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Johns Hopkins University

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REMARKS BY THE FIRST LADY  
AT THE SYMPOSIUM ON HEALTH CARE REFORM

Johns Hopkins University  
Baltimore, Maryland

11:30 A.M. EDT

MRS. CLINTON: Thank you very much. President Richardson and Dean Johns, thank you for those very warm words of welcome. And I am delighted, Dean Johns, that you have made it clear that my predecessor, Mrs. Harrison, was here before. and also I believe Mrs. Cleveland served on the committee that finally got the money together that enabled Johns Hopkins to open its doors. And I'm also pleased that you reinforced the very strong admonition that both Mrs. Harrison and Mrs. Cleveland gave 100 years ago that women should be admitted to the Johns Hopkins School. I did not have time to go back and read the clippings, but I'm sure they were roundly criticized for being so aggressive and assertive in their views. (Laughter.)

I'm also very pleased to be here with Congressman Cardin and Mayor Schموke, two leaders not just in the Congress and not just in Baltimore, but nationally on a number of issues that are very important to the well-being of our country. And I particularly enjoyed working with Congressman Cardin, whose expertise on health care and what has been accomplished in the state of Maryland with respect to the changes that have come about here and have really appreciated his counsel. And I'm always pleased to be with Mayor Schموke in his city.

I also wish to extend my congratulations to all of you who are part of the Hopkins community -- to trustees, to the distinguished members of this faculty, to staff, to students, to friends of this institution. There really isn't any other quite like it. And I am honored to be part of its centennial anniversary.

One need not be a doctor, a nurse, a medical student or even involved with health care reform to appreciate the magnitude of

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Johns Hopkins' contributions to medicine and health care in the past 100 years. How many other institutions can boast of revolutionizing the standards for medical school admission or claim credit for being among the first to include women as students? How many have so ably served the poor and indigent in the inner city around them? And how many have spawned so many important discoveries in medical treatment?

Indeed, Johns Hopkins, as you know, is widely respected for excellence, progress, and vision in health care. And besides that, how many other schools of medicine are distinguished enough to be immortalized as a question on Jeopardy? (Laughter.) As we all know, when you make it in the popular culture you really make it. And so that ought to be one of the issues you discuss during this centennial conversation.

But given your history as trailblazers in medical education and research, your tradition of socially responsible medicine, your remarkable faculty and students, you have much to be proud of. And yet, there is also much to look forward to in the next 100 years. You will continue, I am sure, the tradition of research that brought you the Nobel Prizes of Doctors Daniel Nathen and Hamilton Smith, to the medical advancements and the treatment of blindness, to the innovative research that Hopkins doctors have produced on brain chemistry. And, although I cannot tell you what a P53 gene is, I do know that Dr. Vogelstein's recent revelation about genetic connections to colon cancer are a welcome breakthrough for those thousands of Americans who suffer from and die from that disease each year.

And yet I also know that no matter how distinguished your past and future in research is, and no matter how great your reputation as an academic medical center throughout the world is, you have also set and changed the agenda for medical education. Few medical schools were as quick to understand the importance of incorporating humanistic learning in the training of doctors. And few others have even yet today a curriculum that so emphasizes general practice and the role of the physician in society.

And you have done all of this while not neglecting to treat patients. You are a beacon in this region and in the nation when it comes to clinical and tertiary care, and most importantly, you are an anchor in East Baltimore, providing quality treatment for poor and needy citizens who might otherwise go without.

There are many things that I could say and that will be said during this day and in days to come about the achievements of this institution. But what I would like to do for a few minutes is look toward the future and share with you what I believe will be the impact of the President's reform effort on academic medical centers

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such as Hopkins. I believe you will be encouraged by our ideas and the assumptions we are operating on. And yet, I think we also have to understand fully the context in which this reform effort is developing and moving forward.

You know better than most that although we do have much to be proud of in this country when it comes to the quality of our physicians, our nurses, our medical care, our technology, our research, we are facing a crisis. It is not a crisis that is evenly distributed throughout our population. There are many parts of our country that still wake up every day not really touched by what many of you see day in and day out here at this institution. They do not see the crowded emergency rooms. They do not see the hard choices that doctors now have to make, struggling with the competing demands of so-called managed care and their own consciences about what needs to be done.

And yet, we can't turn back the clock. We are not likely to go back to the time when health calls were made routinely, although there is some clinical work being done now which demonstrates that house calls and even telephone calls are very clinically efficacious. So it may be that a return to that would help us in other ways.

But what we now are confronting, what you confront is often a nightmarish vision of overcrowded emergency rooms, layers of paperwork, confusing insurance plans, and all too often, inadequate treatment at the end.

You have devoted your professional lives to improving the health and well-being of your fellow citizens. You're the ones who are on the front lines. And you're the ones with whom I have spent many, many hours, both personally and in my role on the health care reform task force, talking about what has happened to medicine; what has happened to the patient-doctor relationship; what has happened that has created a system that no one will take credit for, which has spun out of control, creating unintended consequences, whether it be in mountains of paperwork or in the kinds of cost-cutting practices that interfere with the quality of care. You're the ones faced with the ethical dilemmas about proper treatment for people with no health insurance. You see it all firsthand. And I have come through the last several months to see many of those same issues with you.

It is very difficult for me, and I can imagine, even more difficult for you to experience what I see happening to so many people -- doctors, nurses, other care-givers, patients, hospital administrators. When I go to a hospital, as I have in the last few months, and visit with the medical director, a man who had practiced

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for 30 years, who looks at me and says, "You know, there's that old saying, 'if it ain't broke, don't fix it.' Well, this system is broke and I don't know who's going to fix it but somebody better." And then goes on to say, "And nobody speaks for me or my patients. Those folks up in Washington, they don't represent me. I don't know who speaks for a person in my position, who has to make the kinds of choices I make every day."

And I know many of you have been in situations where you sit and talk with a family or a patient who doesn't have insurance, doesn't qualify for Medicaid or any other kind of assistance, yet, faces a medical crisis. I will never forget sitting in a small business in New Orleans, talking to workers there who had worked, some of them for 30 years for the same company. They weren't well educated people, but they got up every day and went to work. They didn't have any medical insurance because they couldn't afford it on the salaries they made. And one woman who had been there about 15 years who was a bookkeeper, a single mother, raising a child, said she tried to take good care of herself. She got a physical exam every year. But this past year she'd gone to her doctor and he'd found a lump in her breast and he referred her to a surgeon. And the surgeon had said it looked suspicious and if she had insurance he would have biopsied it. But because she didn't he would just watch it.

And I sat there and I don't think you need to be a woman to feel as I felt, that why on earth was that choice for that surgeon made not on the basis of a professional decision but on the basis of whether the kind of decision that was the right one to make was going to be paid for.

There are a million stories like this all over the country. A level of frustration among those of you who work in institutions like this or who work in emergency rooms or in Indian health clinics and to patients who come in all sizes and shapes with all kinds of problems. And as President Richardson and Dean Johns said, we need the help of people like you who know firsthand what this country is up against. We need to start by being honest with one another. We need to recognize that, as that doctor in Philadelphia told me, the system is broke and it does need to be fixed. I have yet to find anyone who with a straight face who's actually in the business of delivering health care who will tell me that everything is fine.

And our principal goal in this effort has to be to find a way to provide quality affordable health care for all Americans. The two goals of access to quality health care for every American and controlling costs so that we can afford to have a system that

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provides quality health care for all Americans are inseparable. We cannot do one without the other.

As you know so well in this hospital here associated with this institution, the more we try to cut around the edges, to jimmy people in the systems and make the people fit the systems instead of the other way around, the more problems we cause ourselves. And the costs continue to go up. And this is not a problem any longer primarily for the uninsured or the poor. This is a problem now that threatens to undermine the security of every American. There is no one I know except the very richest in our country who can be sure, given what is happening in our economy, given the changes in companies as they make decisions about benefits or lay people off or go out of business, that even those among our citizens with the best insurance will have it next year or even, in some cases, next month.

Tens of thousands of Americans join the ranks of the uninsured each month. Workers and employers are grappling over who should pay the escalating price of health benefits. American corporations are often at a competitive disadvantage because their foreign competitors usually provide health care at a cheaper cost, not less health care but more effectively delivered health care. And doctors are burdened with more and more paperwork that doesn't necessarily have anything to do with quality and with the specter of lawsuits hanging over their decisions.

Hundreds of Americans have come together in this effort to find an answer. We have had the help of many people associated with Johns Hopkins and I could not name them all. But they have been there consulting with us, advising us, giving us guidance about what will be the best solutions. Those people who are members of the Johns Hopkins community have looked at an extraordinary range of issues, along with the other members of the task force. And it is clear that we cannot just attack one part of this problem.

That is part of why we are in the situation we are in today. If you try to control the rising costs in health care by controlling price, volume goes up. If you try to control the rising costs by regulations you have more micromanagement with checkers checking the checkers, which has very little to do with quality.

So what we have to do is to look comprehensively at all of the problems that impact on the overall issue that confronts us in the health care system today. Clearly, we believe that there are a number of principles that have to guide us if we expect the system we want to see created to be effective. First, it has to provide security for every American. Health care has to be available no matter who you work for, no matter what your health status. It has to be portable from job to job and across the state lines. That

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level of security is absolutely essential. It does have to control costs, but it needs to focus on eliminating the unnecessary costs in the system first and be able to reallocate those resources to actually providing health care.

I do not know now, I have lost count of how many doctors have told me the huge percentage they are currently paying out of their income, those who are in private practice, to pay for the administrative side of their business; how many more people they have had to add; how many more hassles they have had to contend with. There are costs in this system that need to be eliminated. There is no excuse for the proliferation of forms that are of absolutely no use to the provider or the patient. There is no excuse for the kind of bureaucracy that has been built up in both the private insurance world and in the government in order to check people and double-check their decisions.

We also need to be committed to improving and retaining quality and by maintaining choice on behalf of patients. And we need to have a system that is simple enough for the average person to understand and feel good about.

We are looking for those kinds of solutions and believe that we are close to being able to present a proposal that will enable us to achieve a system that meets them. But there is a particular piece of this that I know is of great importance to the Johns Hopkins community, and that is the role of the Academic Medical Center. The kind of important role that has been played by Johns Hopkins and will continue to be played is one that we have spent a great deal of time working on, to be sure that we understand how best to put into place an overall reform system that will enable the Johns Hopkins of our country to continue and even enhance the important roles currently played.

There are a number of issues that come into consideration when we look at the Academic Medical Center. The first is the supply of physicians and the kinds of physicians in that supply. There is no way we can provide the kind of universal access that is required, and require a benefits package to be available to all Americans that emphasizes primary and preventative health care without a larger supply of primary physicians.

That is a simplistic statement, but one which will take a great deal of effort to meet. How do we move from our current imbalance of the number of specialists for primary care physicians and get to a point where we can promise there will be primary care physicians, not just in the suburbs, but in the inner city and in rural areas so there will be a true network of care that will fulfill the promise we are attempting to make to Americans.

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As Dean Johns and others have suggested, the success of our health care reform effort depends in part on our ability to put doctors and health care resources where they are most needed, not simply where they are most profitable. But that will happen only if incentives that have traditionally gone into medical education to promote specialists now go into medical education to promote generalists.

The bold curricular changes undertaken at Hopkins reflect exactly the sort of creativity and vision we need across the board. Ultimately we have to recognize that there are values in our health care system that we need to promote and reassert and even to introduce. And this curricular change that will lead to the possibility of more primary care physicians is one of those values.

I commend Hopkins and I suggest to you that our national health care reform effort will in many ways have to follow the model that Hopkins has set. Through the government provision of resources for medical education we will have to alter the incentives that are currently there if we are to have an adequate supply of primary care physicians.

We will then have to look for ways of actually providing real loan repayment options and forgiveness of loans for students who are willing to go into those area that our country most dramatically needs in primary care. We will also have to be sure that we have the kind of linkages between primary care physicians and secondary and tertiary care practitioners and facilities that will enable the primary care physician to be part of a network of care.

Technology will help us in that regard. I'm sure many of you, as I have, have watched now the kind of technological linkage that exists in rural areas with academic medical centers in some parts of our country. Where we are getting to the point where a doctor in a rural area can hold an X-ray up and it can actually be read 400 or 500 miles away.

We need the kind of communication and cooperation between our academic medical centers and these primary care physicians once their supply is increased to ensure that we have the quality of care that they will expect to be able to delivery to their patients. We also will have to be sure that the academic medical centers do not in any way fall down on their responsibility to train specialists and subspecialists, but at least for the immediate future, the balance has to be altered.

I am particularly grateful to Dean Johns and to Dr. Jim Block for the time that they have spent with us talking through the

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problems of the academic medical centers, how to keep the missions of these centers alive. And let me just run through some additional issues that we think will be particularly helpful to these centers.

In addition to your obligation to help us meet our supply problem, we anticipate being able to help centers such as this deal with their financial problems. You currently bear a disproportionate burden of treating patients who cannot afford to pay. Under a new health care system, however, all patients will be entitled to health care coverage and all providers will be fairly compensated for their services. This is particularly important for the uncompensated care that is delivered by a hospital such as the one here and many others like it around the country.

I have often explained, or tried to explain to audiences of citizens what that \$20 bill for the Tylenol means on the hospital bill they receive in trying to explain to them how uncompensated care is paid for. Because one of the sad, and perhaps unfair, facts that we confront in the health care reform debate is that most Americans believe there is a very simple answer: Don't charge as much for what you do. That, to them, is the answer. All the rest of these issues that we have looked at and worried about over the last five months pale into insignificance against the overwhelming public perception that the real problem in health care is that doctors charge too much, hospitals charge too much, insurance companies charge too much, everybody charges too much so we just cut everybody's prices and everything will be fine.

You know that is not the case, and I know it. But it will be one of our challenges to educate the public and the more that you can talk about what it means for an institution like Hopkins Hospital to try to care for the people of East Baltimore, and to try to fund that care when so many patients are either uninsured or underinsured will enable us to have a much better educated audience when we come forward with health care reform.

So there will be great opportunities because there will be so little uncompensated care left when we are able to reform the system. There will also be incentives for hospitals, such as the one at Hopkins, to be part of networks that remove care away from the emergency and the tertiary care facility out into the community.

I have visited other hospitals, much as what you're trying to do here, where you begin to have a screening system so that when people walk in the door of the emergency it is not assumed that they will sit there and wait for several hours until their minor problem can be dealt with while you deal with emergencies, but instead they are immediately deflected off into a different system, maybe down the block, maybe across the street, maybe into a van where

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they are taken to a family clinic where the problem that they have can be effectively and cost effectively dealt with.

We also will continue to do what we can to support the traditional research role of the academic medical center. We know how important that is. I ticked off earlier some of the many advances that have been and will continue to be made in medical research here at this institution.

We will look for ways to support that research. We believe that medical research is a cost effective investment, and we will be looking for ways to spread the burden more fairly and to increase the resources available to academic medical centers so that you can look forward to a steady stream of revenue, maybe even increasing in some areas a particular need so that we can continue the kind of breakthrough research that has been the hallmark of Hopkins and other academic medical centers.

We will also look for ways to be sure that that wonderful phrase that comes from one of your leaders, managed cooperation, is the reality. That is what we are really looking for. We are not looking for an environment in which the academic medical center competes with any other institution at the lowest common denominator. We are looking for ways to enhance the special roles of all kinds of institutions within our health care delivery system. That can only come about through cooperation.

And I had no idea before I got into this how difficult cooperation was. (Laughter.) You know how difficult it is. But it's going to require new attitudes on the part of lots of people. Specialists are going to have to cooperate with non-specialists; doctors are going to have to cooperate with nurses; hospitals are going to have to cooperate with clinics. All kinds of cooperative, collaborative arrangement should be seeded and nurtured in a reformed environment.

There will be so many opportunities for you as physicians or nurses or other staff members to have your roles enhanced and to be given back authority for making decisions again. But that will then put the burden on you of cooperating.

We have, inadvertently over the years, created a system in which cooperation was not necessarily valued. And it has not gotten us what we want. It has instead gotten us a system in which people are pitted against one another; in which reimbursement is based often on diagnosis or tests rather than quality and outcome; where teamwork is valued because it has to be there when you're actually on the floor doing what needs to be done; but is not valued within the larger system.

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So we will look to you to help us create those new relationships of cooperation. And we will look to those who are not professionals to be more responsible for their own health care; to take that primary or preventive health care option that we will now require to be given to them; to be responsible for their own well-being; to give you a little help in your efforts to try to be the healers. But you will also have to perhaps go beyond the traditional medical school orientation, to talk more about things like nutrition, diet, exercise, stress reduction, the kinds of issues that until recently have not been considered part of the mainstream medical school curriculum but which many of us in this room practice ourselves, whether you talk to your patients about them or not.

And so we will have to look to you to give new leadership of a different kind, new meaning to the words health care. Because of President Richardson said, we often have a system that is a sickness system, not a health system. And we have to participate in changing the attitudes of ourselves and our fellow citizens if this reform is really to do what we hope it will do.

The kind of opportunities available for an Academic Medical Center are really only limited by the scope of imagination and vision. I anticipate that as we move forward in the next weeks we will engage in a vigorous and, I hope, constructive debate about what direction we need to go and how the President's policies will be received. That's what should take place as we embark on a great effort to reform this system to benefit everyone.

But I hope that it will not be a debate just about narrow issues and that each of us from whatever perspective we bring will be able to step outside our own view and our own experience to think as broadly as possible. There is no better place to get that kind of vision than a place like this one. We will need your continuing guidance as so many of you have already given to us. We will need your voices.

And for every question you ask, suggest a possible answer, because there isn't any doubt, I don't think, that we can do better. We can do better as a nation because when one stops and thinks a minute about what is at stake, it is not just about how we finance health care, although certainly it is that. It is not just about insuring that we rid ourselves of the unnecessary bureaucracy and paperwork, and how we deal with the threat of malpractice that hangs over your heads, It is not just about increasing and enhancing our research agenda so that we get better results more quickly delivered to the maximum number of people. It is not even just about how we cooperate with one another among professionals. It is not

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even just about how much responsibility individuals finally are willing to take for themselves.

It is all of that, but it is more. It is about the quality of our community together. It is about what kind of people we are and intend to be. It is about how we treat one another, how we care for all of us, but particularly those who are least fortunate among us. This health care reform will certainly say a lot about Johns Hopkins, about hospitals, about medicine, but it will ultimately say a lot more about what kind of social contract we have with one another, what kind of country we are, and what kind of country we want to be. Thank you all very much. (Applause.)

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