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LASKERS AWARDS, NY
OCTOBER 1, 1993

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THE WHITE HOUSE

Office of the Press Secretary

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REMARKS BY THE FIRST LADY
AT LASKER AWARDS, NEW YORK, NEW YORK

MRS. CLINTON: Thank you. Thank you very much (inaudible) for that extraordinary introduction. There are few comparisons that do me more honor than to be compared to Mrs. Lasker, in any way at all. I don't consider myself worthy of that, but it is a standard to which all of us should aspire, and I'm very appreciative.

This is an extraordinary gathering. I know that, because the very first time I heard about the Lasker lunch was from my friend, Eppie Lederer, who told me that it was the most wonderful gathering that she had ever had anything to do with, and she would never miss it.

When the invitation came for me to be part of this, I immediately thought of what Eppie had told me once before, and said yes. I thought at the time that we might need to publicize health care reform. (Laughter.)

I think, very (inaudible), this is like parsley on the plate at dinner. It's not necessary, but it still is a nice thing to do. So for me particularly, it is an honor to be here.

I would like to begin by offering my congratulations to the winners of the Albert Lasker awards -- to Dr. Vogle (phonetic) and Dr. Metcalf (phonetic), whose work has moved us forward into that future that we all look forward to being part of, where disease and its ravages are pushed back even further; to Congressman Rogers, who has been a consistent voice for health care reform and who has been part of the meetings that I have held over the last many months; and to Dr. Wexler (phonetic), whose personal commitment is matched by her professional accomplishments.

These winners join the remarkable group of men and women who have over the decades put health care at the top of our national agenda, men and women whose work has found cures

for disease, who have aided the kind of breakthroughs that we've only been able to dream about in the past but now take for granted, men and women who have helped better our health care system through public awareness and through important legislation.

It is very exciting for me to be a part of what all of you represent. This is a time when the past and the present in medical research join together to point us to a new future, and it is one that I think all of us have a responsibility and an obligation to help shape.

For me as a lay person and non-scientist, it is always a little daunting to read about the accomplishments of those of you who are making breakthroughs, but it is also very encouraging that you are all here and your work is being supported by a woman who represents the ideal of American citizenship, to me -- a woman whose vision and intelligence, humanity, selflessness, have really been gifts to the entire nation.

Mary Lasker has brought to medical research and health awareness a rare combination of gifts. But what I particularly appreciate is not only her willingness to share those gifts with us but to recognize that it is only through persistence -- whether it be 25 years, Dr. Metcalf or, more than half a century in Mrs. Lasker's case, that real change comes about and takes root.

Eleanor Roosevelt once said that the future belongs to those who believe in the beauty of their dreams. She could have been talking about Mary Lasker and about Mrs. Lasker's late sister, Alice Fordyce (phonetic), whose family is here today.

But you know, I also want to thank Mrs. Lasker for the tulips and daffodils on Park Avenue, and around this city; I want to thank her for the azaleas and the dogwoods that brighten the nation's capital; and, I just learned from James Fordyce, I want to thank her for the rose garden at Modlin (phonetic) College at Oxford, because she had understood better than most of us ever do that the work that takes place in our laboratories, the kind of painstaking clinical research that we honor today, the work that takes place in the halls of Congress, are all devoted to enhancing life, to beautifying it around us, to inspiring all of us to live up to our God-given potentials.

So she brings, indeed, rare gifts that I hope will

inspire us, as we go through, in the next few months, this great national discussion about the direction of health care in our country. It is a discussion that needs to involve all of us: scientists in laboratories; great doctors, like Dr. De Bakey; citizens, business leaders, all of us. We all need to be part of charting our nation's destiny when it comes to our health care system.

The President has set goals, and they are goals that I think finally all of us can agree on, even if we do not agree on all the particulars as to how to achieve them. They are premised on a very simple conviction: that we have the finest-quality medical system in the world, but it is not available to us, and that what we must do is to preserve what is right about our system and to fix what is wrong.

If we agree that we are starting from a position of strength that we wish to make stronger, if we agree that what we need to be guided by are the six principles of security and quality and choice and simplicity and savings and responsibility, then I agree with the President that we can work out the details along the way. We have to assure every American comprehensive health benefits. That has to be the end result of whatever legislation is passed and signed into law. We cannot compromise on that.

In fact, earlier, Dr. Wexler pointed out to me something that just stunned me in its brilliance and its sweep. She said that, because of the work currently being done on the human gene project, it is likely in the next years every one of us will have a pre-existing condition and be uninsurable. I want you to think about that. That is a stunning and, as I said, brilliant revelation.

Dr. Wexler is uninsurable, should she move from her current clinical and professorial position, because of a pre-existing condition rooted in a gene. What will happen as we -- as we will -- discover those genes that control for breast cancer or prostate cancer or osteoporosis or any of the other thousands of conditions that affect us as human beings? Under our current system, more and more of us will be left out of the health care insurance market.

That, if nothing else, should make all of us willing to go to the end of the road together, to make sure every American has the basic right to health security. Either that, or you better slow down the genetic research that you're doing so that we don't get left out in the cold in the current insurance market. (Laughter.)

I don't think that will happen. I think we will resolve that every one of us should be secure. We will also resolve that we must have a system that simplifies the financing and paperwork attendant upon delivering health care, which drowns our professionals and discourages them from doing what they have been trained to do, which wraps the delivery of health care in a web of regulations and complications that have no place in the doctor-patient relationship.

We know we can do better and we have seen examples of how we can move toward electronic billing, toward a single form, toward eliminating a lot of the unnecessary cost that just drives the health care system to become more and more loaded down with bureaucracy and administration.

Thirdly, we do have to insist that we retain choice in this system so that individuals will feel that they have some control over their health care destiny. If we do nothing, the choices that are currently available will continue to narrow. More and more choices as to who your providers are and what treatments you are entitled to will be determined by bottom-line cost as to how much insurance is costing a business and insurance companies will more and more determine who you can see and how much you will have to pay.

We also have to get savings from our system. This is an area that is certainly one of the most challenging and, in some respects, controversial, in the President's proposal.

But as I look around this room and I see what we have accomplished through the work of many of you who run some of our major teaching hospitals or cancer centers, who have been part of breakthrough drugs coming into the market and making it cheaper and better for people to get treatment, when I look at how care is delivered more efficiently at high quality in some parts of our country because of the way doctors and hospitals are organized, I know we can do this.

It will mean changing some of the ways in which things have been done before, but it is just defying common sense for us not to commit ourselves to getting the kind of efficiencies in our system we know are there, which will not undermine quality but, instead, enhance it.

I have said several times over the past three days, we have too many examples of what we know works and what we know can be done to deliver high-quality care. What we don't have are incentives in our current system that will motivate people to choose those alternatives over just doing it the

way we have done it -- a piecemeal approach to reimbursing physicians and others. That can no longer be sustained financially or in respect to the human cost that it unfortunately creates.

Something is wrong when we spend 14 percent of our national income on health care when our major competitors and other nations around the world, from Australia to Canada to Germany to Japan, take care of all of their citizens, have higher outcomes on all kinds of national indices of public health, and spend only 8 or 9 percent of their national income. We know that we can do better than we are doing.

As you know in this room, if we do everything and do not protect and enhance quality, we will not have moved forward. Therefore, it will be meaningless, if quality is not preserved. We are working very closely with the academic health centers of this country, some of whom are represented in this room, to make sure that they become the quality foundation of what we are attempting to do in health care reform. I am very grateful to the deans of a number of our leading medical schools and to the heads of a number of our national cancer centers for being part of our efforts to ensure and, in fact, enhance the roles that they will play in the future.

Finally, we do have to change our attitudes about health care. We need to instill more of a sense of responsibility at all levels -- at the individual level where we become more responsible for our own health; at the community and public health level where we take on the plagues of violence, teenage pregnancy, AIDS, drug abuse, that drive our costs up at both horrific human and economic tolls. Everyone has to contribute. Everyone has to take responsibility.

These core principles will guide us to a strengthened health care system without undermining what is right within it. We know that medical research and high-quality health care go hand-in-hand. Your work represents that kind of partnership. It reinforces the optimism and hopefulness that Dr. Gutterman (phonetic) referred to. It also reinforces a philosophy of preventive care, of trying to cure, not merely treat.

We know that without emphasizing medical research, we cannot have a health care system that will give us the kind of health care we want to have as a nation. So to that end, we are going to be strengthening our commitment as a

nation to health care research. We are going to be asking for more funding and we're going to be looking for a firmer funding foundation, a stream of funding, that will match the kind of personal commitment that Mrs. Lasker has made over all of these years. (Applause.)

Now, we are doing that because we believe that expanded investments in health research and greater support of academic health centers are critical to not only ensuring quality but controlling costs and promoting a philosophy of prevention and wellness. With reform, new funding will be available for prevention research and health services research.

The National Institutes of Health will be asked to expand research into a variety of areas: common and recurrent illnesses, such as Alzheimer's, cancer, cardiovascular diseases, and bone and joint diseases like osteoporosis, that kill millions of Americans each year, inflict suffering on millions of others, and cost billions of dollars in treatment, hospital stays, and lost productivity; children's health, including perinatal health, birth defects, and cognitive development; reproductive health, including sexually-transmitted diseases, adolescent pregnancy, and pregnancy-related complications; mental health and substance abuse.

I want to say just an additional word about those two. In the comprehensive benefits package that the President's plan will propose, we include mental health benefits and substance abuse treatment, not to the extent that we would have liked but to the extent that we feel we can afford in order to have it firmly rooted in our health care system.

I would predict that, among the many struggles we will have, one will be over whether we will retain mental health benefits and substance abuse treatment. I hope those of you whose research or work has touched in either of these areas will stand with us for the very firm belief that, without treating mental health, without treating substance abuse, we are not going to have true health care reform. Those are diseases and those are conditions that undermine physical health in ways that we must address now, and we will need your support (inaudible) -- (Applause.)

We will also focus more attention and resources on infectious diseases, focusing on vaccine development and research, particularly for new and emergent diseases and

variations on diseases, such as AIDS and any variation that is on the horizon. We also want to focus on health and wellness promotion, and then, hand-in-hand with the human gene project, genetic diseases.

At the same time, the President's plan will promote research services that will help answer important questions about the effectiveness of treatment and patient outcomes. This will be very useful to doctors and hospitals as well as academic health centers and research institutions training future doctors and scientists.

As I have said repeatedly over the last three days, we know that different operations cost different amounts of money in different regions of the same state and in different regions of our country, without differences in quality outcome. We have to begin focusing more research on these kinds of differentials and publicizing that information among the medical and research communities.

As I have pointed out, the state of Pennsylvania has kept records about cardiac bypass surgery, among other operations. Hospitals charge between \$21,000 and \$84,000 for the same operation. There has been no recorded difference in quality outcome. In fact, with respect to mortality, the operations that cost closer to \$21,000 are as good or better than some of those performed in hospitals that charge closer to \$84,000.

If there are ways we can begin to change practice styles and decision-making among physicians so that the information that we will have available can be better utilized, I would argue we will be enhancing quality. We can afford in our country to provide more cardiac bypass surgery at high quality if the cost is closer to \$21,000 than we can if it is closer to \$84,000. But that information has to be well researched, well publicized, and then implemented.

As we move forward, we want particularly to emphasize the roll that the academic health center will play in getting that kind of quality information out into clinical practice. And, if the academic health centers serve as what we are calling the quality foundation for health care reform, we will not need to be reinventing the wheel or creating any new bureaucracy but, for the first time, better coordinating the information we have available and better disseminating it so it can be acted upon.

This will be an extraordinary challenge in the next

months for all of us because we will be taking on an issue that has defied resolution over many years. It is one about which all of us have strong feelings based on personal and/or professional experience.

But for too long we have refused to deal with what every one of us in this room knows are the problems in our health care system. We have allowed the ills of our system to inject unnecessary fear in the lives of millions of Americans, to eat away at our nation's social fabric, to reduce our productivity, to drain our federal and state budgets, to undermine physician and scientific independence and autonomy in decision-making, and to threaten our economic and political standing in the world.

Now is our time -- our time to enhance the health of individuals Americans and protect the integrity of our entire health care system. If we can find a vaccine for polio, if we can discover the structure of DNA, if we can begin to understand the nature of the gene, surely we can make the political decisions necessary to fix and treat a health care system badly in need of it. I hope that you will share with us the same sense of purpose, the same commitment to bettering humanity that we have shown in labs and classrooms and operating rooms and research centers every day over many years.

I am absolutely confident we can meet this challenge if all of us decide we are up to it, work together, and have the kind of hope and faith in the future that motivated Mary Lasker. When nobody was paying attention to her, when nobody would listen to her, she never gave up, and we can't either. That is the tribute she deserves from us.

Thank you all very much. (Applause.)

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