

Withdrawal/Redaction Sheet

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Presidential Records Act - [44 U.S.C. 2204(a)]

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P1 National Security Classified Information [(a)(1) of the PRA]

b(1) National security classified information [(b)(1) of the FOIA]

P2 Relating to the appointment to Federal office [(a)(2) of the PRA]

b(2) Release would disclose internal personnel rules and practices of
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PHOTOCOPY
PRESERVATION

10/5/93
Self/Managed Health Care Issues Forum

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MAGAZINE
Oct. 5, 1993

PHOTOCOPY
PRESERVATION

SELF MAGAZINE HEALTH CARE ISSUES FORUM
Oct. 5, 1993

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for our current system to do that. And we want to change that.

MODERATOR: We're going out to California now, and to the University of California in San Francisco for the next question. Way out west, where are you? No question from California?

You know, let me ask you a question. I have -- I work for a terrific company and we have a health care program. And will that health care program be taken away from us? And will my boss, Mr. Newhouse (sp), have to pay more? That's the kind of question I'm not sure about.

MRS. CLINTON: Well, the answer is, no, to both. What we're trying to do is to phase in the new health care benefits plan, and by doing that, to leave in place those benefits plans that already are working for people.

MODERATOR: Right.

MRS. CLINTON: You know, we have many people who don't have any health insurance and many others who don't have adequate health insurance, but we do have a good number of people who are satisfied with what they have now.

MODERATOR: Yes.

MRS. CLINTON: And we want to keep that in place. But we do want the cost to go down for those who are already providing health insurance. That's one of the features of this plan. And that will occur from a variety of changes that we are advocating. For example, many of the good health care plans have taken care of people that have not been taken care of well by other plans -- AIDS patients, other chronic disease patients, people with mental health problems.

Because now we will be buying our insurance by being parts of big health alliances in which we just put our money in in order to get the best possible deal -- as you do when you buy discount and at bulk in any particular area of service or product -- the costs of taking care of people that have been mainly paid by your employer on his own, will now be shared by the rest of us. And so, the cost for existing plans that are good plans will be going down, which is a big feature of this.

MODERATOR: Well, that's good to hear.

We're back in New York City, and a question from New York University right down in Greenwich Village for Mrs. Clinton.

Q Mrs. Clinton?

MRS. CLINTON: Yes.

Q Mrs. Clinton, hi. First, I'd like to applaud your efforts in the health care reform. Second, I'd like to say I'm a 38 year old woman who spent four years trying to conceive. I am now eight weeks pregnant.

MRS. CLINTON: Congratulations.

Q There are two parts to my question. First, under the Clinton plan, what provisions are there for the treatment of infertility -- a problem affecting 15 percent of all couples? And second, what provisions are there for a woman to be able to continue her existing relationships with both her pregnant -- OB/GYN and with her internist?

MRS. CLINTON: Let me answer the first question about infertility. I am very sensitive to how difficult and painful a problem this is for you and for many American women and their husbands. We looked very hard at this. It is one of those benefits that, unfortunately, because of cost, cannot be included as a guaranteed benefit for every American.

But, however, since we're going to be lowering the cost to all Americans of the health care they currently buy, the infertility services and treatment that you and others will need will be an added cost, but on a much reduced base of health care. And we think that will enable more women to seek infertility treatments as well as more men. But we could not, at this point in time, justify including it as part of the benefits package.

However, you will be able to choose whatever health plan is best suited for your needs. And if the most important thing to you about a health plan is where your OB/GYN is, then that would be the health plan you would want to choose.

Most likely, that physician will be in more than one plan because we are going to end the practice of discriminating against doctors -- which is currently going on -- where they are told they can only join one plan and those are the only patients they can see. We want doctors to be free to join more than one. And every doctor will be free to join what we call a "fee for service network," which you then can join if you don't have any particular interest in any of the other health plans. So, you will always be able to follow the doctor and make the choice that you think is best for you -- if that's what you choose to buy.

MODERATOR: That's a question many of us really wanted to have answered.

MRS. CLINTON: Absolutely.

MODERATOR: Now, we're going back to California to the University of California in San Francisco for another question. I think the west coast is -- well, I have another question, and this relates to my mother. My mother is older now and she's got many different problems. She's in her 80s, and different things are going wrong with her body. And she goes consistently to doctors and to the hospital. I think, what is driving her nuts -- and what's

driving me nuts, too -- is all the paperwork, all the complex things that this poor woman has to fill out under the present health care system. Will it be a little easier under the Clinton plan?

MRS. CLINTON: It should be. It has to be.

MODERATOR: Yes.

MRS. CLINTON: Anybody who's ever tried to sit down and fill out those forms, and anybody who's tried to help an older relative --

MODERATOR: Yes.

MRS. CLINTON: -- sit down and fill out those forms knows what a nightmare it is.

You know, one of the President's principles that he outlined in the speech that he made about the health care plan was simplicity. And we really mean it. I mean, right now, we have literally thousands of different forms that patient fill out --

MODERATOR: I know.

MRS. CLINTON: -- physicians fill out, nurses fill out, and then, they're checked, then they're double and triple checked. And we just spend an enormous amount of time and money filling out forms. We want to move towards single form systems where you will fill out one form if you're a physician and one form if you're a nurse and one form if you're a patient. And we think with advances in electronic billing and computerized billing, we should be able to eliminate a lot of the paperwork. And if we do that, we're going to not only get rid of the hassle factor, we're actually going to free up people who are trained to be nurses or technicians or physicians to actually take care of patients again.

You know, many nurses are now filling out literally dozens and dozens of forms every day that have have nothing to do with keeping patient records. They're financial forms.

MODERATOR: I know that.

MRS. CLINTON: They're supply forms, you know. And if you look at what the average hospital has to do in trying to get the forms to the insurer or get them to Medicare to get reimbursed, they have dozens more people working on filling out forms than they do taking care of patients.

MODERATOR: I know.

MRS. CLINTON: So, both for your mother's and my mother's sake, as well as the rest of us and the whole health care system, we have got to deal with this form issue.

MODERATOR: Okay, it's a promise, right?

MRS. CLINTON: Yes.

MODERATOR: Okay. Next from Washington University School of

Medicine in St. Louis, Missouri -- another question.

MRS. CLINTON: Hi.

Q I'm Vice President of the St. Louis National Organization for Women . Our question today is, traditionally, symptoms of AIDS are male-specific which causes delayed diagnosis and early death for women. With women and teenagers the fastest growing segment of the HIV population, we're wondering, will alternative medicines and experimental studies be covered, or will it be strictly conventional medicine?

MRS. CLINTON: Well, Sandra, that's a good question -- not only about AIDS, but other diseases that need to have more research money spent on them and more attention paid to them. And in this plan, we do increase the research that is focussed on a number of diseases and problems, including AIDS, but also diseases that afflict women -- breast cancer, osteoporosis -- diseases that we think can be better prevented if we have better prevention available, as well as studying good health outcomes. You know, what really works and what doesn't work and where should we spend our money.

Now, we want to increase the availability of experimental drugs, so-called breakthrough drugs. We want to increase the availability of other kinds of treatments. There will be a process that will enable health plans to utilize such drugs or other treatments, should they choose to do so. And we will be carefully monitoring that by keeping track of what the clinical results are, and keeping track of the quality indicators so that if, at a certain point, a treatment has proven itself, then it would be considered to be included in the comprehensive guaranteed benefits package.

But we're still going to have to be sure that it is proven. And the way that will happen is through the accountable health plans on the local and regional basis now having an incentive to find more cost effective ways of treating illness. Whereas now, they don't always have that incentive. And we think, by changing those incentives, we will actually have more and better research that will move along more quickly towards some resolution as to whether a treatment is clinically effective or not.

MODERATOR: That's a very clear answer.

Our next question is from deep in the heart of Texas at the University of Texas Southwestern Medical Center in Dallas. Are you there, Dallas?

Q Yes. Mrs. Clinton, this is a great pleasure. My name is Jan Rohas (sp), and I'm a nurse in Denton, Texas. My question is, my husband is employed by Southwest Airlines. Southwest is a self-insured company. As a pilot, he's required to retire, by the FAA, at the age of 60. So, what happens to us between the age of 60 and 65, prior to Medicare?

MRS. CLINTON: That's an excellent question.

MODERATOR: Great question.

MRS. CLINTON: And I'm delighted to hear from a nurse. You know, one of the great hopes that we have for this program is that nurses will be given additional opportunities and responsibilities -- particularly in primary and preventive health care. And I'm really looking forward to that.

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Well, what will happen will depend upon the choices that your husband makes in the plan as we envision it. Certainly, if he goes to work somewhere else, he will be employed through his work place. If he becomes self-employed or starts his own business, he will be employed and therefore will be contributing to his own health insurance. If he is retired and falls into this category that is pre-Medicare, he will have to rely on the government support that we envision for him to be fully insured.

Now, there are several differences in what we're proposing than what currently exists, because -- you're right -- if he retired now, under the current system, unless his company had some continuing responsibility for him, he would be on his own to get the health insurance. And we know that health insurance for individuals is much more expensive than it is for people who are employed by large companies. If you are insured, he would go onto your policy.

What we would like to see happen is that early retirees, such as your husband would be, who is -- in his situation, required to retire -- he would be responsible for a portion of his health care benefits and the government would pay for the rest. It would be kind of a pre-Medicare kind of health insurance.

We really think that this would be fair to retirees, because so many of them in that period between 55 and 65 currently are not insurable. They often have pre-existing conditions. They are at an age where insurance is much more expensive -- that we think by putting them into the purchasing pools that the alliances will run, we will be able to provide them insurance, along with every other American, at a reduced cost and at much less insecurity for them. And then, when they reach Medicare age, the payments that they've made over time would provide the health insurance they would need after 65.

MODERATOR: I'm very glad to hear that answer. We deal, at "Self," with nurses all of the time. And we've started Womens Health Day with a network of nurses across the country for preventive health care.

Now, we're going to Los Angeles again and a "Self" reader standing by at UCLA. And we have a question from you in Los Angeles. LA? Electronics are not doing so well by us today.

Q Hello?

MODERATOR: LA, are you there? I think I hear her. If not, I have another question.

Q I'm active both on the patient side as well as the health education side, and I'm wondering -- I see that several procedures will be covered in the sense of prevention. But how about nutrition? Would it be possible for somebody who, say, has a sister or mother with breast cancer to have a visit or two visits with a nutritionist or dietitian, and therefore, feel more involved with themselves, feel more empowered?

And I'm also wondering, as an addition to that, would it be possible to consider fortifying food with low levels of anti-oxidants to reach the low-income Black people, people who do not get covered by the health education levels, say -- or even "Self" Magazine, which is wonderful

to read -- and the middle-income people. But perhaps the lower income people are not reached at this point.

MRS. CLINTON: Well, let me answer your first question about nutrition. I really share your belief that nutrition is a very big and important part of good health. And we are hoping that nutrition will be available as an alternative or as a supplement to treatment through the accountable health plans. We mentioned earlier that we are now seeing some insurers being willing to pay for the plan that has proven itself in reversing heart disease that was pioneered by Dr. Dean Ornish (sp).

It is the right thing to do. It is cost-effective -- it only costs \$2- or \$3,000 to provide the kind of counselling and dietary advice that patients need to change their diet and to engage in exercise and to have stress reduction techniques taught to them. Whereas if they have the surgery it's much more expensive and much more dangerous. So, we know that nutrition can play a major role. And I hope that more health plans will follow the lead that Dr. Ornish's (sp) plan has started and provide that.

We also know that nutrition is very important in treating many diseases that are treated by chemotherapy or radiation. We know that nutrition is very important in treating many of our older citizens who need supplemental nutrition. So, I'm very hopeful that it will become a much more common part of health care than it is right now.

MODERATOR: You might be interested to know that every time we run a magazine cover -- a ``Self'' Magazine cover -- with a nutrition coverline, that magazine sells off the news stand, because readers are so interested in that area of health care today.

MRS. CLINTON: And, you know, it's an area where we have control over ourselves to some --

MODERATOR: Absolutely.

MRS. CLINTON: -- you know, to a great extent. I mean, we can make decisions about that, whereas so much in health care is beyond our control.

MODERATOR: I remember when I first met you, the word you used was preventive, preventive. And that really is what's going to keep our costs down. It's this education, which is -- what you're doing is saying nutrition -- this Ornish (sp) plan is really terrific.

MRS. CLINTON: Yes it is.

MODERATOR: It's really good.

Now we're back to Columbus and a reader -- ``Self'' reader -- from Mount Carmel med school out there.

Q Mrs. Clinton, I'm Cheryl Dredd (ph), from Columbus, Ohio. And I read in this month's letter to the editor of ``Self'' that you say, ``Preventive health care means nothing if women don't take advantage of it.'' How do you propose to educate women, especially young women -- I'm the mother of a 16 year-old daughter -- on the importance of screening, tests, and check-ups?

MRS. CLINTON: That's an excellent question. I'm the mother of a 3 year-old daughter. I understand that -- talking about nutrition and things like that.

MODERATOR: Junk food.

MRS. CLINTON: Well, the first thing is because the benefits will be guaranteed to include prevention, we actually have something to talk about.

You know, many times, when we have talked about prevention in the past, a lot of women have kind of shaken their heads, because, you know, their insurance policy didn't cover it or they didn't have insurance. So, what was the point of talking to them about prevention. They didn't really understand how they could get whatever preventive services were available.

Now those services will be available. And we are going to be increasing the resources that go into preventive care. We are identifying several groups of physicians who will be primary and preventive health care specialists. And we've included in that group OB/GYNs, because those are the doctors that many women feel are their primary care physicians as well as pediatricians, family practice doctors, internists, general practitioners. So, we are trying to not only guarantee the benefits, but

GAP IN TRANSMISSION

health care experts as well as increasing the roles nurses play in primary and preventive health care, we are also going to be doing things like forgiving the loans that physicians have if they will go into under-served urban and rural areas so that they will be there when a patient needs them.

And then every year, all of us will sign up for our health plan. You know, the employer will not make the decision. The government will not make the decision, each of us will make the decision every year. And there will be information provided. And that information will clearly lay out what the primary and preventive health care benefits are.

So, through both providing the benefits, providing the people to deliver the benefits, providing information about them, I think we're going to have a much higher awareness. And part of the reason I believe this is that in the only state that we have that comes close to having universal coverage -- Hawaii -- they have a heavy emphasis on primary and preventive health care. In fact, I've been told that the people of Hawaii actually go to the doctor more frequently than people in the rest of the country, in part because they have insurance, they are taken care of. But the result is they're healthier because they get problems taken care of sooner.

So, I think that give us a few years, this information will get out and people will start to change their habits.

MODERATOR: I think it's very important that we have this tremendous information network. And one of the things I really am impressed by is the clarity of the plan and the details. I mean, you have really thought through what peoples' needs are. And that, to me, with my mother and all my problems, is very important. (Chuckling.)

We've now come full-circle. And we're back in Boston again -- my home-town where my mother is -- to begin our second round of questions.

Okay, Boston.

Q Hello. Hi. My name is Jenny Reegan (ph). Mrs. Clinton, I work

in a Dental office in Brookline, and it seems to me that dentistry is viewed as more of a luxury than a necessity for most people. And this really concerns me. And I'd like to know how national health care can change this attitude among people.

MRS. CLINTON: Well, you know, Jenny, that's an accurate observation, unfortunately, because too many people don't have any insurance for dental care. And so it is viewed as a luxury. It's something that they have to pay extra for, even if they're insured for other kinds of care.

What the plan will do is to guarantee that dental care for children will be covered and that emergency dental care for adults. That will be the initial benefits package. Then, over time, if we're able to phase in the additional benefits that we think should be available to all Americans, dental care for adults will be included.

We do not consider it a luxury. Anybody who's ever had trouble with his or her teeth knows how that affects everything you feel and how you think. Anyone who's ever gone -- as I have -- into some of our poor neighborhoods in our country and participated in health screenings and found that so many of the children have abscessed teeth and other kinds of serious dental problems which interferes with their capacity to learn and to behave and to concentrate, knows that dentistry is not a luxury.

So, we're going to start by making sure all children are taken care of, and then move in to take care of all adults' needs as well.

MODERATOR: Good. We're in San Francisco again. Let's have the question from San Francisco.

Q Hello. My name is Christa Reed (sp) from Larkspur, California. Mrs. Clinton, my question for you is, other than a tax on cigarettes, what course of action do you see as a possibility for getting those who have a reckless regard for their lives to take responsibility for their own well-being, and thus, remove themselves as a burden on the health care system?

MRS. CLINTON: Well, I think that we need to change a lot of behaviors. And I think one of the things we need to do is to pass the Brady Bill and take other action against guns and the violence they cause in our cities. That would not only save a lot of lives but also save a lot of money and provide a level of security in our cities we don't now have. I think we need to move forward with a benefits package that includes treatment for substance abuse, and use incentives to move people into those treatment programs, and understand that we need to be more willing to provide the kind of treatment for drug and alcohol abuse that is a huge problem in our society in so many ways. And we need to try to set up a primary and preventive health care system that will help people avoid self-destructive behavior.

It's something that we're going to have to work on on all levels of society. It is not going to change quickly or overnight. But I think if we have a solid, decent health care system where people know their needs will be taken care of, if we give them some level of personal security, then they will be able to hear what we're trying to say about changing self-destructive behavior. And I'm very hopeful that that kind of strategy will work.

MODERATOR: Absolutely.

Now we hear from a city -- New York City -- where personal safety

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is -- as it is in most major American cities -- a huge issue.

MRS. CLINTON: That's right.

MODERATOR: New York? New York University?

Q Hello?

MRS. CLINTON: Yes.

Q Hello? Hi, Mrs. Clinton.

MRS. CLINTON: Hi, how are you?

Q My name [REDACTED] (sp), I have a child and I'm on public assistance. I want to know, will the Clinton plan be greater than what I currently receive on public assistance? How can the Clinton plan --
(Audio break.)

MRS. CLINTON: (following audio break) -- including me and everyone you see around you, whether they are on public assistance or not, who will be insured together. You will not be identified as someone on public assistance. Physicians will not know that you are having assistance from the government. And we think that will enable you to have better and more broadly accessible health care than you do now.

But one of the problems with public assistance today is that many people who find themselves in your situation -- if you were to leave public assistance and go to work, you would not be insured and you would lose your health care benefits for yourself and your child. So, we put you in the kind of double bind of being on public assistance, knowing that you at least have medical care there for your child. Whereas, if you go off of it and go to work, you lose it. We want to remove that. I call that welfare lock.

We want to get rid of welfare lock. We want people to be able to become independent and go to work. And one of the things that this will do is to begin to break that welfare lock so that you and others can go out and become employed, but not have to worry about losing your health care.

MODERATOR: We are now going to Emory University School of Medicine in Atlanta, and we have a "Self" reader right there asking questions.

Q Hello. My name is Michelle Erlich (sp), and I understand that it's important to have preventive medicine. But, in my family history, we have a lot of heart problems and cancer. And my concern is that with wanting to decrease the amount of specialists in the field, I'm curious to know how long I will have to wait to get to a specialist if I am diagnosed with breast cancer one day? And how long will I have to wait to get in to go to find out what my prognosis will be?

MRS. CLINTON: Well, I really don't think you need to worry about that. I mean, we currently in this country have -- 70 percent of our physicians are specialists and only 30 percent are primary care physicians. Now, what often happens is, because people don't go to a primary care physician to get regular check-ups and preventive care, they don't even know they've got a problem until the problem has advanced to a stage where it becomes an emergency. With regular check-ups, with more primary care

physicians available -- including obstetricians and gynecologists so that you can have the kind of preventive care that we are talking about -- any problem we think would actually be diagnosed more quickly, which would mean that you would get the care you need more quickly.

Too many people don't even get referred to specialists because they don't even see a general practice or primary care physician. They often discover they've got the problem -- whether it's bleeding or a mole turning a different color or a lump in your breast -- with regular preventive care, as they do have at a much greater rate in Hawaii, which is the only state that has nearly universal health care in our country -- you actually have better results. And we think that's what will happen.

MODERATOR: Now, we're going to go into Chicago again, the University of Chicago Medical Center, for a question.

Q Hello, Mrs. Clinton. My name is Susan Phillips (sp) and I work at the University of Chicago Medical Center. My question is, how will inner city women who traditionally have not had access to private doctors -- because of the shortage of private doctors in many city neighborhoods -- be protected under your plan?

MRS. CLINTON: What we're hoping is that, for the first time, there will be real incentives for private physicians to serve the women that you're concerned about. And I appreciate your concern because I, too, am worried about citizens in under-served urban areas and under-served rural areas who, right now, are going without care. It's not even a choice for them.

We're going to do several things. We are going to encourage physicians to settle in those areas by forgiving their loans from medical school, by assisting them with their medical education in return for some years of service. We are going to be looking for ways to link up physicians who practice in urban areas with other physicians through creation of networks of health care providers.

You know, right now, it is very difficult for a single physician or a small group of physicians in an inner-city area to really make a go of a practice, because they often have a very large uninsured population that doesn't pay. They have a higher than average population of Medicaid and Medicare patients. But if they become part of a health care network in which a large number of citizens are being taken care of -- some of whom are inner-city and some of whom are suburban, you will find resources much more readily available because the network will have to take care of all citizens because it will be paid a certain amount for the care of all citizens.

So, we think, for the first time, we will have insured people. Everybody will be insured because everybody will be contributing. We will have more physicians. And they will be better connected with other providers so that services can be more readily available. We're very hopeful that this is going to result in enhanced services in both urban and rural areas.

MODERATOR: It sounds as if it will be.

Our next question comes from the University of Texas Southwestern Medical Center in Dallas.

Q Mrs. Clinton, my name is Beverly Laebare and I'm from Dallas. It seems as though when I take my parents, who are both under 70, to the

doctor, the doctors give all of the attention to my father and generally ignore my mother. Under our new health care plan, is there any special consideration given to the equalization of treatment given to the female senior citizens?

MRS. CLINTON: Well, your problem is one that has been too common in the past. You know, if you look back at research that has been done on diseases, if you look back at reports of treatment -- like what you have just reported with your parents -- I think it is fair to say, unfortunately, that women's needs have been subordinated. We haven't had the kind of attention paid to diseases that are particularly afflicting women. Women are often treated later for the same diseases that afflict men -- cardiac problems being the prime example. And we have to require people to pay more attention to women's health needs.

That's one of the reasons we're building in the kind of preventive care for women's needs. That's one of the reasons why we're increasing the kind of research to be done on women's health. But it also is going to be more likely that women will be able to get those kinds of services, because now women will be making the choices for themselves and their families as to what health care plan to join. It won't be employers making those choices. And even Medicare recipients, under our proposal, will be able to join a health plan -- if that's what they choose to do.

So, we should be looking for information about how we are treated. That will have a big impact on my choice. If I believe that a health plan is more sensitive to women's needs, I'll talk my husband into maybe trying that one out. I think those are the kinds of things we need to be aware of. And we've got some incentives built in to begin to change behaviors, like the one the woman just described.

MODERATOR: Yes, that's pretty prevalent. I think one of the important things that we have to remember is that we, each of us, is responsible for our own health. I think many of us tend to say, well, maybe it's the system's responsibility or it's the doctor's. I think the wise and informed patient is as much a part of the process as the intelligent informed doctor --

MRS. CLINTON: That's right.

MODERATOR: -- and the whole entire system.

MRS. CLINTON: That's right. And, in fact, our whole plan rests on consumers, patients, becoming better informed to make better decisions for themselves.

MODERATOR: Well, I see the job of "Self" Magazine is cut out, once again, to inform as much as possible.

MRS. CLINTON: That's right.

MODERATOR: But I don't want to make light of that because I think that's the only answer. You've got to be the person that knows what kinds of things are available to you.

MRS. CLINTON: That's right.

MODERATOR: Now, right away to St. Louis.

Q Hello, Mrs. Clinton.

MRS. CLINTON: Hello.

Q I -- (inaudible) -- that the shortage of rehab therapy in rural areas is propagating the closure of the hospitals and creating a gap in long term women's health services. What kind of networking, such as in schools and in community access, will bring incentives to health professionals to ensure rehab access in small hospitals?

MRS. CLINTON: That is part of an overall need to be sure that rural areas have the services that the people living there deserve to have. Rehab and long term care are part of the same issue -- that too often those services are not readily available in rural areas. We think we have several changes that will make it more likely such services will be present.

First of all, in rural areas, there's a higher proportion of uninsured Americans. Once we get everyone insured, there will be more funding. Also, in both rural and urban areas, certain facilities -- like community hospitals -- will be designated as essential providers, because if they are not present, then services cannot be delivered. And because they will be designated as essential providers, they will get some additional funding that will enable them to stay in existence.

Thirdly, we are going to provide incentives for providers, such as rehab specialists, to locate in under-served areas, because we know we've got to have the personnel there. And then, finally, rural areas -- like under-served urban areas -- will be part of networks of health care so that the services will be available on at least some kind of periodic or regular basis. For example, if you are part of a network that was based in the nearest city, but then moved out into the country, you might have rehab specialists who (rode circuits?) because you couldn't get one to settle in every small town, but you could get one to be there, you know, two days a week or once a week to take care of patients on a periodic and regular basis.

We think there will be lots of ways to get more personnel into rural areas once rural areas are better connected to networks of care that include both urban and suburban populations. And that's one of the goals of the plan.

MODERATOR: Is there any question you can't answer so articulately? It's just amazing. We're going to go to UCLA, to their very distinguished medical center. Maybe they don't have a question that you can answer.

Q Hello, Mrs. Clinton. Thank you for taking the time to speak with us today. My name is Julia Finch (sp) and I live in Los Angeles, California. As a law student, I am particularly interested in the legal aspects of the health plan. I understand that the health care system, as proposed, will not provide coverage for abortion. I see every woman as having a pre-existing health condition, which is the potential to become pregnant. How would you defend the proposed plan against the charge that it is an unconstitutional discrimination against women based on their sex?

MRS. CLINTON: Well, I'd say that you don't have a case, because

that's not true. The benefits package will include pregnancy-related services. And, in each health plan -- as currently in each insurance plan -- those decisions concerning abortion will be made by the physician and the woman. There will be a conscience exemption available for either institutions or individual providers who do not choose to offer abortion services. But what we are trying to do is to actually preserve what is available under most insurance plans. And so, we anticipate that abortion will continue to be widely available as a pregnancy related service.

But we're also doing something else. As part of preventive services, we are offering family planning services because we think that it would be better to provide more of those services than abortions. And so, what we're hoping is more women will take advantage of these benefits now being available to them so that we can avoid some of the hard issues that abortion presents. But abortion will be considered a pregnancy related-(inaudible)- accountable health plans.

MODERATOR: We have a lot of lawyers who read "Self" Magazine.

Now we're going to Mount Carmel Medical Center in Columbus, Ohio, for a question from a "Self" reader.

Q Mrs. Clinton, my name is Doreen Albaugh (sp). I'm a nurse in a large inner-city hospital here in Columbus in labor and delivery. And my question to you is, you've already made a mention of incentives of deterring pregnancy. We see a large number of pregnant teenagers, and I would like to know what kind of incentives can be given to them to try not to allow them to become pregnant as teenagers and to wait until they -- start a family later in life?

MRS. CLINTON: Well, this is one of the really difficult problems we have, because we have much too high a rate of teenage pregnancy and of teenage abortion. And it stems from early sexual activity that is inappropriate for young women of teenage years.

I think this is a much deeper problem than just a health care problem. I think it's a cultural problem that requires us to act on a lot of different levels at one time.

But with respect to the health care piece of it, I am hoping that through primary and preventive care being available for young women now and having it available in a number of different settings, including school based clinics, that more young women will learn better decision-making skills that will enable them to say no to early sexual activity.

In the work that I did several years ago with the Children's Defense Fund, you can see the pattern that develops. Young women fall behind in school, in terms of acquiring basic skills. They become caught up with peer pressure, often with boys a year or two or even older than that than they are. And they don't know how to say no. They don't know how to make good positive decisions that will protect them and their futures.

I'm hoping that, with the health care plan including preventive care and including family planning, that more teenagers will have the option of going in and talking with nurses and other mature people who can help them learn how to say no. Then we've got to give these kids something to say yes to. And we've got to give them more effective opportunities in schooling to be productive. We've got to give them training and work programs that will give them some sense of self worth and productivity. We've got to make their neighborhoods safer.

I mean, a lot of kids engage in early sexual activity because they don't see a future. I mean, there's no point in postponing gratification when you've got, you know, fellow students being shot at school or as they cross the playground. So, this is a deeply cultural problem that we have to address as a nation and that adults have to address. But I think the health care plan can at least begin to deal with part of it.

MODERATOR: Yes. It's a very, very complex issue. I have another question. We do a great deal of work on the most cutting edge kind of medicine in the magazine. And a friend of mine was talking to me and she said that -- she lives in the Midwest -- and she said, "I went to one doctor and he was talking about a hysterectomy." And she said, "And you guys have written about laser techniques. And I'm very worried that my doctor is not up to date. I don't know what doctor to turn to. How can I find that kind of a technique?" I said, "Well, if I get a chance, I'll ask Mrs. Clinton if that is part -- if that kind of thinking has been part of your thinking in the health care package?"

MRS. CLINTON: Yes, very much so -- because what you've just described presents a couple of different problems we're trying to address. First of all, we do need to be sure that good, solid information about advances gets out uniformly to the medical community.

MODERATOR: We'll do that.

MRS. CLINTON: Yes. And --

MODERATOR: We'll help as much as possible.

MRS. CLINTON: -- and we think that by forming these accountable health plans --

MODERATOR: Yes.

MRS. CLINTON: -- and having alliances serve as the purchasing pools, it is going to be much easier to get that kind of information out.

MODERATOR: Yes.

MRS. CLINTON: Secondly, we have to change the incentives that financially support medical decision-making so that, for example, even though it might be that some laser technique is more advanced and better for some patients, a surgeon would be giving up income to refer --

MODERATOR: Yes.

MRS. CLINTON: -- that patient to a radiologist or whoever does the laser technique. And I've been reading a lot about these kind of decision-making dilemmas that physicians face, because we pay physicians on what I call a piece work basis. I mean, you are paid on the procedures you run and the tests that you conduct. And so, that means that if you make your living doing hysterectomies or cardiac bypass surgery and you are, in a sense, an entrepreneur -- you know, out there on your own, taking care of your patients and getting reimbursed procedure by procedure -- it is not in your interest --

MODERATOR: Yes.

MRS. CLINTON: -- to have that information click in and make you change the decisions that you make.

And we need a system where physicians are collaborating with each other so that it is not a financial dis-incentive for a patient to be referred to a procedure that is conducted by a radiologist instead of a surgeon.

And I think that if you look at -- if you look at the kind of practice that exists in places like Mayo Clinic, which is a multi-specialty clinic where physicians are on salaries, you can see why they've been able to keep their costs below four percent this last year, in terms of increase, and why they're considered so high quality, because physicians are collaborating to make decisions. It is not taking money out of a surgeon's pocket to send somebody to a radiologist to do the latest kind of test that can biopsy through laser as opposed to surgery.

So, this all fits together. We have to change the way physicians are paid, by and large. We have to change the incentives. Then I think they will be freed up to make much better decisions.

MODERATOR: That is just -- sounds ideal for, you know, somebody, who, you know, is in this dilemma of where do I go, what do I turn to. I just have to ask you another question. How did you get all this tremendous amount of information in your head?

MRS. CLINTON: (Laughs.)

MODERATOR: I mean, it's just -- you have been just working with this day and night. You must be completely immersed in this. And that's why I think we all feel so confident. Because not only do you have women's concerns, you know -- in your own gender -- at heart, but you really do get the whole system. If we can impose on you for just a few more -- just a couple more questions.

Let's go to California one more time, in San Francisco --

MRS. CLINTON: Okay.

MODERATOR: -- unless you're getting too tired of -- with all of this.

MRS. CLINTON: No.

Q Mrs. Clinton, my name is Antoinette Hughes (sp) and I live in San Francisco, and this is my question; how will Americans who are currently employed but without health insurance now be able to purchase and afford this new health care package when their current income does not allow for that expense? And I might add that many of these people are health care providers.

MRS. CLINTON: I know that. I mean, one of the most shocking facts that I learned early on is how many health care providers are uninsured -- people who work in hospitals, nursing homes, in home health programs, hospice programs are not, themselves, insured. It struck me as a tragic irony.

But what I want you to think about is not the current system --

the way it's constructed -- where insurance is much too expensive, with too many limitations, and too many conditions attached to it. I want you to think your being able to have the same kind of discounts and breaks in pricing that only the biggest companies in America can afford to have right now.

I want you to think further that although you will make a financial contribution, it will be matched by your employer making a financial contribution. And if you work for an employer with 50 or fewer employees, and if you are a low-wage employee, you will be buying that health insurance even more cheaply than it will be available in general, because you will be given discounts. So, that what is now viewed as the cost of insurance in the current marketplace will be much less for everybody, as we get this system fully up and going. And we will provide it at an even further discount to low-wage employees and their employers.

It's very important to me that people not think about what we are doing in terms of the current system. The current system is much too expensive. It is particularly expensive for individuals and small employers. And we have actually been having small employers with low-wage workers send us their financial information, come into the Small Business Administration and run their figures on the computers there. And many of them have discovered that they will be able to insure themselves and their employees for about what it costs today for a single family policy. Because that's how much waste and overhead and unnecessary administrative cost is in the current system. And, once we eliminate that, the price will fall for everybody. And we're going to protect those at the lowest end of the scale and subsidize them through these discounts.

MODERATOR: That is, I think, one of the very important points. One quick, quick last question -- this is it -- from Mount Carmel Medical Center in Columbus. You have the last question.

Q Hi, my name is Debbie Barrett-Bryson (sp), and I'm a registered nurse in an inner-city hospital. I work in the labor and delivery area. So, I am seeing a very big increase in mom's coming in in labor that are addicted to drugs. I'd like to know if -- under the new reform -- if there's going to be any allowances or funding for a drug rehab for these mothers that will also include some parenting skills that they can eventually have their babies back.

MRS. CLINTON: Well, you've seen a problem that is just becoming an epidemic in a lot of our inner cities. Yes, there is going to be substance abuse treatment available. Yes, it will include socialization skills as well as treatment. There will not be any specific kind of treatment prescribed in the benefits package, because what we are finding is different kinds of treatment work for different kinds of populations.

And what I'm hoping is that, because we're going to be funding some more broadly based substance abuse treatment than we ever have before, people will be trying out different things to find out what really works. And I think that we will also be -- I hope -- pushing research on medication that interferes with drug dependency and drug abuse. There have been some real breakthroughs in the last couple of weeks that I've learned about -- at the University of Miami, at Johns Hopkins -- where they are working with certain kinds of medication which, if taken appropriately, can begin to cure people, or at least eliminate their addiction to Cocaine particularly.

So, I think we have to move on several fronts at once.

MODERATOR: Well, we're going to follow-up on that story. Do you have any final thoughts that you'd like to get across to "Self" readers and to women and men -- and men too, of course --

MRS. CLINTON: Right.

MODERATOR: -- all across the country?

MRS. CLINTON: Well, I want to thank "Self" for what I think is a terrific job of educating people -- not just today with this program, but through the months -- about health care. Because we're going to continue to need a lot of education about what we're doing.

And what I hope every American asks themselves during these next months is, take the principles that the President outlined -- you know, we're going to have lots of arguments about the details. You know, we've got lots of ideas about what can be done better and how people can make this plan even better than it is. But the important issues are, when it's all said and done, will every American have health security with a comprehensive set of benefits that cannot be taken away and will not depend upon where you work, whether you work or whether you have a pre-existing condition or have ever been sick before?

Will we begin to simplify this system so that we get rid of the paperwork and the red tape and the bureaucracy? Will we be able to save money? Because we know we can save money doing things better and actually take care of more people at the same or higher quality. Will we preserve choice so that consumers will have a choice of the doctors and the plans that they get to pick from? Will we improve quality? Because we will have report cards and information that we don't now have. And will everybody be responsible? Will we build on what works so that we preserve what's right about our system and fix what's broken by getting everybody to be more responsible for themselves?

And if we can answer those questions yes, then the details are secondary. What will be important we will have taken a giant step toward increasing the security of every American and getting our health care system back on the right track.

MODERATOR: You know, America's very proud of you, Mrs. Clinton.

MRS. CLINTON: Thank you.

MODERATOR: Thank you very much.

(Applause.)

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