensus. And I respect that.

I feel very strongly that we are the luckiest people in the history of the world, with our 200 year old democracy that has worked, and it does eventually get around to solving our problems. But I think it's also important to recognize that every so often an issue comes to us that does have a moral dimension, which I believe the provision of health care for every American has.

And so as we go through the politics of health care, I just want people to remember that we are talking about lives. We are talking about decisions being made that are driven not by a disease that a person has but by how much money can be paid to cure that disease. And so if we have a firm understanding of the significance of this issue, then I believe the process will work better.

And yes, there will have to be a lot of tough decisions. They are being made every day in the congress. And none of us will get exactly what we want. That is the nature of the political system. But I don't want anybody making these decisions without remembering what is really at stake, and I don't want people who themselves feel very secure ever forgetting that there but for the grace of God go they.

None of us can predict what the future holds, and we all should be putting ourselves in our brother's or sister's place and making these decisions as though our own life depended upon it. It could, but even if it doesn't, that is how we should be thinking about health care, and that's what I hope people will be thinking about as we move toward this decision that I think will be made in the best interests of the American people.

Q Has this process changed you in any way? I mean, this has been an incredible thing that you've done. I mean, how has it affected you?

MRS. CLINTON: It has, I think. It has certainly given me an opportunity to meet some extraordinarily heroic people, not only the people who are facing difficult medical

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situations, but the doctors and the nurses who take care of them.

You know, you cannot go into a trauma center and talk with the emergency room doctors and nurses about what they see every day, and how they work as hard as they know how to take care of unbelievable problems, without being moved. You can't go to a rural community and talk to a physician assistant, who is the only health care provider in very long distances, and listen to him tell you the story of what he goes through without being incredibly moved by that.

So from my perspective, I have met the people on the front lines. I have met the patients, the mothers, the fathers, the children. I have met the doctors and the nurses, and the hospital administrators. And almost to a person, not one of them complains to me.

They don't take me aside and blame somebody. They don't yell and scream. They don't, you know, call up talk radio shows and carry on. They look me in the eye and they say, let me tell you what the problems are, and let me give you my ideas about how they should be solved, and why I think every person needs to have health care coverage.

So it's been both a sobering experience but an incredibly uplifting one, to be confronted by that much courage on a daily basis. It does make it a little hard, sometimes, to come back to Washington, where I feel that that reality does not penetrate deeply enough into the institutions and the decision making that is present here.

But I understand why that happens, and I consider part of my job to try to be a voice for the people whom I've met, and to keep telling their stories every chance I get. And that's what I'm going to do.

Q Does it make you less willing to compromise, though, in terms of --

MRS. CLINTON: No, not if the ultimate objective is universal coverage. That is -- that is something you cannot compromise on. But there are many other details which, understandably, people will have to make compromises on. But you cannot compromise on obtaining universal coverage.

Q You don't have any regrets that the plan has

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been whittled down, that mandatory alliances are gone, that the benefits package is getting smaller?

MRS. CLINTON: Let's wait and see what happens.

Q Thank you very much.

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