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REMARKS OF THE FIRST LADY
IN QUESTION AND ANSWER SESSION
AT LIZ CARPENTER LECTURESHIP SERIES

University of Texas
Austin, Texas

Q Now, I've heard that Barbara Jordan is willing to consider an appointment to the Supreme Court. (Applause.) But I've also heard she said it's on the condition you move the Court to Manchek. (Laughter.) If that were not possible, do you have any clues for us as to the person or type of person we might look to replace Justice White on the U.S. Supreme Court? (Laughter.)

MRS. CLINTON: The only clues that I have are that the President has said over and over again that he wants somebody who will be a symbol of excellence and have some understanding of what life is really like beyond the halls of academia or the previous administration's. And I think that he is hopeful that the person he selects will have the kind of universal appeal that everyone will say, there was a good choice.

We have returned to choosing people who are uniformly acknowledged as being excellent choices without the kind of problems and strive that we've had in the past. (Applause.)

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Q I think when we start questioning our motives and thinking on an individual level, we can start feeling on a societal level. And I think that raises the question, what can we do in our own daily and individual lives to change our perspective on society and start looking for success?

MRS. CLINTON: Well, I think there are a lot of ways of answering that. I would hope that particularly here on this campus which provides so many people maybe the last or only opportunity to take a little time to think about the meaning of life and to think about who you are -- that those will not seem to be trivial or irrelevant pursuits. That really trying to think through your particular gifts is a very important part of defining who you are and

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what kind of contribution you can make. Developing a sense of confidence in your capacity to influence events around you and to help other people.

And I would also hope, spending some time to develop your own spiritual life, because part of what we are confronting is such a -- (applause) -- such a challenge to how we get through the days, the years ahead of us. That how everyone defines it, it is very hard to imagine that we will remold society or to heal it, in Ronnie's terms, without some spiritual awakening and without some understanding that eternal truths are eternal for a reason -- they have stood the test of human experience and they need to be reinvigorated in our individual lives.

Because how one defines success can be either very fulfilling or very empty. And that I think is what each of us has to challenge ourselves about on a daily basis. And there are few venues better for doing that than a university campus, and few greater opportunities than students have to try to come to grips with those sorts of issues. (Applause.)

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Q People do have hope and I think they want to believe that government can be a partner with them in doing what they want to do rather than an obstacle. What do you think from your vantage point in Washington, what can the federal government do to help local communities and help these institutions rebuild themselves?

MRS. CLINTON: Well, I think you've put it the right way; government needs to be -- the federal government anyway needs to be a partner, government needs to be a partner on all levels. But government cannot and should not try to replace individual initiative or community efforts or empowerment -- the kinds of things that Ernie Cortez and others have fought for and stood for. But what we're trying to figure out how to do at all levels of government, here in the state of Texas with Governor Richards, or in Washington with the President, is to use government to reempower people who have lost hope, who have felt alienated not just from government but from themselves, their neighbors; to give them some tools so that they can become independent and to end the cycle of dependency that has for too long fueled government programs.

I mean, government began to exist more for those who were beneficiaries than for the common good. And particularly we see that in the examples that Ann gave earlier about how programs go on whether or not they have any legitimate purpose that is being served; but we also see it in the kind of perpetuation of dependency on

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government that is not healthy for either government or the individuals.

So by pursuing welfare reform, by trying to create entrepreneurial activities, by trying to give, for example, housing projects back to tenants so that they are responsible for themselves, by trying to give the kind of incentive that will enable individuals to take personal responsibility and to bring communities together around that, the government can become a true partner in creating individual responsibility. And I think that will lead to better citizens and will lead to a better government. (Applause.)

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Q Let me take that point to a different level for a question to Mrs. Clinton. You talk about we all belong to communities. We also all belong to interest groups, which say -- Robert Reich, the Secretary of Labor said that interest groups have replaced communities in the tradition sense of the dominant organized force in American life. Mrs. Clinton, can you create a comprehensive health care reform that the most powerful interest groups in Washington cannot frustrate? (Applause.)

MRS. CLINTON: Very well put. Well, I don't mind if they frustrate as long as they don't beat it. (Applause.) You know, they're going to be obviously directly interested in all of this.

I want say just a word, though, Bill, when you said the difference between communities and interest groups, there is a difference. I mean, one of things that I have found is that interest groups by definition employ people whose livelihood depends upon keeping the interest group agitated so that they will have to continue employing them to try to solve problems that the employees of the interest groups have made up. (Applause.) So I find all the time, not just with health care, but on other issues, that the paid representatives of the interest group often don't speak for the community of interests that they are paid to represent. (Applause.)

Now, is it going to be difficult to bring about change in a system as complicated as our health care system, which represents one-seventh of our economy? It will be absolutely very difficult. But if we approach the changes that are going to be proposed with good faith on the part of all of us, no matter who we are or who we represent, I believe there will be a consensus that reflects the national consensus that we have to change the way our health care system operates. And that in order to achieve that change, every single interest represented in the health care system will have to give up something. We will all have to change for the better good of the entire system. And that, I hope, will be a

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compelling enough argument to overcome the strong objections of some of those who will be asked to change the way they've been doing things.

Q Do you wish that you had not imposed a deadline for finishing the program? Would you like to have more time?

MRS. CLINTON: Well, I think that what the President did was to impose a deadline in part to make sure it got finished. You know, there's a way in Washington of never finishing anything that you start. (Applause.) I think that as long as it is finished in May -- we may not be as early in May because of some delays that we've experienced -- but certainly, as long as it's finished in May, I think the President will be satisfied, because he wants to move it. Because if we do not deal with health care while we are trying to deal with the deficit, we have not dealt with the deficit. (Applause.)

The majority of Americans understand that, because even though the President's budget has received extraordinary support in the country and in the Congress, even cutting the deficit by the approximate \$500 billion that is now projected over the next four to five years will not be sufficient unless we gain control over the exploding health care costs that will perpetuate and eventually increase the deficit to the level that it would have been had we not taken the steps the President has outlined, and even greater deficits will result.

So dealing with health care is not just a human imperative, it is a budgetary necessity -- not just for the federal government, but as the Governor can tell you, for every state government, for most country governments, and equally important, for most businesses and households in this country. So I hope that the speed with which the President is trying to move on this, which reflects his sense of urgency about it, will be recognized and acted upon by the Congress. But, of course, the only way to make sure that happens is if the people in this arena bring some pressure and urgency to bear once the plan is unveiled and the President moves forward with it. (Applause.)

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Q I would like to ask Mrs. Clinton her thoughts about the concepts that are floating and many -- they vary around managed competition from a more purist form to those which encompass global budgeting. And I would like to ask if you believe the move towards a managed competition kind of plan would allow us to have the kind of reform which we so desperately need, including benefits for mental health and long-term care. (Applause.)

MRS. CLINTON: The kind of plan that the President talked about during the campaign and that he believes would most likely work in our country is a form of delivery that would use as

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its base a standard comprehensive package of benefits for all Americans. Depending on how much we are willing to pay, those benefits can include some mental health benefits, substance abuse benefits and can begin toward moving us to a system of long-term care.

Part of the challenge that we face in putting this package of benefits together is to strike the right balance that is fair to all Americans, those who are currently insured but not adequately ensured; those who are uninsured; those who are paid for by Medicaid and government programs; so that we have a benefit package that all of us will feel will meet our hospitalization, our primary and preventive health care needs, our catastrophic needs and hopefully mental health, substance abuse, and some beginning efforts on long-term care.

Now, in order to be able to do that, you have to face some really tough questions about how it's going to be paid for and who's going to pay for it. And I think that what the President believes is that maintaining choice, maintaining quality control, maintaining some competitive public-private system is more likely to produce the kind of long-term gains that we hope to see in this system through controlling costs than any other system that we could try at this time.

Now, what he also believes is that we need to have some flexibility at the state level so that states are able to -- if they are already moving in a certain direction that is compatible with controlling costs, providing universal access and ensuring quality, they can have some flexibility to do that; where they are not, then they will be mandated to achieve certain objectives that the federal government would set.

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Q It seems to me there are two real issues. One, how do we get a whole lot more people involved in leadership? And we're trying to encourage our students here to do that. How do we tell them why they should do it? And, second, when you were doing your last phrasing about, if you get to a certain point, you need spiritual healing -- and I thought about how do we keep our energy up? How do we have that healing of the soul that allows us to go? And I would love for you to comment on either of those for my students and others who are in this audience.

MRS. CLINTON: Those are two large questions that we could spend the next hour on. I think you're right about leadership. And when Liz introduced Governor Richards, she said that 20 years ago when the National Women's Political Caucus started, it started with

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faith that women would be recognized as leaders. And I don't know that anybody would have predicted that in just 20 years, one of the largest states in the country would have one of the most popular governors in the country, and she would be a woman. (Applause.)

But I think that what is out there for anyone is a chance to be a leader at all kinds of levels. And you're so right there to say that we need lots of leaders. If you look at any of our institutions, they need leadership. And they need leadership that is willing to take risks and to say things as they see them at the risk of being unpopular; to be willing to change direction when necessary; to be willing to admit mistakes. Those are not easy things to do, but the rewards are great, even in something as personal as just your own personal growth and, hopefully, beyond that in the kinds of contributions you can make to whatever institution you're committed to and to the larger society.

So leadership doesn't have to be with a capital L at the gubernatorial or the presidential level to make a difference. It can be in a family; it can be in a church; it can be in a workplace; it can be in a voluntary organization. There are so many opportunities, and those can lead somewhere else. So I think that any way we can encourage people to have enough confidence in themselves to believe they can be leaders, we will all be better off for it.

Q In the last 10 minutes, we're going to give Paul and Ronnie the chance to ask some of the very specific questions that you've collected from students in our last 10 minutes. But let me just ask a final personal question of you. There's a wonderful story about the medieval knight who comes riding back into the castle; his armor is all tattered, his horse is dragging and drooping, his spear is lanced, is bent. He's clearly been -- he's disheveled. He's clearly been in some major event. And the king says to him, "Sir knight, what in the world has happened to you?" He said, "Where have you been?" And the knight says, "Oh sire, I've been out ravaging and plundering and pillaging your enemies to the west." And the king says, "I have no enemies in the west." And the knight says, "Now you do, sire. Now you do." (Laughter.) I'm wondering, have you been surprised by the enemies you've made? (Laughter.)

MRS. CLINTON: Well, sure, I'm surprised I've made any. (Laughter and applause.) I've been more surprised -- I don't know that I've earned any enemies, although I do think having some enemies, depending upon who they are, is probably a compliment in lots of quarters. (Applause.)

I guess I've been more personally surprised at how much interest there is in me and, since I have read a lot of history in the last couple of months, how it's really *deja vu* all over again.

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So many of the same things that are being said about me were said about Abigail Adams or Dolly Madison or Eleanor Roosevelt, or a lot of the women who have been in this position. It just makes good copy, so it kind of keeps getting redone over and over again. So I'm more surprised by that.

And I suppose that both the President and the Vice President and everybody associated with this administration will be make enemies because they're trying to change the status quo; and the status quo, just like the knight on the horse, is a very strong and noble enemy to have, but it's one that needs to be taken on. And so we'll probably have some enemies because of that. (Applause.)

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Q I very much would like to raise some questions that have been put to me by my fellow students. Having spoken to many students who, like myself, intend to be physicians, there is a great deal of insecurity about the field that we are headed into, especially nowadays. One of the most common problems that physicians indicate they have is dealing with a public that often holds unrealistic expectations of what modern medicine can achieve for them. When these often unattainable results are not produced, lawsuits are often the results. Physicians today spend about half their time thinking about how to cure their patient, and the other half of the time figuring how they can defend themselves from future lawsuits. This concern with excessive liability is one of the greatest obstacles that physicians cite as bogging down the medical system. (Applause.) How can the upcoming health care reform provide physicians with relief from this binge on litigation and all the destructive effects that that litigation has?

MRS. CLINTON: You're right to express the feelings of physicians who do believe that both the cost of malpractice insurance and lawsuits arising out of allegations of malpractice, along with the kind of defensive medicine that they believe they have to practice are major problems for physicians today. And there will be some steps taken to address the extraordinary burdens that malpractice premiums place on physicians to try to remove that financial disincentive toward the responsible practice of medicine. And there will also be steps taken to provide some alternative approaches to trying to resolve disputes that arise in the context of the doctor-patient relationship, while maintaining access to the courts for those individuals and cases that need to be there.

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