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GOOD MORNING AMERICA

Health Reform and Universal Coverage Employers' Concerns / Abortion Coverage Providers' Concerns / Consumers' Concerns

CHARLES GIBSON Co-Host
JOAN LUNDEN Co-Host

Guests:

- HILLARY RODHAM CLINTON**
- JOSEPH PERLACKY**, Owner, Dry Cleaning Stores
- THOMAS L. YOUNG**, Executive Vice President, Owens-Illinois, Incorporated
- BOB SMITH**, Owner, Small Carpeting Franchise
- Dr. SAMUEL THIER**, Specialist, Internal Medicine
- Dr. JOHN LUDDEN**, Medical Director, Harvard Community Health Plan
- Dr. SUSAN BLACK**, Family Practitioner
- KRISTIN BEHRMANN**, Disabled Occupational Therapist
- MARTIN VASQUEZ**, Unemployed Father
- LILLOUISE ROGERS**, Unemployed Breast Cancer Survivor

NOTE: This transcript includes only the feature segments of Good Morning America. It also contains substantive news segments but omits weather reports and "bumpers" — those short segments between commercials.

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GOOD MORNING AMERICA Show #2113

Date: July 19, 1994

Health Reform and Universal Coverage

JOAN LUNDEN: *[audio interrupt]* and with doctors and medical administrators worried about what happens to medical care. And here in New York, we've assembled health consumers who have worries about coverage. And our special guest throughout the morning is the First Lady, Hillary Rodham Clinton. And we welcome you to Good Morning America. Nice to have you here.

HILLARY RODHAM CLINTON: Thank you, I'm delighted to be here.

CHARLES GIBSON: You ever thought about this hosting-a-morning-show job? I mean, it's a—

Mrs. CLINTON: You have to get up too early. I couldn't do it every day.

GIBSON: Well, it is good to have you here, and I think it's going to be an interesting morning. I should point out that we will have opposing voices in the health care debate for extended discussions in coming days. But today, questions for the administration's chief health care architect.

We've just completed a new Good Morning America-ABC News poll. Over 1,000 Americans were asked, Is the health care system in crisis? Only 32 percent said yes, 63 percent said no. Then we asked, What's the most important health care goal? Forty-three percent said guaranteed health care, but 52 percent said holding down health costs.

Mrs. Clinton, it looks like support is waning for your program.

Mrs. CLINTON: Gee, I don't think so, Charlie. I think that when you have large numbers of people saying that you need universal coverage and you need to hold down costs, that's exactly what the President's been saying. You really can't do one without the other.

GIBSON: But 11 months you've been out there talking about this, and there are no signs of consensus among the public, and certainly no signs of consensus on Capitol Hill.

Mrs. CLINTON: Well, you know, this is a very big issue, and actually we've been at this as a country for 60 years. You know, President Roosevelt and Truman and Kennedy and Johnson and Nixon, they all tried to do this. It is an important and very sensitive issue to every American. But what I see, as we go and talk with people and listen to them, is that certainly there is questioning and confusion, but there isn't any doubt that the financing of our health care system puts people into jeopardy. And they do know that we need to have universal coverage.

GIBSON: We'll follow up on these questions—

LUNDEN: Absolutely.

GIBSON: —*[unintelligible]*

LUNDEN: We are going to have many more questions for Mrs. Clinton in just a moment.

[News break]

GIBSON: Before we start our discussion with Mrs. Clinton, a little history, and one more result from our new Good Morning America-ABC News poll. The question was, What's the most important issue for President Clinton and Congress to address? Just last month, more of those polled, 33 percent, cited crime over any other issue, including health care. But this month, more people, 31 percent, cited health care.

LUNDEN: That is an indication, certainly, of just how much this issue has been in the news lately, as we come down to these final few weeks of debate. It is also a sign, perhaps, that Americans are beginning to realize just how much is at stake in this debate.

GIBSON: *[voice-over]* Perhaps not since FDR created Social Security in the '30s has there been a piece of social legislation that could so profoundly affect the lives of as many Americans as health care reform.

LUNDEN: *[voice-over]* Medicare and Medicaid got the government into the health care business, but that was just for the old and the poor. Most other Americans have health care insurance through their jobs, but at least 37 million Americans have no insurance, and that's where the debate starts.

GIBSON: *[voice-over]* An administration task force headed by Hillary Clinton came up with a proposal that would guarantee health coverage for all Americans by the year 1998. The coverage would be based on the current private insurance system with government subsidies. And the Clinton plan would be financed largely by employers and some new taxes. And in an effort to cut the costs of health care, a government board would have the power to cap insurance premiums.

LUNDEN: *[voice-over]* But Republicans on the floor of Congress and some special interest groups on television have argued there's no need for such massive change in health care, that Americans enjoy the best health care in the world, and that change should come gradually. Their proposal wouldn't provide universal coverage, but it would try to ensure most uninsured Americans through a combination of insurance reform and government subsidies for the poor.

GIBSON: *[voice-over]* Four different congressional committees have approved four very different versions of health care reform. No one version has majority support now.

[on camera] And so, the basic question is, Do we need wide-ranging reform of the health care system, or should we change the system in stages? That's why we're here, and joining us now is Hillary Rodham Clinton. And again, good morning to you.

Mrs. CLINTON: Thank you.

GIBSON: The poll numbers, let me take one more poll number. How much do you know about the Clinton plan? Twenty percent said they know a lot, 61 percent said they know very little, and 19 percent said they know almost nothing. It would indicate—we're talking about very sweeping reform of a major part of the American economy. And people don't understand it. So why not take incremental reform, do this in stages, see how it works, ra-

ther than change everything all at once?

Mrs. CLINTON: Well, we're not changing everything. That's, I think, the first point to make, is that we're really trying to change the way health care is financed, not the kind of health care and the quality of the health care that we received. And I guess the short answer, Charlie, is that about 40-plus states have tried to do a little bit. You know, they've tried to do some insurance reforms, they've tried to cap some costs. It doesn't work. The only thing that will work is to get everybody into the system, because right now, if you leave millions of people out, which we do, and if you put all the rest of us — who aren't real rich or real poor, and therefore have guaranteed insurance — at risk, you always have the costs being increased, because they can be shifted onto somebody else.

GIBSON: But there are several things we do agree on. There are things that can be done, many would contend, with insurance reform. We can get portability, people being able to take insurance from one job to another. We can make sure that insurance companies don't drop people on a whim. We can do those things with reform, see how it works, take the issue to the voters in the fall.

Mrs. CLINTON: Well, let me just say that we can do those things, but it will be very unfortunate if we do just that, because if you only say to people, "You can take your insurance, but you do not have universal coverage," then it's like saying you can have any car you want in the lot, but you may not have the money to buy it.

And what has happened in states all over the country, including the one we're in now, New York, is that if you say to insurance companies, "You have to take everybody, you have to guarantee that they have portability," which means they can move their policy, they will increase costs without universal coverage. That's what's happened here and in every state that has tried it, and that means, as the Catholic Health Association said yesterday, the costs for middle-income working Americans who currently have insurance will increase, because insurance companies will have to insure people who are sick and have preexisting conditions, and they will make up the difference by increasing the costs on the rest of us.

LUNDEN: But it would also be a shame to lower the quality of health care in America—

Mrs. CLINTON: Absolutely.

LUNDEN: —and I think a lot of Americans— I mean, by human nature, we resist change, but I think a lot of Americans are concerned by such sweeping reform that we are going to tamper with what is seen as the best health care delivery system in the world. And we did a poll on this as well. We asked people, Under the Clinton plan, do you think the quality of health care will get better, worse, or stay the same? Now, only 20 percent said that they thought that it would get better. Thirty-nine percent thought that it would get worse, and 38 percent thought that it would stay the same. Now, changing the whole system, so many people are worried that this is going to lower the kind of care that we're getting right now. How is that— how are you going to make sure that that doesn't happen, or perhaps even improve it?

Mrs. CLINTON: Well, the problem is that in many parts of the country right now, care is being lowered. People are being told what doctor they can go to. This is without one bit of reform. People are being told what hospitals they can use. People are now being told they can't have certain procedures that their doctors say are important because the insurance companies don't want them to have it. And I really understand people's concern about change. I have it myself, obviously. But we know, if you look at our system as it is today, if we do not control costs, and we cannot control costs if every American is not guaranteed insurance and does not have to fear losing it, then quality cannot remain what you and I have taken for granted all of our lives.

LUNDEN: Are we going to be able to still take for granted, though, that kind of personal relationship between the doctor and the patient, which is really the basis for a doctor being able to understand what's really wrong with you over the years? Or eventually, are we all going to be forced into an HMO or some kind of a program like that?

Mrs. CLINTON: Well, Joan, I will predict on this show that if we do not have health care reform, we will all be forced, except for the very wealthiest of us, into a situation where we have very little choice about doctors. Part of the reason we want to reform the way we finance health care is because I don't like the fact that friends of mine are being told by their employers, or by insurance companies, they can no longer see the doctor who has taken care of them. That is what's happening right now. And part of what we were trying to do with reform was to stop that. I don't want an insurance company picking my doctor or my child's doctor. But that's what's going to happen increasingly if we do not have reform, which puts the doctor and the patient back in charge.

GIBSON: Well, but, of course, a lot of people argue, with the system that you are talking about, that you're really going to force out all fee-for-service systems anyway. I'm going to take a commercial break. When we come back, I want to ask you about really whether you can contain the costs in this system. We'll be back, more questions for First Lady Hillary Rodham Clinton when we continue.

[Commercial break]

LUNDEN: And we are now continuing our discussion with First Lady Hillary Rodham Clinton. Joining us for our entire two hours, talking about health care today, and hearing from Tyler Mathisen, of course, does bring up the point of costs, which you were just bringing up *[unintelligible]*.

GIBSON: Quick question, are you going to roll the dice on universal coverage? Are you going to insist on it?

Mrs. CLINTON: Well, I think that if you don't insist on it at least being phased in at some point, you will make the problem worse. I don't want to be back here in two years explaining to people why their premiums have gone up under so-called reform. *[On screen: Universal coverage: All individuals would be guaranteed health insurance no matter how it is financed.]*

GIBSON: Phased in by when?

Mrs. CLINTON: Well, as soon as possible.

GIBSON: But you're going to insist on universal coverage, the President will veto any bill that does not get to universal coverage?

Mrs. CLINTON: I don't think the Congress will pass a bill that doesn't have at least some plan to get to universal coverage.

GIBSON: If they do?

Mrs. CLINTON: Well, he's already said that he can't—

GIBSON: You would?

Mrs. CLINTON: —accept that, yes. //

GIBSON: He will still veto. Let me turn to costs, because the question is, Can we afford this? Your entire system is based on savings in Medicare and Medicaid, which, in the past, has proved problematical. And secondly, it's based on the concept that you can contain costs in health care to no greater than the consumer price index, what inflation is. No nation in the world has been able to do that, no nation, with socialized medicine, without, whatever. And yet unless you can do that, the costs are going to explode.

Mrs. CLINTON: Well, in fact, we're doing it in this country now in many regions of the country. I mean, one of the reasons why people are confused is that the economy has improved, we've got, you know, about 3.5, more than that, million new jobs. People are feeling slightly better, more secure. And in response to the promise or the threat of reform, a lot of the inflation in health care has gone down.

GIBSON: But if market mechanisms are doing it, then why do we need to reform?

Mrs. CLINTON: Because it's only happening in certain regions, and it's also a very interesting phenomenon, every time a President, whether Democrat or Republican, has said we need to reform health care, market forces have been willing to rein themselves in. But as soon as the threat is up, the top explodes, and the costs go up again.

GIBSON: Mrs. Clinton, even if you're able, even if you're able, and it's—a lot of people question whether you can, to simply cut the inflation in health care costs in half, the estimates are you're putting upwards of \$600 billion on the deficit over 10 years. That's very frightening. The costs on this thing can take off.

Mrs. CLINTON: But not under the President's plan. If you go back and look at the way the Congressional Budget Office and independent people evaluated that plan, because we were cutting the waste as well—you know, the paperwork, the bureaucracy, the administration, the fraud, et cetera—it is absolutely true that the deficit by the year 2000 would be held stable and go down. Now, many of the other plans that are floating around would explode the deficit. That's absolutely the case.

GIBSON: The CBO only assumes that you're going to be able to cap those kinds of costs. Nobody knows how you're going to do it. Nobody's said how you're going to do it.

Mrs. CLINTON: Well, but we have said that we—we're going to do it several different ways. I mean, first of all, there is no reason for Medicare and Medicaid to increase as much as they have. The reason they have is because there have been no kinds of containment within those programs. And we want to eliminate Medicaid. It's been a program

that's been too costly for what it delivered. And we want to give more to people under Medicare, but to do it in a more cost-effective way, with drugs and long-term care. But the real problem is this so-called cost shifting—

LUNDEN: Yes.

Mrs. CLINTON: —that goes on.

LUNDEN: Many more questions—

GIBSON: We will get to that.

Mrs. CLINTON: Good.

LUNDEN: —we'll be back with more questions next half hour.

[Commercial and news break]

SPENCER CHRISTIAN: In our new Good Morning America-ABC News poll, 71 percent support employer-supported—employer-supplied health insurance, 56 percent strongly support it.

[Commercial break]

Employers' Concerns

GIBSON: We're going to turn to the issue of who will pay for your health coverage after health care reform. Businesses are very interested in the answer to this question, because a majority of Americans who are insured are covered at their place of work. And so for a closer look at these issues, our money editor, Tyler Mathisen, is joining us now from a small business out in Toledo, Ohio. Tyler, you're on.

TYLER MATHISEN, Money Editor: Good morning, Charlie, Joan, Mrs. Clinton. Of all the issues in the simmering debate over health care reform, none bubbles more intensely than what reform might really cost and who should foot the bills.

PHYSICIAN: How are you doing there?

NURSE: Oh, she's smiling.

MATHISEN: *[voice-over]* About the only number that virtually everyone can agree upon is how much health care costs now, roughly \$900 billion. Here's how it breaks down. Federal and state governments shoulder about 46 percent of the burden. Private insurance, largely paid for by employers, picks up another 32 percent. And about a fifth, or 18 percent, is financed out of pocket by consumers.

If no reforms are instituted, says the bipartisan Congressional Budget Office, that \$900 billion figure will zoom past \$2 trillion in the year 2003. All of the dozen or so plans bouncing around Capitol Hill aim to reduce that number. Among the solutions proposed are to increase competition among health plans, cut Medicaid and Medicare outlays, and cap health insurance premiums. As for achieving universal coverage, various plans propose to reach that goal through insurance reforms, taxes, subsidies, and, in several plans, an employer mandate that forces companies to provide insurance for employees and pay a portion of the cost.

Currently, businesses offering health plans pay roughly 10 percent of payroll for insurance. The administration's original plan suggested a cap at 7.9 percent of payroll for big businesses, with lower caps and subsidies for small firms and the self-employed. Still, most businesses aren't

buying it. Big companies don't want to lose control of costs and quality of care. Small outfits say it will cost them money and workers their jobs, though how many jobs might be lost is one of those numbers that nobody is able to agree upon.

(on camera) The question of who pays what for health care reform is not only a big issue in Washington among politicians, it's a hot topic all across the nation among regular people like you and me. Joining me now in Toledo, Ohio, are Bob Smith. Bob owns Professional Carpet Systems, a small carpet cleaning and dyeing company here in Toledo. Thomas Watson—excuse me, Thomas Young is executive vice president of Owens-Illinois, a company with \$3.5 billion in annual revenues. And Joe Perlacky is the owner of Suds—Duds 'n Suds, which is the laundromat here in Toledo where we're broadcasting from today. He also owns a couple of other dry cleaning and laundry establishments here in town.

Joe actually has about 22 employees, about half of whom are part time, half of whom are full time. And to those full-time employees, he offers an insurance plan that picks up about 50 percent of their coverage. Joe, understandably, is concerned about what a health care reform package might cost him, his customers, and his business. Joe?

JOSEPH PERLACKY, Owner, Dry Cleaning Stores: Well, good morning, Mrs. Clinton.

Mrs. CLINTON: Good morning.

Mr. PERLACKY: One of the concerns I have, of course, is, I have 22 employees, and from what I have read, the cost per employee is in the \$3,000 to \$5,000 range per year. That's what it would be, it's just not going to fly for me. You know, basically, it's just not going to work. If it was a percentage of that, say it was \$1,000 a person, maybe that could be dealt with. But I still have two concerns with that, and I'm going to have to do two things. Number one, as a prudent businessman, I'm going to have to cut costs. And my biggest cost is payroll. Payroll's going to cost me some jobs, or it's going to cost jobs. And the second thing, which I don't know if it's been focused on yet, is, I am going to have to raise prices. The prices are going to be passed along to the consumer, the end user. Why hasn't that been focused on as far as the people really paying the tab? Because nothing's free.

Mrs. CLINTON: You're right, nothing is free, and it has been focused on. And let me ask you, you now provide, I believe, what, 50 percent of the cost for your full-time employees. Do you buy through a big group? Do you deal with an independent broker? How do you get the costs for what you contribute now determined?

Mr. PERLACKY: OK, currently, we purchase through a group, which is through the Toledo Chamber of Commerce.

Mrs. CLINTON: Right. Well, what you're talking about in terms of the costs that you currently have, I believe you would actually see lowered under real reform of the kind that we're talking about, for several reasons. Right now, all businesses like yours pay more for health insurance per employee than your neighbor next to you, who has a big business, and state or federal government, because

they get to buy in bulk. And you know, as a businessman, if you can buy in bulk, you usually get a discount. So if you have a much bigger group of people who are all buying together, the price will go down.

GIBSON: But isn't he buying in bulk through the Toledo Chamber of Commerce, number one—

Mrs. CLINTON: It's usually—

GIBSON: —and—

Mrs. CLINTON: —not a big enough group.

GIBSON: —and number two, his costs are going to go from 50 percent per employee to 80 percent. That's mandated.

Mrs. CLINTON: No, it's not. See, that's— you know, earlier, when we talked about the poll, that's one of the things people have not understood. That was a percentage that would be going down for small businesses. No small business of your size was going to pay 80 percent, because you were going to get a subsidy. And, in fact, you will continue, under the approach the President proposes, to good to be here a subsidy. So two things will happen. One is, the cost for small businesses like yours will go down, because you will be more competitive, because you will be part of much bigger buying pools. And secondly, you will be subsidized because of the number of your employees. So the \$1,000 figure that you talked about, I think that is in the upper range of what it would cost you after reform.

GIBSON: We're—

Mrs. CLINTON: But part of the problem is, how can anybody know that? Because your experience now in the current insurance market is, you know, not very reassuring—

GIBSON: We're—

Mrs. CLINTON: —because of the cost to small business.

GIBSON: We're going to take a commercial break, get to the questions from Mr. Young and Mr. Smith. But I don't want to leave that question of subsidies sometime this morning, because there are an awful lot of areas where the government is going to have to pay subsidies, and a lot of people question whether we won't need new taxes to pay for them. But I'll get to that.

Mrs. CLINTON: OK.

GIBSON: Sixteen before the hour. More questions for Mrs. Clinton when we come back.

(Commercial break)

GIBSON: Back to Tyler Mathisen in Toledo, Ohio, with a second guest.

MATHISEN: Tom Young, whose company, Owens-Illinois, employs and insures about 66,000 people and their dependents across the world, has a different question for Mrs. Clinton. He's one of the companies that really does buy in bulk.

THOMAS L. YOUNG, Executive Vice President, Owens-Illinois, Incorporated: Good morning, Mrs. Clinton.

Mrs. CLINTON: Good morning.

Mr. YOUNG: As Tyler indicated, we do provide health care coverage for 66,000 middle-class Americans across the country, and we work very, very hard to keep the cost of that down, because we operate in very competitive businesses, but to keep the quality of the care high.

I have three specific questions that I'd like you to address, and I'll try to get to them quickly. The first is that in the various reform proposals before Congress, particularly the proposals that have been passed out of committee on a partisan basis, include very significant tax increases on companies like ours. Secondly, there are provisions in these proposals— And obviously, that will drive our costs up. There are provisions in these proposals which also will restrict the way we purchase insurance in the marketplace, and I think you're familiar with those provisions. Can you—

GIBSON: And the third?

Mr. YOUNG: —comment on—

GIBSON: OK, go ahead.

Mrs. CLINTON: Well, you know, part of what we're trying to achieve is a level playing field for all businesses, and we believe, and you and I actually talked about this when Marcy Kaptur, your congresswoman—

Mr. YOUNG: We did.

Mrs. CLINTON: —brought a very good delegation from Toledo to see me a few months ago, that what we need, if everybody's in the system, is a level playing field. And large corporations that are currently paying — and I can't remember your exact percentage of payroll — should see their costs go down because, in effect, you're paying for everybody else. I think— one of the things that we have heard over the last year is that businesses like yours want to stay in control of your health care purchasing. And that is one thing that I think the President believes should happen. So that if you can do a better job of getting costs down and controlling those costs and keeping quality up, you should be permitted to do that.

But there are certain costs that are system-wide, like paying for our medical schools and the training of doctors. And those are some things that large companies will have to help contribute to, even if they're permitted to continue to basically run their own health care purchasing, as many people are now suggesting be done.

GIBSON: Mr. Young, I'm sort of curious. Personally, do you favor the plan as— and I know you look at this as an executive of a large company. Do you favor the plan?

Mr. YOUNG: We favor the goal of providing affordable health care coverage to all Americans, and when we— what we're looking at is the specific proposals on— in Congress right now.

GIBSON: But—

Mr. YOUNG: And our concern is they will drive our costs up and our quality down.

Mrs. CLINTON: Well, you know, under the President's original approach, we didn't think that was going to happen, because we thought— in fact, the Congressional Budget Office said that one of the big winners for people under the President's approach was business, that they were actually going to save more than even we had projected. But part of what we want to have happen for the next several weeks is for you and others to work with the members of Congress and the administration to make sure that we have heard what the legitimate concerns of people are, and that we make changes so that

those changes really do work to do what you want done, which is provide affordable, quality health care, but that you don't have to carry the burden. Every business, every individual, has to share the responsibility.

GIBSON: Well, despite your hopes about business, small business is fighting you on this tooth and nail, and—

Mrs. CLINTON: Not all small business, Charlie. That's a real overstatement. In fact, there's been a new group formed with more 5.5 million employees represented and hundreds of thousands of small businesses that's standing up and saying, you know, not every small business is against this. But small business has legitimate concerns that have to be listened to.

GIBSON: Well, we'll turn to a small businessman after this commercial break. We'll be right back.

[Commercial break]

GIBSON: Back to Toledo, Tyler Mathisen again with a third guest.

MATHISEN: Our next question comes from Bob Smith.

BOB SMITH, Owner, Small Carpeting Franchise: Good morning, Mrs. Clinton.

Mrs. CLINTON: Good morning, Mr. Smith.

Mr. SMITH: Well, my concern is that looking at government's track record with certain program and institutions, such as RTC, the savings and loans, the military spending, how do you believe this program, the health care program will benefit me and give me the confidence that I can rely on the government to watch out for my health and my needs?

GIBSON: You— I'm sorry, you— before we start, you employ how many people?

Mr. SMITH: I— six.

GIBSON: You have six, and you provide no insurance, is that right?

Mr. SMITH: I provide none right now because of the cost right now. It would cost me somewhere around \$15,000 a year, 15 percent of my gross.

Mrs. CLINTON: Yes, you can't— you couldn't do that under current conditions. Well, Mr. Smith, this is not a government health care program that we're talking about. I don't want that, and I know you don't want it. It isn't like Medicare, which is a government-financed health care program, but the government doesn't tell you what doctor to go to or what hospital to use. But this is a private insurance program.

What we want is to make our insurance system work for every American. It doesn't right now. There's not one of us who is sure that we will have insurance this time next year, unless we're real rich or real poor. And what we're trying to do is to make the private market work for every American. So it's not a government insurance system at all. But the government would, as it does with many other programs, like Medicare or like the minimum wage, set certain standards. But it wouldn't tell you what doctor to use or what health care system to use. That would be your choice.

GIBSON: There would be subsidies for small companies like his?

Mrs. CLINTON: Yes, in fact, Mr. Smith, part of the prob-

lem with small businesses like yours is, you can't afford what is available in the current insurance market. That's why we have to make changes so that it would be affordable for you—

GIBSON: But—

Mrs. CLINTON: —plus you would get a subsidy from the government, because the money would be pooled together that would enable—

GIBSON: But—

Mrs. CLINTON: —it to be affordable for you.

GIBSON: Before we run out of time, you're— your plan contemplates subsidies for poor people, people above the poverty line, subsidies for small businesses, subsidies for early retirees. You also have subsidies for any big business that pays more than 7.9 percent in health— in their payroll in health costs. Those kinds of subsidies— even the old chairman of the House Ways and Means Committee said you're going to need big new taxes. Even the chairman of the Finance Committee in the Senate said this is a fantasy that we can hold costs down and pay for all this.

Mrs. CLINTON: Well, it isn't a fantasy, but it is hard for people to understand, because our only experience is what we know. Right now, we spend nearly \$900 billion a year. We spend more money than any other country. We spend enough money on health care, we just don't spend it right. We spend it too late, we send to many people to the emergency room, we have too much in waste, fraud, and abuse, we have too much bureaucracy. If we could just cut out the money that is not spent for health care but spent on paperwork, Mr. Smith and everyone else we've talked to, you could not only get the costs down so that it would be affordable, but we could take care of people who can't do it on their own.

GIBSON: Time is very frustrating. I must take—

Mrs. CLINTON: It is, it's very hard.

GIBSON: —another break. Hillary Rodham Clinton, we will be back.

[Commercial and news break]

Abortion Coverage

LUNDEN: Right now, a quick question for Mrs. Clinton based on our Good Morning America-ABC News poll. Sixty-one percent of those polled say no to this question: Should basic insurance cover abortion? Thirty-six percent say yes. And Mrs. Clinton, will the health care reform that you want cover abortions?

Mrs. CLINTON: Well, the benefits plan that has been proposed would cover services connected with pregnancy and medically necessary or appropriate abortions, because most insurance policies do now, that already exist. But there would also be conscience exemptions for people who did not want that to be part of their insurance plan.

LUNDEN: Because last week, Catholic bishops, who strongly support universal coverage—

Mrs. CLINTON: Yes.

LUNDEN: —they have said they will oppose it nonetheless if it includes abortion as a basic benefits package.

Mrs. CLINTON: And we really respect that point of view, and that is an issue that will be battled out in the Congress.

GIBSON: If it became critical to passage, would you drop it? Would you let it go?

Mrs. CLINTON: You know—

GIBSON: It's not covered by Medicare. Why should it be covered here?

Mrs. CLINTON: Well, people over 65 are on Medicare, Charlie.

GIBSON: These days, given what happened in Italy—

Mrs. CLINTON: You never know. I don't know.

GIBSON: Would you let it go? Would you let it go if it became critical to passage?

Mrs. CLINTON: Well, the administration is going to stand on its policy. But we know that this is one of those issues that will be fought out in the Congress, and maybe added to Medicare. Who knows? I don't—

GIBSON: If Congress cut it loose, that would be all right with you?

Mrs. CLINTON: You know, we're not going to get to that point. The most important issue for us to focus on is getting everybody covered and preventing anybody from losing the insurance that they have now. That's the overriding issue. And we happen to think a good benefits package should be broadly inclusive of all of the services that people would need and that they currently have.

LUNDEN: We'll come back to the issue of compromise in order to get something accomplished. We'll have more questions for Mrs. Clinton as our program continues.

Providers' Concerns

LUNDEN: It is fair to say, I think, that at the heart of health care is the doctor-patient relationship. And to understand how that relationship might be affected by any proposed changes, here is our medical editor, Dr. Tim Johnson. He is joining us this morning from Massachusetts General Hospital in Boston. And good morning, Tim.

Dr. TIM JOHNSON, Medical Editor: Good morning, Joan. As you are all rightly pointing out, health care reform is very much on the center of the political stage right now. But physicians have seen changes coming in health care for decades. However, as my medical colleague in the G.M.A. medical unit, Dr. Nancy Snyderman, now points out, doctors are increasingly concerned about the fact that they do not have a very large role in writing the prescription for health care reform.

Dr. NANCY SNYDERMAN: *[voice-over]* While it's true that doctors have done little up till now to change the American health care system, it's not true that they've been happy with it. A 1991 survey found that two-thirds of U.S. physicians think the health care system needs fundamental changes. Nearly any doctor will tell you she didn't go into medicine so the government or an insurance company could tell her how to practice. Specialists and generalists alike agree that far too much of their time is spent coping with insurance hassles that take away from

their job satisfaction and their income.

Even doctors who do well financially are worried by what they view as the capriciousness of reimbursement policies. Many doctors argue that in cases like this knee surgery, reimbursement fees have been set without taking into account doctors' actual cost of doing business.

Doctors say one big reason costs are spiraling is because their malpractice insurance premiums more than doubled in a recent eight-year span. Malpractice litigation is just one example of the ever-increasing role that law is playing in medicine, yet another crisis which is pushing doctors toward reform.

JOHNSON: I'm now on the cardiac surgery floor at the Mass. General, introducing three of my colleagues. Dr. Susan Black, a family practitioner from the city of Lowell, Massachusetts. Dr. John Ludden, who is medical director for one of the largest HMOs in the country, the Harvard Community Health Plan, and Dr. Sam Thier, who has a distinguished career in many aspects of medicine, currently the new president of this hospital, the Mass. General Hospital.

Sam, as head of a major academic teaching hospital, what would you like to ask the First Lady?

Dr. SAMUEL THIER, Specialist, Internal Medicine: Well, Mrs. Clinton, academic health centers are national centers of excellence. They produce the new knowledge and the next generation of providers that we need. But equally important is their role as the perhaps major providers of care to the uninsured. We're now looking at a situation in which managed care is constraining the resources for those institutions, and from our perspective, many of the health care proposals, including the H.S.A. proposal, also put at risk the resources we need for our future. Between now and universal coverage, we see ourselves as being quite vulnerable, and I'd be interested in your view of the place of the academic health centers in the future of medicine.

Mrs. CLINTON: Well, doctor, I was very pleased that we recently had over 70 of your colleagues, the deans and presidents of our major medical centers, at the White House to endorse universal coverage, because you know better than most that you are bearing a disproportionate share of the costs of taking care of people who are either uninsured or underinsured. And without universal coverage, I fear for the future of our finest medical institutions. So I take very seriously the role of academic health centers. And we're trying to do what we can to make sure that they will remain strong, because I don't know, if do not have reform and we do not achieve universal coverage, we'll be able to count on the financial stability of our academic health centers, which is a real problem.

JOHNSON: Follow up, Sam?

Dr. THIER: Well, I just—I was worried a little bit, Mrs. Clinton, about the period of time between the passage of any bill now and the possibility of universal coverage five years from now.

Mrs. CLINTON: Well, you're right, that the sooner we could get universal coverage, the better off you and others would be at our academic health centers. But I believe

that in the interim we should do everything we can to make sure that the financial needs of our academic health centers are met. And we do provide that. We do want to make sure that your taking care of patients, your research, your medical student training, will be subsidized. And I think that's very important. But I believe that you, as your colleagues, know that the sooner we could get to universal coverage, that you would be guaranteed the financial reimbursement for taking care of so many people who cannot take care of themselves. That's the key to making sure we have strong academic health medicine.

LUNDEN: Tim, I'm going to jump in here a moment before we talk with the other two doctors. We're going to take a break. We'll continue in just a moment our discussion among Hillary Rodham Clinton, Dr. Tim Johnson, and our guests this morning in Boston when Good Morning America continues.

[Commercial break]

LUNDEN: We are continuing our discussion now on health care, and we will go back to the Massachusetts General Hospital in Boston and Dr. Tim Johnson.

JOHNSON: Thank you, Joan. Dr. John Ludden represents the HMOs of the country, the prepaid health plans. What are your concerns for the First Lady?

Dr. JOHN LUDDEN, Medical Director, Harvard Community Health Plan: Well, Mrs. Clinton, my major concern, as you know, there are 50 million Americans who've chosen HMOs over traditional kinds of health insurance. Surveys show that they're at least as satisfied with HMOs as they are with other kinds of insurance, and our track record in quality and cost control is very good. Yet there are, in many of the proposals coming now, a lot of provisions that are really anti-HMO, that would cause great difficulty in keeping together these selective, coordinated networks. And I'm interested in whether you will oppose the kind of provisions that would take apart the HMO business. *[On screen: HMO: Health Maintenance Organization — a prepaid, organized health care plan in which patients receive services from a group of affiliated providers only.]*

Mrs. CLINTON: Well, you know, doctor, our original approach was to encourage people to have choice among good HMOs and good fee-for-service and good other kinds of health care delivery systems. And I don't think the President wants to do anything that undermines the quality of any delivery system. That's very important. What we want to do, though, is make sure people have real choice, so that if they want to choose your plan, that is their right, but if they want to choose another plan, they have that option. So I would be very reluctant to do anything and to support anything that would make what you're doing difficult. What we want to make sure is that it's done well and that it's available to those people who wish to choose that option.

JOHNSON: I'm going to move on for Dr. Susan Black, who's on the front lines in a blue-collar community as a family practitioner. What are your concerns?

Dr. SUSAN BLACK, Family Practitioner: Mrs. Clinton, what will the administration do to ensure that medical schools train more family physicians and other

generalists and bring the generalist-to-specialist ratio up?

Mrs. CLINTON: Well, you know, doctor, that was a major part of the President's approach, because he knows, as you know, being on the front line, that if we don't have more primary care physicians in communities, we will never control costs, because you need to be on the front lines seeing people. So we have proposals that would move our medical schools toward training more family physicians, and also give loan forgiveness and financial incentives to young family doctors and internists and general surgeons and the like who need to be on the front lines. So I hope that we're going to be successful doing that, because right now, as you know so well, the ratio is totally out of whack. We have far too many specialists in many regions of our country, and we don't have enough people, pediatricians, even, ob/gyns, who are able to take care of people, as you do, and help them take care of themselves in a preventive way.

JOHNSON: I'd like to raise a question I think represents concerns of all of us, that is, increasingly, it seems like the private health insurance industries of this country are taking over. They're buying up practices, they're buying up hospitals. Some cynics have called the health plan this year the private health insurance industry preservation act of 1994. Given the way private health insurances have tried to raise premiums, squeeze coverage, introduce paperwork, a for-profit system that doesn't seem to work for anybody, why should we be so sanguine about this part of our health care industry taking over more and more?

Mrs. CLINTON: Well, what we hoped is that they would not take over more and more, but that they would have to offer their services and insurance coverage to every American, that they couldn't continue to make money the way you just described, by eliminating people from coverage. And I don't know how much time the individual doctors you have on— spend on paperwork, but I know the average doctor is now spending 40 to 50 percent of his or her gross income taking care of paperwork, and the average nurse is spending 40 to 50 hours a week on paperwork that's not related to taking care of patients. So I don't want the insurance companies telling me what doctor I can go to or telling my doctor how to take care of me. But that's what's happening today, and that's what will continue to happen if we do not reform the system.

LUNDEN: You know, we'll—

JOHNSON: [unintelligible]—

LUNDEN: Go ahead, Tim.

JOHNSON: I was just going to say, let's take a little quick vote on universal coverage from very three different points of view. Sam?

Dr. THIER: I'm all for it.

JOHNSON: For the reason?

Dr. THIER: For the reason that I think if you have— first of all, I think morally it makes sense for us to care for all of our citizens. Secondly, I think you can't really have an intact system that you can put proper management over unless you have everybody involved in it.

JOHNSON: John?

Dr. LUDDEN: Universal coverage is the pathway to higher quality and lower costs.

JOHNSON: No question in your mind even from an HMO viewpoint?

Dr. LUDDEN: No question at all.

JOHNSON: And Susan?

Dr. BLACK: Universal coverage is a moral imperative that we all have to face.

JOHNSON: So at least from the physicians represented here, you get 100 percent vote, including mine, for universal coverage. And again, I come back to what Charlie asked earlier. This really is the line in the sand that you will not give up, I gather.

Mrs. CLINTON: Well, you know, as you and the other doctors have pointed out, it's a hard line to give up if you really want reform. And the problem is, all these people who are coming and saying, "All we have to do is tinker around the edges," will make every problem these doctors talked about worse. If all you do is have some insurance reforms, you will have more pressure on the academic health centers; you will have more cost pressures on HMO and prepaid health services. And you will put more and more burdens on family physicians and general practitioners. And I don't think that's what the American people want. Now, there's been lots of confusion, lots of smoke and mirrors, people looking for an easy way out. But the easy way is to do the right thing. It makes moral, economic, and social sense to have universal coverage.

LUNDEN: And no easy way out of this, but we have to get out of this right now for a commercial.

Consumers' Concerns

CHRISTIAN: Our special Good Morning America-ABC News poll shows more people are expressing satisfaction and fewer saying they are dissatisfied with the overall health care system.

[Commercial break]

LUNDEN: During the rest of our program, we and Mrs. Clinton will be hearing from people who've had dealings with the existing health care system. And out of their personal experiences come a number of questions about what the proposed changes in health care would really mean for them. And joining us first is Kristin Behrmann.

[voice-over] She is an occupational therapist. And because of a birth defect, she was born without legs, and since childhood she has walked on artificial legs. All her life, she saw the same doctors, until she switched jobs and then had to join an HMO. Now her insurance won't pay for her to see those same specialists.

[on camera] And Kristin has several questions this morning for Mrs. Clinton. It's nice to have you here with us.

KRISTIN BEHRMANN, Disabled Occupational Therapist: It's nice to be here.

LUNDEN: All right.

Ms. BEHRMANN: One of my major concerns is, under the Clinton health care reform, if it gets passed, will people have a choice of specialists and just their regular health care providers to continue continuity of health care?

Mrs. CLINTON: Yes, and what happened to you, being

told you could no longer see the doctors who had taken care of you, I guess nearly all your life, shouldn't happen. And that's one of the things we want to change. It should not be your employer's choice or an insurance company's choice as to which doctors you see. That should be your choice, and that's one of the things I want to fight very hard for, because I hear stories like yours every day.

LUNDEN: She's going to have choice and access and still coverage?

Mrs. CLINTON: Yes, absolutely. In fact, you would have coverage and choice, because what is happening now is that your employer has made the decision. And I don't blame the employer, because employers are trying to cut costs. They have to try to keep costs down. And the employers who are trying to provide insurance for you and for the other workers are basically paying for people who don't provide their own insurance. So what we want to do is to help level the playing field so that every employer will have to contribute something, like yours does now, but they will not be making the choices. The choice as to which plan to join will be yours. It's what the President and I and members of Congress get to do now. We contribute, and our employer, namely you, the taxpayer, contributes, and then we choose, not the government or anybody else. And that's what you should be able to do.

LUNDEN: Every patient, every medical situation, is different, and each time you address a person here, a patient, there are going to be questions that are going to have to be answered. And for instance, in Kristin's case, you use artificial legs, but you also need to use sometimes a wheelchair, I understand. And that is at issue right now, right?

Ms. BEHRMANN: Yes, because right now, I can't get coverage for my wheelchair because I got covered for my legs. And the people that make the decision are the people in the insurance company, and they don't even know the individual case. They don't—they know nothing about you. But since you have one, it's not a medical necessity to have the other.

LUNDEN: Who's going to be making these decisions for people like Kristin?

Mrs. CLINTON: Well, under reform, the way the President would like, you and your doctor, not an insurance company employee somewhere. Because I know of cases like yours, and I know one of the reasons you occasionally need a wheelchair is, it's hard to walk around on your artificial legs. You get tired. And you need sometimes to be able to use that wheelchair. And I don't think it's fair for somebody who knows nothing about your medical condition, who doesn't have to do the work you do every day, to make a decision that, oh, well, she's got the legs so she doesn't need the wheelchair. That's wrong. That's what I and the President are trying to prevent happening to more people.

LUNDEN: So it will be the specialists, it won't be the—

Mrs. CLINTON: Yes.

LUNDEN: —HMO, who has a vested interest, here, of course, to not OK both of these, it's going to increase costs—

Mrs. CLINTON: But the cost—

LUNDEN: —and the insurance company.

Mrs. CLINTON: But it's another short-term solution. The problem is, if Kristin, trying to do her job—I mean, here we have a young woman who is working. She's not on welfare, which many people in your condition would be. She's working, she's paying taxes, she's contributing. And what we're doing is making her medical condition precarious. Because if she gets worn out, if she gets overtired because she doesn't have access—

LUNDEN: Yes.

Mrs. CLINTON: —to the wheelchair, it's likely that your medical costs could be greater than they are if we just went ahead and gave you the wheelchair. See, that's the kind of short-term, shortsighted solution that insurance companies do because they're trying to keep costs down in a little, narrow band, namely, your particular case. And what needs to be done is get everybody in the system so everybody contributes. Then costs can be more fairly allocated, and we would not be in a situation where a—

LUNDEN: Yes.

Mrs. CLINTON: —young woman who's working and doing her part is put into what I consider an unfortunate and unnecessary dilemma.

LUNDEN: All right, Kristin, thank you very much.

Ms. BEHRMANN: Thank you very much. Thank you.

Mrs. CLINTON: Good luck to you.

Ms. BEHRMANN: Thank you.

LUNDEN: All right, coming up next, their daughter needs a special type of care. Will it be covered under a new health care plan? We'll find out when Good Morning America continues here on ABC.

(Commercial break)

GIBSON: Martin and Yadira Vasquez are the parents of 4-year-old Stephanie. Martin is unemployed right now. The family does not have insurance. Even when he was employed, he couldn't pay for his wife and three children to be covered. And so joining Mrs. Clinton and me are Mr. and Mrs. Vasquez, here to discuss their concern about Stephanie. As an infant, she got meningitis and lost her hearing. Six months ago, thanks to the generosity of a group which funds medical care for needy children, she got a cochlear ear implant, a surgically implanted hearing device for the profoundly deaf. The Vasquezes are joining us, and they have a question for Mrs. Clinton.

MARTIN VASQUEZ, Unemployed Father: Yes, Mrs. Clinton, under your proposed health care plan, would cochlear implants, upgrades, and related care be covered?

Mrs. CLINTON: Yes, because that's a medically necessary procedure that is required for Stephanie and children like her to be able to hear as they continue to grow. You know, your ear and your interior of your body, as well as the rest of you, continue to change as you develop, and you would need that. But I'm really pleased that you were able to find a way to take care of her after her meningitis, because unfortunately, I have encountered parents who were not as lucky. And so I'm pleased to see Stephanie doing as well as she is.

GIBSON: But it comes back to the question of costs. When you open the system to 35, 40 million more people,

and you have what is a very expensive series of procedures that she will need, that's going to put upward pressure on costs and prices.

Mrs. CLINTON: Well, but the problem, Charlie, is that if Stephanie were your or my daughter—

GIBSON: Absolutely.

Mrs. CLINTON: —we would do the same, and so when—

GIBSON: When you— when your mother is in sick—

Mrs. CLINTON: That's right.

GIBSON: —and you want [unintelligible] for her, but that doesn't—

Mrs. CLINTON: Well, but that's different, because this is a child who has her whole life in front of her. This is not a question of what should or not be done. That shouldn't even be asked. But what I'm interested in is, when Stephanie first got the meningitis, as I understand it, were you employed at that time?

Mr. VASQUEZ: Yes, yes, I was.

Mrs. CLINTON: But you only had insurance, I heard you— Charlie say, for yourself, and not for your children and your wife. You know, I don't know anything about your particular situation, but I have met many, many parents in that particular circumstance. And I don't know what happened with yours, but I know many parents postpone going to the doctor if they don't have insurance. Your child's running a high fever, you maybe give her some, you know, baby Tylenol or baby aspirin or something like that. You're trying to get the fever down. And you don't know that it's really serious until the damage has been done.

I'm not going to ask you to say that, because that's the kind of situation that I know is very personal. But I've been talking with families who've had children with meningitis who didn't have insurance, and their child died because they didn't get to the doctor, they kept putting it off. And by the time they got to the doctor, the disease was too far gone, or else they had even more serious kinds of problems.

And so, you know, Charlie, it's back to that same point we've made over and over again, that the doctors made, if we can get people insured so that they feel comfortable going to their family doctor, not just to the emergency room, they can get their babies taken care of, we will save money.

GIBSON: Let me ask you a question. Since people are going to be going into plans if this reform is passed, and all people will be paying the same, what is the incentive to the insurance company to try to give good service to the people—to the families like the Vasquezes that are sick? It seems to me you are still going to have the problems with insurance companies discouraging these people from coming into their plan. You don't want to give them good coverage because they're expensive, so let's get them over to another plan. In other words, you may have a system where their coverage is no better with reform than it would be now.

Mrs. CLINTON: Well, but the— but I don't think that will happen, because it does happen right now. People in insurance companies don't want children like Stephanie or the young woman, Kristin, whom we met, because they are

more expensive. But, you know, there but for the grace of God go any of us. It could be your child tomorrow, it could be me or my child tomorrow. If everybody's in the system, insurance companies don't get to call the shots any more the way they do now. They have to finance the system, but they're not making the determination, you know.

GIBSON: But could they not discourage, or try to discourage, by not giving them as good service, families from coming into their plan?

Mrs. CLINTON: But insurance companies don't give the service. It's the health care system. The problem happens when a family goes into the emergency room, and the first question they're asked is, "How do you pay for this?" Then they are put into a long line. Then they wait. Then they may not get the services they need because they're either uninsured or they're underinsured. And so the insurance companies determine the quality of care.

You know, one of the most chilling things I've learned, I learned from Dr. Koop, our former surgeon general. If you are uninsured in this country, you are three times more likely to die from the same ailment as if you are insured. And for those of us who are insured, we may say, "Well, thank goodness that doesn't affect me." The problem is, every month more and more Americans lose their coverage, and if we don't solve our financial problems, then it could be you. It could be anybody watching us.

GIBSON: We have no waiting for people who wish to have a commercial. We're going to take another break, be right back with another family. Our thanks to the Vasquez family, and to you, Stephanie.

Mrs. CLINTON: Did you see yourself on TV?

[Commercial break]

LUNDEN: I want you to finally this morning meet Lillouise Rogers. Her story is going to sound familiar to many of you. She's single, unemployed, has no medical insurance. And on top of that, she has what the insurance industry calls a preexisting condition. She's an 11-year breast cancer survivor. And Lillouise Rogers is here with Mrs. Clinton and myself. And you have a question for the First Lady?

LILLOUISE ROGERS, Unemployed Breast Cancer Survivor: Yes, my question to you, Mrs. Clinton, is, with the President's new health reform that he's implementing, will— how will it cover preexisting conditions? How will your plan cover the preexisting conditions? [On screen: *Preexisting condition: A health condition that is specifically excluded from insurance coverage because the condition existed prior to purchasing the insurance coverage.*]

Mrs. CLINTON: Well, it would no longer permit discrimination on the basis of preexisting conditions, so that your having had breast cancer 11 years ago would not be held against you and would not drive your costs up, but instead you would not only be eligible for guaranteed private insurance, but it would be at a reasonable cost. You know, one of the differences between what the President believes and what some others believe is, they say they want to do away with preexisting conditions and all of that. But if all you do is say, "Don't discriminate," then what happens, people will continue to say, "Well, all right, we'll offer you

insurance," but you're going to have to pay so much for it that it's not affordable anyway, so—

LUNDEN: But wait a minute, but why not reform that system? Once again, I've got to come back to this. Instead of blowing everything out and changing everything in a massive way, why not reform the system so that they cannot say to Lillouise, "You can't have that insurance because of a preexisting condition"?

Mrs. CLINTON: That has to be part of the change. If that's all you did, what would happen is what has happened in New York and other states which has tried to do this. What has happened here is, the insurance companies were told, "You cannot discriminate," so they said, "Fine," so they then took people who had preexisting conditions. They were able to charge them more, but they took them. That then raised the rates for everybody else. So more and more people in New York and other states which have tried this have either dropped their coverage or have paid more. Because without requiring everybody to be covered, if you take people who've been sick, it raises the costs for those of us who are well.

LUNDEN: But if you put all of these other people into the system — I'm going to take the other side of the coin now — if you put all the other— all these people under the system who previously have been said no to, isn't everyone else going to have to pay more?

Mrs. CLINTON: No. And—

LUNDEN: How?

Mrs. CLINTON: —see, that's the thing that is really at the basis of this, the common sense, which is that if everybody is in the system, so there's no longer any discrimination— you know how insurance companies make their money? They make their money by going out and finding out whether Miss Rogers is insurable and at what cost. They spend billions of dollars trying to figure that out. Then they go to you and they say, "Well, you're insurable, but we're going to charge you a little bit more because of this." That money no longer will have to be spent.

LUNDEN: Because it'll be mandated how much they can charge?

Mrs. CLINTON: It'll be mandated. Well, it'll be mandated that they have to take everybody, and with everybody in it, they won't be able to play you against me and me against you.

LUNDEN: Yes.

Mrs. CLINTON: So we will literally save billions of dollars that now don't go to making one person better, but instead just go to pushing the paperwork, the bureaucracy, and the administration.

LUNDEN: Lillouise, I hope it works for you. Good luck on the job hunting.

Ms. ROGERS: Thank you.

LUNDEN: All right, and to good health as well. We'll be back in just a moment.

[Commercial break]

LUNDEN: Well, certainly in the days and weeks ahead, we will be hearing other points of view in the health care debate as America seeks to build some kind of a consensus about this complicated social issue. But our thanks this

morning to Hillary Rodham Clinton for being with us all morning on this special edition of Good Morning America.

Mrs. CLINTON: Thank you so much for doing this, Joan. I mean, it's really important that people know what the cost is if we do nothing. You know, a lot of the problems we've heard about will only get worse. And if we can summon up the political courage to guarantee insurance to everybody, just like members of Congress and the President have, where you get to make your own choice and you're the one who calls the shots, I think we'll be able to solve a lot of problems.

GIBSON: Thanks very much.

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