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American Magazine Conference

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THE WHITE HOUSE

Office of the Press Secretary

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REMARKS BY THE FIRST LADY
AT THE AMERICAN MAGAZINE CONFERENCE

MODERATOR: Housewife, lawyer, children's advocate, educational reformer, wife, mother, our speaker today has been successful for many years and in many ways. And most of her career has not been played out on the cover of magazines published by us.

But the moment the Clinton campaign hit the road, that changed. And, in the last 18 months, Mrs. Clinton has appeared on at least 23 major magazine covers, at least twice each on Time, People, Newsweek, U.S. News and Word Report, New York Times Magazine, The Washington Monthly, even the National Review.

Of course, a lot of Presidents' wives have been on a lot of magazine covers, but only Mrs. Clinton, I feel sure, can claim this broad a gamut, all the way from Good Housekeeping to the American Spectator. And magazines have presented her in such very different ways. Family Circle, photographing her with her mother, showed her as a loving daughter; People Magazine posed her with Tipper Gore as best buddies; The New York Times Magazine draped her in gauze and canonized her.

On the other hand, the Washington Monthly pictured her as Nurse Ratchitt's meaner sister. And who but Mrs. Clinton could have made the cover of Spy, wielding a threateningly oversized syringe?

Taken altogether, these covers constitute perhaps the kind of informal history of the American public's and the media's changing perception of Hillary Clinton, from the campaign through the election and the inauguration to her current coronation as Congressional witness par excellence.

From Hillary to Saint Hillary, we magazine editors

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and publishers have tried to help our readers see the "real" Hillary Clinton. But it is only now, I think, now that the month-long health care project has reached the halls of Congress that our coverage has come around to any kind of portrayal that she might recognize.

Now that the world is no longer testing her against some old-fashioned definition of "First Lady" or asking her to singlehandedly stake out a new definition, today, finally, we are focusing more on what she's saying and less on how she's saying it, whether she was entitled to say it, what she was wearing when she said it, and what it means for women that she said it.

Out of all this, one fact emerges: Hillary Clinton, I believe, is the icon of the '90s. She is upper class, and she has been hitting homers -- bam! -- right over the left field center. Now, it's our chance to have her hit one right to us.

Ladies and gentlemen, Hillary Rodham Clinton.

(Applause.)

MRS. CLINTON: Thank you very much, Ruth. As an old -- increasingly old -- baseball fan, I appreciated that metaphor. I only wish that a batting average of .300 were equally good in politics as it is in baseball. But those are the differences in the kinds of arenas in which those activities take place.

And I'm just grateful to have a chance to be on the field as we move through the 1990s, facing all of the challenges that confront this country and each of us having an opportunity, if we so choose to take it, to play a role, whether it is merely the bat boy or the batter, or everything in between, or even just a cheering fan who's involved and knows how important it is. This is an opportunity that I hope all of us will see.

It is particularly a privilege for me to be here with all of you, because you are, in many respects, the filterers through which information will be given, will be received, will be interpreted by the American public as we move forward, confronting issues as complicated as health care or urban violence or a rapidly changing global political

landscape.

I have said many times, in different settings, that I am an inveterate magazine reader. I am one of those people who reads them and rereads them and passes them around and clips them out and xeroxes them. And I have found over the years that the kind of source of information that you represent, is, for me, particularly important. It's becoming more so as you become more specialized and as you branch out into other ways of communicating, because much of what I have learned about the issues that I now worry about has come from you.

Perhaps as much as any other institution in our society, your publications educate and inform, provoke, create an atmosphere in which arguments can take place, decisions be made. Whether you print stories about Bosnians or health care, new trends in cooking or automobiles, you reach into the lives of millions of Americans every single week and every single month.

It is, therefore, with some trepidation that I come to talk about how an outsider views your responsibilities in the upcoming health care reform debate, because I would argue that you have carried out your responsibility to inform admirably for many decades.

But in today's current climate of distrust, of alienation, of despair, of frustration, of contempt, of disdain, however one wants to characterize our current political culture and the feelings derived from it, you bear an even greater responsibility, because you are the interpreters, the translators, the messengers.

And you will, whether you choose actively to do so or merely by assuming a captive role, play a pivotal part in educating Americans about health care.

Health care reform is not a radical concept nor a revolutionary idea certainly anywhere in the world, nor even if one looks back on our own history. It's an issue that has been with us for many years. Franklin Roosevelt envisioned health security as the second half of Social Security; Harry Truman realized the importance of universal coverage 50 years ago and fought for it; Presidents Eisenhower, Kennedy, Johnson, Nixon, and Carter all tried to fashion changes in

the health care system.

But now we have arrived at what may be a rare moment in our history. Perhaps in Schlessinger's (phonetic) cyclical frame, the "30-year window" has opened again. We finally have an opportunity to solve a health care crisis that is costing too much in economic and human terms for both individuals and our nation.

I believe that history is on our side this time, because today, Americans from all walks of life are making their voices heard; they are ready for a solution; Congress, it appears to me, is ready to act; and we have a President who is committed to reform. It will be a long and difficult journey before we reach the final destination of health care reform, but it appears that all of the players are on the field and that, at least, the game has begun.

The President believes that nothing is more important than to reestablish a sense of basic security among the American people. He will be speaking about this at greater length in a speech tonight and through the coming weeks.

But if one looks at where we are situated nationally, and if one gets beneath the superficial coverage about the political gamesmanship and the horse race aspect of politics, what is one of the most stark realizations that I believe you can come to is how much more fundamentally insecure Americans of all walks of life, of every economic standing are today than they have been in the past.

Now, one could ask, "Do they have reason to be more insecure?" Certainly, we are not in the midst of a great world war. We are not watching our cities burn. We are not in the throes of a great social upheaval. We are not living through a depression. We can look back in the lives of ourselves in this room and certainly our parents and our grandparents and point to many realistic objective circumstances when Americans had more to be insecure about.

But I think that is to miss the point. Yes, it is true that we have been tested as a nation and that individuals who came as immigrants, who struggled on the farms, who tried to raise families under very difficult economic or other circumstances, who fought against racial or

gender bigotry, who dealt with wars that they didn't believe in, all of those facts are certainly ones to be looked at in trying to assess how secure we are today in comparison to times past.

But even in those times, if one reads more magazines from those years, going back into the Depression, one sees a sense of hopefulness and optimism and commitment toward the future that ran side by side and through every story about how difficult times were.

Even in the midst of great social problems in the 1960s, they were being fought out on a bedrock of assumed stability where, yes, if you went to school and you at least got a high school education, you would get a good job, you would go to work for somebody, you would work for 30 years, you would get a pension, maybe you would be lucky enough to have a nice house in the suburbs.

You worked to send your children to college so that they could do better than you had. All of that was assumed. It was the backdrop against which other dramas were played out. You didn't have to worry about where your children played or who they played with.

You could watch them leave in the morning, getting on their bicycles, telling them to be home in time for dinner. You could give them a bus token to get on a bus in any of our big cities so they could go to the ballpark by themselves with their friends. We didn't have this gnawing sense of insecurity.

And if one looks at the changes that have been taking place over the last 20 years, and if one looks below the surface, particularly at how the lives of most Americans are being lived now, then you can begin to understand the kind of insecurity that the President is talking about and what many of his policies are aimed at reversing.

There is no way we can have the kind of positive, forward-looking, aggressive view of the future that we need as a nation if people are not, in their own lives, feeling secure.

That certainly is true economically. If one looks at the changes in the economy and correlates it with the

level of education necessary for people now to expect to have a continually rising standard of living, then you can see what many of you have written about over the last several years, which is the decline of the American middle class, the stagnation of wages, the inability of many to do better than their parents did, the stark reality that the jobs that used to support a stay-at-home mother, children, aren't there even if one wanted them to be.

And the level of insecurity that then gnaws at people who always believed they had played by the rules, they had done what they were supposed to do, takes political and social and cultural impact.

So where do we go economically? We have to begin to rebuild an American economy which includes requiring as much education as possible, finding ways to help people retrain for jobs to become reemployed in a world economy in which, for many of them, they are becoming or already have become redundant or, at the very least, will be forced to change jobs numerous times during their work life.

And there are many aspects of that that the President is working on to try to change our mindsets. But I would plead in a special way with respect to the economic situation to spend time understanding what it is like for most Americans who are not affluent, who have not seen their incomes rise in the last 20 years, who are a part of the great majority where wages have remained stagnant.

I ask you to put yourselves in their position, to understand the tradeoffs that they feel they must make and the victimization that has crept into their mindset. It is only when we begin to understand that can we begin to deal with it and, I would even argue, can you begin to better communicate with a broader audience who will, for the first time, perhaps, think you are talking to them instead of people who dress well, come to conventions, and have basically escaped unscathed from many of the economic changes that have swept this country.

The second great source of insecurity is physical insecurity. We all know this. We live it, we see it, we watch as we and our friends and families add more and more deadbolts on our doors. We see it as children are forbidden to go outside and play. We see it as we read over and over

again in the pages of your magazines stories of senseless violence.

And we see it in the faces of those who perpetrate that violence: young men, by and large, in their teenage years who have no stake in the future, who cannot even imagine what you and I talk about when we talk about the future and who, for reasons that are very hard to understand, are better armed than the police officers we ask to contain them and their brutality.

And we have, therefore, literally imprisoned millions of Americans inside their apartments, inside their houses. One of the saddest sights for me is, as I drive through neighborhoods late in the afternoon, and I see no children playing.

I don't see them on playgrounds, unless they're teenagers. I don't see them doing the kinds of things in the streets that you and I used to do. They aren't there. They're not there because their parents or their guardians or the institutions in which they go to school or day care know they're not safe being out on those streets.

If we do not deal with this issue of physical insecurity and do so in an urgent way, we cannot expect many of the Americans who are literally imprisoned to feel good about themselves and about their prospects.

I'll never forget during the campaign when my husband and I were going through a kitchen of a big hotel. We never get to see the fronts of hotels anymore. We only go in back doors, and we usually go up stairwells. And they make you walk at least three or four flights up these concrete stairs, usually in high heels. And then we go through the kitchens, and, oftentimes, the waiters and the dish washers and the chefs are lined up to shake our hands to say hello.

And I will never forget this man, an immigrant from Greece, who grabbed my husband's hand and told him how proud he was to meet him and that he had been following the American election. This was his first chance to vote, and he was going to vote for my husband.

But then he said something which just chilled us.

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He said, "But please, Mr. Clinton, please do something to help my son. My son is in school. I walk him to the school. His mother picks him up from the school. We take him and put him inside the house. We left our home for a better future, but my son had more freedom in Greece than he has in New York."

That is what we are doing to ourselves. It is very difficult to preach to people about becoming partners in the global information age revolution, to support NAFTA and expanded trade, to understand the kind of difficult choices that have to be made as nations maneuver in the post Cold War era to establish democracy and order and free market economies when they can't go outside their houses. And they don't know whether the jobs they have taken for granted will be there next month or next year.

And the third pillar of this security triangle is health care security. It is very hard to imagine how we can expect Americans in today's climate to be productive when their security in the most basic human needs, their health, is not secured.

This is something that I have had an extraordinary privilege of looking at and hearing about over the last month. I have traveled all over our country, and I've heard literally hundreds, maybe, by now, thousands of stories. I've learned all about job lock, where people can't move from the jobs they have because they would lose their health insurance. I've learned all about welfare law, where people stay on welfare because to move off welfare to go into the kind of jobs available would mean they would lose their health care.

I've seen these stories in your magazines. One story last year that was clipped out and sent to me talked about a family in Lincolnville, Maine, and a woman, a bookkeeper, who deliberately quit her job so that she could reduce her family's income so they would qualify for Medicaid. It was the only way they could get coverage for their seven-year-old child.

The other night, I was in Rhode Island, and we were having an interactive television meeting about health care. And one of the families that was on was an upper-middle-class family, two good incomes, had two healthy children, a recent

child born without the kind of respiratory and heart functioning that was needed.

There was hope that the child could, through operations and growth, develop the kind of physical resilience that would be required. And the family went through their entire insurance policy. They hit their million dollar cap, and they could not get insurance for this baby. The child stays, to this day, at the age of 15 months, in the Yale Midhaven Hospital (phonetic).

The parents want to bring her home. They want to have the kinds of ancillary services it would take to bring her home. They can't get anyone to insure them. So the child is on Medicaid.

These kinds of experiences are really at the root of what we mean about providing health security to all of us. It means that every American should be entitled to comprehensive benefits. And there will be arguments about what should be included and what should not be included and how we can assure that most Americans have access to the benefits they need. But without comprehensive benefits that emphasize preventive care, we will not provide real security.

So the benefits package that we will propose does just that, and it will be available for any American, no matter who that American works for or whether that American changes jobs. And it will be available to what are now Medicaid recipients, because we will begin to phase Medicaid out by integrating those people who are on Medicaid into the overall universal health care system.

And we will stop the insecurity that comes to 2.25 million Americans every month who lose their insurance. They may lose it for a week, they may lose it for a month, they may lose it for a year, but all too often, that period of loss is one of extraordinary vulnerability.

The health security card that the President held up in his speech will stand for those comprehensive benefits. And what we hope we will achieve is to begin to provide some level of security that can be relied on from the moment the legislation is passed, so that all Americans can begin to feel that their health care needs will be met.

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Now, we know that security is something that may be to some these days in the eye of the beholder, but most other countries provide a universal level of health care benefits that have an advanced economy with whom we compete. And even for all of the complaining and critiquing of health care systems in other countries, there is no doubt they are considered part of the security apparatus on a domestic front that keeps the country whole and moving forward.

So that, even when governments change, as they have in Europe, where one goes from a socialist to a conservative or from a conservative to a labor leader, the health care apparatus stays in place; and that is because it has been translated into a level of security that is provided for everyone.

We also know that the system we have is much too complex, and that adds to the sense of insecurity. So, in addition to security, we want it to be simpler. The second principle the President talked about was simplicity. And, again, I have read many of your magazines and the stories that are in them that illustrate better than I could make this point.

Last year, again, I read an article of a woman who is the head of the medical records department at a nonprofit hospital in Ohio. She explained that it used to take about two weeks to train a new employee to work through a patient's charts; now, it takes an employee a full year to get up to speed with the nearly 200 forms that have to be filled out.

This is not a little issue. This is an enormous challenge. There is no reason that we have to continue having the most complex health care system in the world. And any time anyone asks me, "You know, it just sounds like you're trying to make this awfully complex," I ask them to explain for me how our current health care system works.

And I want you all to go through that exercise sometime with yourselves. Explain it. Explain how people get coverage and who gets coverage and what kind of coverage and what "underwriting" means and how we underwrite against risk and we take some people out of coverage and we have preexisting conditions. I mean, just try to explain the system we have now. You cannot design a more complex system with more parts that are basically irrelevant than the one we

have today.

If we can begin to reduce many of the functions that are unrelated to patient care, we can simplify the system. And let me just give you two examples. You will hear, and you already have seen, a lot of advertising and criticism from some groups who represent people who make their living by determining who doesn't get health insurance.

Insurance agents and underwriters have absolutely the right self-interest in mind when they attack health care reform. There will not be a need for those kinds of services if everyone is guaranteed health care. We will no longer be trying to eliminate people from coverage.

We will not have to pay on your premiums and mine the administrative costs that flow from trying to eliminate people from coverage by rating their risk and then tailoring a policy just for them that puts them at further risk if they somehow need care that falls outside the policy. We won't need people to explain 1,500 different insurance companies' approach to health care.

So make no mistake about it. Those who criticize the plan often on bases other than what their real self-interest is have a real stake in derailing health care reform. But it is very hard to justify excluding people from coverage and paying the cost of doing so. We want community ratings, we want everyone in the insurance pool, and we want everyone contributing.

The third principle of guaranteed choice for Americans (**end side 1**) is currently happening to you and certainly what is happening in the health care marketplace. Fewer and fewer of us who are insured have choice. More and more of us are told who we must choose to be our health care providers.

Employers are making those decisions, and many of you are in the position of having to make them, because it is very difficult to figure out how to control health care costs if you don't restrict choice in today's marketplace. And there are many stories of many employees -- even very well-paid employees -- who wake up one year after the annual decision has been made about coverage and find they no longer can go to the doctors they have chosen in the past.

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We believe we will actually increase choice for the vast majority of Americans. And that will be done in several ways, primarily by taking the decision making authority away from the employer and vesting it in the employee, the individual. And then that individual will choose among the health plans in the area where that individual lives.

In addition, no matter where one lives, no matter how many other organized delivery systems, HMOs, PPOs, all the other initials that are out there, no matter how many of those are created, there will be a guaranteed fee-for-service network which you can always join, if that is your choice.

And we will also enhance choice by removing the barriers that physicians now face in joining more than one plan. They will not be discriminated against and be told if they sign up with one network, they cannot sign up with another. These kinds of choices will be guaranteed. What we now see happening in the marketplace is choice further and further diminishing.

We also know that if we deal with the hard problems up front that have plagued this system, such as fraud and abuse, such as outrageous prices charged by drug manufacturers, we will begin to end the cost shifting that results from so many Americans who have become uninsured or remain uninsured or underinsured shifting costs onto the rest of us, because they do get care eventually, as you all well recognize.

I couldn't say it better than someone who wrote last year in Glamour Magazine, "The American health care system is like some grotesque organism gone out of control, wreaking havoc with individual lives and threatening the economic health of the whole country."

We also believe that if we do all of this reform and do not enhance quality, we will not have done our job. Quality is the key. It is what we have to build on. We know that we have, in many parts of our system, the highest quality medical care you can find anywhere in the world. And what we have to do is create incentives within our system to maintain that quality and to increase it.

Right now, though, you don't have much information when you sign up for an insurance plan or when you're

assigned one by your employer. You don't have much information when you shop for a doctor, except word of mouth. You call your friend's, who sounds good. You try to talk to a trusted physician.

We want more public information readily available to consumers. We want it out there in the form of report cards. We want you to be able to compare how well certain services are performed and delivered. And the best example of that that I know is one that I have used a number of times, which is what has been done in Pennsylvania for a number of years to collect information.

If I lived in Pennsylvania and I needed a coronary bypass, I at least could find out what the cost was in various hospitals and what the mortality figures were for the very same operation and what other quality indicators were. So if I wanted to be an informed consumer, I could become one. That is what we must have for the entire country.

Quality must become part of your choice as you make these decisions about health care. It has to be removed from only the problems of boards, for whom it is confidential information, and physicians who share it behind closed doors but don't reveal it more broadly. If we do that, then I'm convinced we can have enhanced quality, as well as better mechanisms for ensuring that good, quality reporting gets out.

And I would imagine that there will be a great market in the future for magazines on both local and regional and even a national basis to carry that information, to evaluate different health plans around the country, and to get that information into the hands of those who will be making the choices.

We also have to be able to save money as we reform this system. And this has probably been one of the most difficult to understand, even controversial aspects of the President's plan. People have said, "How is all this going to work? How can I possibly figure it all out?"

Well, very briefly, it will work because everyone will be contributing to the system for the first time. We are not talking about taking the current system, holding it stagnate, and bringing it down; we are adding money to it.

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All of those 37 plus million Americans and 22 million more who are either totally uninsured or underinsured to the extent that they cost the system money because they trigger it at the last possible moment, they will be making more of a contribution for the health care benefits.

Employers who have not up until now made a contribution will be making a contribution. We will be able to take money in our current system and better allocate it. And we will, finally, because we will begin to have a more competitive, market-oriented health care system, squeeze out a lot of the decision making that supports inefficiency.

Let me just give you a couple of examples. I would commend to you the work that Dr. Everett Koop has been involved in with Dr. Jack Windberg (phonetic) at Dartmouth for the last several years. It is work that has looked very carefully at how doctors make decisions and what are the quality effects of the decisions that have been made. And they have found, over and over again, that often what determines cost is a practice style of a physician or even of a certain community or region.

Some communities hospitalize people much more frequently for the same kinds of problems that other communities treat through outpatient clinics. Some communities have a much higher rate of procedures like tonsillectomies even today than communities within 20 or 30 miles with the same kind of population.

You can go through the kind of work that Dr. Windberg and others have done and see time and again how much we could save if the incentives in our system were different. Because look at the way the system currently operates. It is one of the last true piecework systems that exists in any industry in America. Physicians are paid on a piecework basis. The more procedures you run, the more tests you do, the more you get paid.

The incentives are perverse. It is very difficult to take even good, absolutely reliable data that shows you can make different decisions and have better patient outcomes and go to physicians or hospital administrators who get paid by the procedure by piecework and say, "Don't do as many of these operations. This drug over here or this other intervention works just as well." There's no incentive for

them to make that different decision.

Another of the areas that is very important is giving patients more choice in how they, themselves, are treated. And, again, an example from Dr. Koop's and Dr. Windberg's work. You take a prostate condition that is noncancerous, and you provide patients with information about various outcomes ranging from surgery with all of its complications to doing nothing, living with the inevitability of growing older.

There has been a remarkable demonstration that more and more patients will choose to do very little or nothing because, for the first time, the full array of choices, with all of the potential problems associated with them, were clearly explained through video and written material, where people took the time to sit down with patients to really help them understand their options.

So between changing practice styles and getting more information about what works and giving patients better information and by changing the incentives in the system so that we pay for taking care of people, not for running tests, we can save literally billions of dollars.

Dr. Koop has said that there are probably $200 billion of unnecessary testing, diagnostic, and other costs in our system right now.

And, finally, we all have to be more responsible. And "responsibility" means many different things with respect to health care reform. It means individuals being more responsible, taking advantage of preventive care, taking better care of themselves. It means physicians and nurses and other health care professionals being more responsible, giving better information, being willing to change their practice styles. It means the government and insurers being more responsible and making good decisions about how to become more efficient.

It is very hard to justify in the Medicare system, for example, paying three times the cost for a Medicare patient in Miami than you would pay in Wisconsin, two times the cost in Boston than you would pay in New Haven. There is no justification for those differences at all except a system that has fed the kinds of costs that have been put forward in

those different localities.

We also need our employers and our employees to be responsible. And in this area, we have decided to build on the employer-employee system because it works for most people. But to try to structure in a way to provide discounts to small businesses and to begin to help pay for insurance for those who are lowest wage workers.

If we do build on that, then we will keep the changes in the way health care is bought and paid for at a minimum in our country. There are really only two other alternatives, either a large tax increase to move toward a government-funded, government-run system, or an individual mandate, where you remove the responsibility from employers, and you tell individuals, like with auto insurance, they have got to get out there and buy health care insurance as well.

Neither of those struck us as a workable alternative, given what we currently have, which is an employer-employee based system that insures 90 percent of those Americans who are insured.

We also believe that we need to have some additional revenue, and we intend to ask for a tax on tobacco; and we intend to ask for those large corporations that opt out of the general funding pool to pay an assessment that will help support academic health centers and other quality guards against the kinds of changes that we know will occur if we don't have a system in place.

We also believe that if we reduce the rate of increase in Medicare and Medicaid -- not cut the programs, but reduce the amount by which they grow -- we can utilize that funding for several purposes that are very important. We can, for example, provide prescription drug benefits and long-term care benefits for the elderly.

Those kinds of benefits are not luxuries for millions of Americans. They are often the difference between food and rent at the end of the month or paying for prescriptions. And if you have had an older relative face the need for some kind of long-term care, then you know what I mean when I say that the long-term care crisis which is tearing families up, undermining their financial well-being, heaping indignities on people who would rather be at home or

in some community program, will be with the aging of our population a problem that will only grow worse if we don't try to get ahead of it now.

As this discussion evolves, millions of citizens will look to you for information and answers, and they will need help. Talking about this is not easy. Trying to come up with a comprehensive reform that covers all the issues that need to be covered -- because in the past, we have tried to fix one part of the system only to see the other part explode in costs.

Helping to sort out the scare tactics and the misinformation will be an important part of the service that you will be performing. Many of your magazines already have devoted time and attention to health care. You are not bound by sound bites and daily deadlines. You have the ability to examine the issue in great detail and, in so doing, you can help all of us distinguish better between alternatives.

But I would caution each of you that in this debate, just as any of us who have worked on it for any period of time know, it is important to get below the surface. It is important to get beyond the anecdote. There is an anecdote to fit every situation. The newspapers and magazines will be filled with anecdotes about terrible experiences with some kind of health care provider or another.

There is data out there that has been developed over many years that is much more reliable than anecdotal evidence. There are people out there, principally out in the country -- not in Washington -- who have run efficient health care plans who have helped doctors make better decisions about how to treat patients, instead of just continuing to run up tests and procedures.

Learn about those places. They should be the future of health care. We need to know how they work. You need to explain that to us. Beware of the slick and the glib and the quick and the self-interested, of whom there are legions.

Recently, I went back and read some of the coverage, including editorials, written around the time when Franklin Roosevelt introduced Social Security. It was as if

the end of the world were upon us. I've also read what was written when Medicare was proposed. There was certainly no way this country could survive if older Americans were guaranteed health care. That was the last time we took this battle on, and Americans over 65 are the only ones of us who are guaranteed any kind of health care security.

So in the months ahead, as we deal with all of the complexities and the issues surrounding health care, let's start by trying to imagine what will happen if we don't change, how this situation that I have described briefly will only continue to deteriorate, and then let's imagine what it will be like when this legislation is passed, when all of the necessary changes are made to deal with all of the real world problems that will be raised occurs.

And for the first time in a generation, we will have done something as Americans, as members of our extended community, which lays down a marker about the kind of people we are. In one sense, at least, it would mark the end of the kind of indecision and anguish that has for too long hung over this country the last 30 years, when our confidence was shaken by the assassination of a President, and as we lived through times that tried all of our souls and wondered whether our country could work, whether we could make the hard choices, whether we could be united again.

I, as the product of the 1950s and 1960s, have never doubted that we could. But I also know that we have to overcome our own skepticism, our own fears, and our own insecurities. We have to be willing to sacrifice some, and we have to begin again to think about our children and our grandchildren.

I read a chilling description of the state of children just yesterday as I was going through my stacks of reading material, written by David Hamburg, the eloquent and impassioned head of the Carnegie Foundation, who has made the fate of children in our society a life's work and has tried with all of his might to convince each of us to care as much as he does.

And he laid the responsibility where it rightly belongs, not at the feet of any one institution or any one group, but at the feet of us all: Parents who no longer believe they have to sacrifice for their children's future or

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