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Union of American Hebrew Congregations

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REMARKS BY THE FIRST LADY AT THE
UNION OF AMERICAN HEBREW CONGREGATIONS
BIENNIAL CONVENTION
SAN FRANCISCO, CALIFORNIA

INTRODUCTION: Welcome to the 1993 Union of American Hebrew Congregations and National Federation of Temple Sisterhoods biennial convention, held October 21-25, in San Francisco, California. We now join this session, recorded live, from the Hilton Hotel and Towers.

MODERATOR: -- Rodham Clinton, First Lady of the United States. (Applause) Ladies and gentlemen, we will officially start this session. And I call upon the President of the Union of American Hebrew Congregations, Rabbi Alexander Schindler (phonetic), to introduce our honored guest. (Applause)

RABBI SCHINDLER: Twenty-one years ago, my friends, is just about the time that our movement ordained its first woman rabbi. (Applause) Gloria Steinem gave a speech about her encounters with many brave women who are exploring the outer edges of possibility with no history to guide them, and with the courage to make themselves vulnerable.

These encounters, she said, moved her so deeply that she lacked the words to express the depth of her feelings. Today we are honored by the presence of such an outstanding woman pioneer. (Applause)

The name "Hillary" means cheerful, but it is far more than cheer that Hillary Rodham Clinton is bringing to her role as First Lady. She is also bringing her experience as an attorney, as an intellectual, as an advocate of children and families, and as a passionate and compassionate feminist, to transform the role of First Lady into that of

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premier woman and prime citizen. (Applause)

Many have drawn the analogies between her dynamism and that of Eleanor Roosevelt. (Applause) But I would do the pundits one better by suggesting that, Constitutional Amendment 22 notwithstanding, we may well be on the brink of the first four-term presidency since FDR. (Laughter and applause.) Eight years for Bill, and eight years for Hillary. (Applause)

My friends, the cause of American renewal could do no better. Now, with her birthday only four days away, it is my privilege to extend to her our special greeting, and to present to you America's premier woman -- Hillary Rodham Clinton. (Applause)

MRS. CLINTON: Thank you. Thank you. Thank you, very much. Rabbi Schindler, that introduction leaves me speechless, but very grateful for the feeling behind it and the welcome that it represents. I came into a brief holding room right at the end of Rabbi Sapperstein's (phonetic) speech. He was his usual restrained self. (Laughter)

He is someone whom I know all of you are very proud of. But he truly lives what he represents. I remember very well an evening some years ago, before he and his wife were parents, when we both attended the same event together. And I was still living in Arkansas. And there was not regular transportation back from Washington on the hour. (Laughter.) I know the Tannenbaums (phonetic) and others know what I mean by that.

But I missed the last plane and was somewhat concerned about that. And David and Ellen invited me to spend the night with them, which is so typical of the way they live their lives. And I could say many wonderful things, and pass on many accolades to him. But I really think the best I can do is to say, "David, you're a mensch." (Laughter and applause.)

I also want to acknowledge, and thank for this invitation, Melvin Marion (phonetic), Judith Kurtz (phonetic), and Judith Rosencrantz (phonetic), and Ellen Rosenberg (phonetic). It was an invitation that I was very grateful to receive. And I want to thank all of them, and the delegates of the UAHC and the National Federation of Temple Sisterhoods, for allowing me to take part in this convention.

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It gives me great pleasure, because I know of our shared goals, our beliefs, our commitments to the kind of country that we want to be part of. I know that when I speak, as I have tried to do, of the need for a new ethos of responsibility and caring, of the need to restore the importance of civil society and community, I know that these are your words as well as mine.

I know that these beliefs are an integral part of your tradition, and that you continually renew their significance by your actions and commitments, by your very presence here this weekend. And I would like to say a special thank you for your decision to award the prestigious Maurice N. Eisendrath (phonetic) Bearer of Light Award to Marian Wright-Adelman (phonetic), who herself is a shining example of these ideals.

I know that when I speak of the need for health care reform, I do so as a member of the converted preaching to the converters. For it is in no small measure thanks to many of the efforts of all of you, collectively and individually, that the nature of the debate about what we owe one another -- and particularly about what we owe to all of us when illness strikes, when health which we take for granted no longer can be. I know that we owe much -- that the debate has been moved forward -- to many of you.

Thankfully, the question, "Should there be health care reform?" is a thing of the past. We can no longer debate that. (Applause) We know that we must address this issue. And we must address it in this Congress before they go home next year. (Applause)

And I believe -- and I know that many of you share this belief -- that when our work as a country is done, when the Congress has passed health care reform legislation, and when the President has signed it, then we will have moved forward. Not just on a particular issue, but in reviving -- renewing, Rabbi -- this sense of American community that we have allowed to become tattered before our very eyes.

It is hard to justify how we have allowed ourselves to ignore and deny and neglect the problems that are not only afflicting the less fortunate among us, but which are undermining the very meaning of what we have built as members of the world's longest surviving democracy. So this health

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care reform debate surely will be about the specifics. But more than that, it will be about what kind of country we are.

During the campaign, over and over again, my husband quoted from Isaiah, "Where there is no vision, the people perish." And we have seen that. We have seen it in our streets. We have seen it in our schools. We have seen it all throughout our community.

But what I feel so good about -- and what I hope many of you in this room similarly feel good about -- is that together we are standing, once again, for the vision of what a caring people should be, and what a country that contains us should stand for. (Applause)

When our work on health care reform is done, when we have achieved universal coverage, when every American holds a health security card guaranteeing a comprehensive package of benefits that can never be taken away, then I know that we in government will owe a debt of gratitude to you.

For you have always been at the forefront of social change. Your 800 congregations have stood at the cutting edge of every struggle for social justice in this century. You know that reform is not just a verb. It is a moral imperative that all of us should heed. (Applause)

The President and I not only applaud your commitment, we draw strength from it. I can remember well the evenings we were privileged to spend at Shabbat with some of you around this country. I know well the meaning we derive from spending Passovers with our friends. I know well the constant pricking of the conscience that so many of you are better at than anyone else in the country. (Laughter)

But we have begun to see some victories from that kind of continuing commitment, fueled by religious faith and tradition, and rooted in our democratic ideals. As we meet at this moment, the Senate has begun its final deliberations on the Religious Freedom Restoration Act. And your movement has, once again, helped lead the nation on this vital issue. (Applause)

I know how hard you have worked. And I am proud to tell you that the President supports this legislation. And I hope we will be meeting again soon at its signing in Washington, D.C. (Applause)

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As we come to the end of the last quarter of 1993, and the beginning of 5754, we find ourselves at a stage in our history in which remolding society is one of the greatest challenges facing us -- as individuals and as citizens.

Significantly, the Torah portion you will read tomorrow concerns another critical moment in history, that in which Abraham receives a double command to arise and go forth, to leave his father's house, and to meet the new challenge that God has put before him. It is striking that God sent Abraham on his journey in the name of his offspring.

As we confront today's challenges, we must also do so with an eye towards the future. Part of the great challenge of living in any time is defining yourself in your moment, of seizing the opportunities you are given, and of making the very best choices you can. That is what this administration, this President, and all of us are committed to striving to achieve.

Today, the American people can no longer afford to countenance apathy. We can no longer afford to reward selfishness. We can no longer hope that the kinds of changes that we want to see happen someday will occur, but instead we must be committed to them in the present, now. We must insist on involvement.

One thing that the work I have done on the Health Care Task Force has made abundantly clear to me is that American people cannot wait for health care reform. They will not wait. They should not have to wait. Because this is an issue that has been staring us in the face for decades.

It goes back at least as far as when President Roosevelt was attempting to legislate Social Security. At that time he also intended to legislate Health Security, but could not achieve that objective. Ever since the 1930s and in every congressional session, bills have been introduced, presidents have attempted to deal with our health care problems.

President Truman tried again to come forward with comprehensive national health care reform, only to be beaten back. It took an enormous effort, even in the height of our optimistic mid-1960s, for President Johnson to beat back the opposition to Medicare and Medicaid. President Nixon came forward with a national comprehensive health care reform

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based on the existing employer/employee system, only to see it fall victim to the times.

The problem, though, did not stand still, but continued to develop. Yet finally we are at a point where, because of human experience and because of statistics that unfortunately display all too clearly that we are not able to afford any longer to do what we have been doing, we have a critical mass committed to health care reform.

And we finally have the missing ingredients that have escaped us in the past. We have a growing awareness and commitment on the part of members of Congress, in both parties and in both houses, who no longer can ignore the problem before their eyes. And, most importantly, we have a President willing to commit himself and, as with so many other issues, put himself and his administration on the line. (Applause)

You know, many people have asked me, and asked my husband since he began this effort, "Why, on Earth, would you take this risk? Why, particularly, would you put your wife in that position?" (Laughter) I've asked him that a few times myself. (Laughter)

And he's always said, without hesitation, and it is something that I agree with completely: "What is the point of being President today, if you do not take on the problems that are undermining the future of America?" (Applause)

Many of you know the kinds of challenges that confront people in public service today. And I think it's fair to say that it is a very difficult time to serve. The obstacles to moving forward, to making hard decisions, seem to grow more numerous as the months pass.

But there is very little reason to hope that our country will deal with its problems if those at the highest levels of authority do not lead the way. We have seen what neglect can bring. And we have reached a crisis in health care that we can no longer ignore. The alarm bells have been sounding. We now need to heed them.

Something is very wrong when 37 million Americans -- the vast majority, nearly 90 percent, who work every day for a living -- do not have health insurance. Something is wrong when every single month 2.25 million Americans who do

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have health insurance lose their health insurance; some only maybe for a week, some for a month, but some never to afford to get it back.

Something is wrong when we do have the finest quality medical system in the world, but it is being priced out of range for too many of us and is unavailable to too many others.

Something is wrong when we continue to reward inefficiency in the system, when there are no incentives in the private or public sectors to move physicians and hospitals toward making decisions that will result in better delivered, high quality, affordable care.

And something is dreadfully wrong when a system of micromanagement, regulation, and bureaucracy keeps the medical community from being able to make decisions they know are best for their patients. (Applause)

The most common question that has been asked, I suppose, in the last weeks is, "But how can we afford to change?" That's an unfortunate question, because it ignores the fact that we already spend more money per capita than any other country in the world to take care of our people's health care, but still have all of these problems.

We spend 14 cents out of every one of our dollars on health care. All of our other major competitors -- from Australia to Canada, to Germany, to Japan -- take care of all of their citizens, guarantee comprehensive benefits to all of them that only our best insurance policies guarantee to us, have higher outcomes of quality on all kinds of national indices of public health -- often including how long we live -- and yet spend only 8 or 9 cents of their national income on health care.

These are not just numbers, and we cannot afford to think in abstractions. For every statistic I have mentioned, there exists a child who is not immunized, people whose family doctor is an emergency room, a man or a woman stuck in a job because if they were to move they would lose their health insurance, countless Americans who cannot afford the care they desperately need.

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So when we think about this in human terms and then combine it with the economic costs of the system, it is clear that what we currently have is intolerable.

I am also asked often, "Isn't what the President is proposing complicated?" And I always say to my questioner, "Would you do me a favor? Would you describe for me how our present health care system works?" (Laughter)

"Tell me who gets what kind of insurance, at what price, under what rules? Tell me why some are left out because they have preexisting conditions, but others with the same are covered? Tell me why our emergency rooms become the resort of last care that people have? Tell me how our current system works? Explain to me what our 1,500 insurance companies, with their thousands of forms, mean in terms of complexity?" And on down the line.

Because what I have learned is that we have probably designed the most complicated system we possibly could have. And so, when people talk to me about their problems, they are often problems of being caught in a system they do not understand: having paid for insurance, but not read the fine print; wondering what to do to make the choices between a prescription they cannot afford to fill on their fixed income, and other necessities of life.

I have learned a great deal listening to people who are truly caught up in our health care system. They are people of all classes, all races, living in all regions of our country. They are people who were good, productive, tax-paying citizens who, because of a child's catastrophic illness, have been forced to spend themselves into poverty and ask for government assistance.

They are families who have -- as a family I learned about in Connecticut -- a child born 15 months ago, whose catastrophic needs have exhausted their lifetime limit on their insurance policy, and so for whom there is no insurance. And the child is being kept in the hospital -- at Yale New Haven Hospital. We are paying for that because the child is on Medicaid. When this family has a good income, they would be willing to pay. But nobody will insure them.

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I have talked to so many families like that. And I'm sure many of you have as well. And some of you have experienced firsthand what these stories mean.

We have to be motivated, as we go through this debate, not only to think about the statistics, but to think about these stories and the people who stand behind them. And what we have attempted to do is to set forth six general principles that we have to achieve in any health care reform, and then to be very open to the kind of debate we look forward to, as to how best to achieve those principles.

The first and most obvious one is health security. If we do not provide health security for all of our people, we cannot, cannot guarantee that the system that we have valued, and that is the best in the world, will continue.

Because most Americans are insured through their workplace, they feel that they do have some security, although it has become somewhat tenuous in recent years. They have seen their friends and neighbors be laid off and lose their health insurance. They have gone through a divorce, and only received health insurance for a limited period of time into the future.

This debate over health care reform, and this debate about health security, is not about only the uninsured. It is about all of us. Because if we are honest with ourselves and look into that mirror, we cannot say, "We know we will always have the kind of health insurance that we need."

And, in line with our traditions and our beliefs, we have to say as well, "There, but for the grace of God, go I," when we see someone who finds himself in the dilemma that I have seen over and over again, who thought they would be secure but no longer are.

Health security also means we must have a comprehensive package of benefits to go along with universal coverage. There will be alternative plans put forward in opposition to the President's. Many of those will have features with which the President will agree. But on these two fundamental features, any plan that cannot guarantee health security and universal coverage for every American should not be acceptable to America. (Applause)

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And, secondly, we have to provide a comprehensive benefits package that includes primary and preventive care, and includes mental health benefits. (Applause)

I predict to you that one of the hotly debated issues in health care reform will be between those like us, who favor comprehensive benefits, and those who will argue that we should only have bare-bones policies available, or that we should use some variation on one of the ideas floating around, to have a Medisave -- like an IRA account -- available for people so that they basically insure themselves against catastrophe in the future. And if they don't spend their money on health care, they get to pocket it at the end of the year tax-free.

That does nothing to change what is wrong with the American health care system. (Applause) What is wrong with the American health care system is not that when people are very sick they don't get care, because they do. We take people in, in our emergency rooms. We take care of them. The problem is we should be stopping some of the reasons they show up in the emergency room at an earlier and cheaper point in the process. (Applause)

When I first had my daughter, I had never studied my insurance plan before. And I suddenly learned that it wouldn't pay for well-child exams. It wouldn't pay for immunizations. It wouldn't pay to keep her well. But it would give her topflight care if, unfortunately, she were ever really sick.

What the President believes is that we should pay for the well-child exam. We should pay for the mammogram. We should pay for the Pap smear. (Applause) Now, if this idea sounds radical to some -- and there are some who are claiming that it is -- I would be very interested in knowing what kind of health coverage they have. They usually are affluent enough to take care of these expenses for themselves.

But I would also point them to the scholar Maimonides, Moses Maimonides, who was not only, as you well know, a philosopher, but also a Jewish doctor, who wrote in the 12th century that "A physician is important not only during sickness, but also when the body is healthy."

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It was true then, and it is true now. And we know that if we shift our focus to more primary and preventive health care, while we provide security, we will not only be taking care of health problems earlier, we will be saving money.

And I want to say a special word about mental health benefits. (Applause) We are including mental health benefits in this package. Not as much as many in this audience and elsewhere would have wanted us to be able to do. But it is a very important beginning. And we will move toward more expanded coverage.

But again, there will be many who do not understand both the cost of mental health illnesses and the relationship between mental health and physical health. You must help us keep mental health benefits in the benefits package. (Applause)

The second bedrock principle is, we want a simpler system, not a more complicated system. And as I said, it would be difficult to devise one more complex. We want a simpler system that will move toward a single-form system -- electronic billing.

We want to eliminate the kind of micro-management that too often does harass and interfere with physician autonomy. We want to give time back to nurses, who now spend often more than 50 percent of their time filling out forms. (Applause)

Some of you may have heard the President say -- but he said it a number of times, because he was so shocked by it -- that when he went to the National Medical Center for Children in Washington, D.C., they had done their own study. They had gone through and looked at every form they are required to fill out.

And they had put to one side all those forms that have to do with patient records and patient care and quality. Then they had put to one side a much bigger pile of forms that had nothing to do with any of those important issues.

They then figured out that their physicians, their staff of 200, were spending the time on form-filling-out that they could spend on seeing somewhere between one and two additional patients a day.

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When they multiplied that number out -- the number of patients times the number of doctors times the number of days in the working year -- they figured out their doctors could see 10,000 more children in Washington, D.C., if they were not hamstrung by having to do the kind of form-filling-out that they are required to do now. I want people who went to medical school taking care of children, not being accountants and bookkeepers. (Applause)

Third, we want more choice for consumers. We want individuals to be able to choose, to make an informed choice about their health care. And this has been one of the issues that I have probably been asked more by my friends than any other.

You know, my friends have taken me aside and said, "Now, Hillary, are you sure we're going to be able to see our doctors?" And I have said to those who know me very well, "Do you think I would give that up? I mean, that is not something I am going to cede to anyone. I will see the doctors I always want to see."

But in the current system that we are now in, that choice is being taken away from us every day. I don't know how many of you have employer-bought insurance where the employer tells you who you can go see. And in the last several years, the employer has restricted the choice of physicians you can go to. Because that is happening right now. (Applause)

What we intend is for individuals, not employers, to have the choice as to what health plan they belong to, and for physicians to be free to belong to more than one health plan, to stop the discrimination against doctors when they wish to belong to more than one. (Applause)

There will at least be three choices in every region, but there will be many, many more in most regions. There will, I'm sure, be an HMO. There will, I'm sure, be a PPO, which is a Preferred Provider Organization. And there will be always mandated a fee-for-service network, which any doctor will be free to join, and which you also can join, if that is your preference.

In addition, we will require that every plan have a point of service option referral. That means that even for closed-panel HMOs -- unlike today -- you will be able to

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choose to have an option that, if you want to, you can go outside the plan for specialist referral, if that is what you need. (Applause)

But most importantly, you the consumer will make your judgment every single year, during the annual enrollment period. It will be done for most of you at the workplace, as it currently is. Only now you'll be in the driver's seat. Or it will be done at the local health alliance if you are a self-employed person, or you are temporarily unemployed.

And what we hope is that, with more and better information, all of us will be making more and better and quality-driven, informed decisions.

Now, in addition to that, we think that if choice is guaranteed, then quality has to be not only the fourth principle, but the primary driver in how we create these health delivery networks, and how you make your choices. I am very convinced that, for most of us, we don't have enough information.

That is not to be, I suppose, surprising to any of us. Because when you're admitted to the hospital, if you go in the emergency room, or you're in the doctor's office and they tell you you need some kind of procedure, it's not like shopping around for an automobile. It's a very different kind of decision you have to make.

But every year when you enroll, you need to have what we are calling "quality report cards" that will give you good judgments about how your health plans stack up, one against the other. I've seen some of the work that is being done in some regions of the country. And it's very useful.

I, as a woman, will look, particularly, about what kind of treatment and approach a health plan might take towards breast cancer. I will want to know what kind of facilities it has. What are the outcomes that it has if cancer is detected and has to be treated?

That's the kind of information we don't have now. That's the kind of information every consumer deserves to have so you can make an informed choice. (Applause) And if that is the case, then I think the quality in the system will actually improve.

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Now, in order to be able to finance much of what we see in the future, we need to have a more efficient health care system. And there has also been a great deal of concern about this issue. And it is probably one of the most misunderstood in the whole debate.

Some people say, "How can you get savings out of the current system?" And I've already referred, generally, to several ways in which we will -- by eliminating paperwork and bureaucracy that eats up costs.

The average small business pays a 35 to 40 percent administrative cost in its premium. The kind of costs we're talking about can be pulled out of this system without interfering with the quality and the delivery of health care if we believe that we can realize the kind of efficiencies that many throughout the country now are doing.

You know, if everybody is in the system, as they are in Hawaii, the costs are lower. If everybody is in the system, except for a very small percentage, as they are in Rochester, New York, the costs are lower. If you negotiate in great big pools for insurance, as the California pension system does, the costs are lower.

If, therefore, we put people into large purchasing groups, called alliances, together, we will finally start getting the kind of bargaining power that any of us who shop wholesale knows you get. If you buy in bulk and you buy at a discount and you've got more people buying, you're going to get a lower price. And what we have seen as we've looked around the country is that will work.

In addition, we need incentives to change the way we reimburse medical care. We currently reimburse on a piecework basis. Think about that. That's how we pay for medical care. Doctors are forced to prescribe diagnoses and tests in a way that will trigger reimbursement from Medicare or Medicaid or private insurance.

Oftentimes, that is done in a way that even the doctors themselves don't feel good about. But it is the only way they can get reimbursed for their time and the investment they have in their medical expertise.

We want to move toward a capitated basis, where you will get paid for spending time with your patients, not just

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prescribing tests for them, where you will get time to spend with other physicians making decisions about what the priorities are in your group practice, or in your clinic, or in your HMO, or your PPO.

These are the kinds of decisions that should be left to physicians. Dr. Koop has said that there are probably \$200 billion of excess, unnecessary costs in our current system, that -- if we change practice styles, we provide incentives for better efficiency -- we will begin to realize.

And the final principle is responsibility. Because if we have security, and we have simplicity, and we have choice and quality and savings, we can only guarantee we will always have those if all of us are more responsible. And that means in our own health care, as well as in every part of our system.

Probably the fundamental issue about responsibility is, how will we pay for it? And there are really only three ways that have been proposed as to how to pay for health care for everyone in America.

The first is a government-run program. Some call it "single-payer," which will be funded by a large tax. It would replace the private sector investment in health care. That is one way to do it.

Another way which has been advocated, particularly by Senator Chafee in the Senate, is by imposing an individual mandate, sort of like auto insurance is required now in states, where individuals will have to go into the marketplace and will be required to have insurance, but without any employer contribution.

The President has problems with both of those approaches. He has rejected a government-run system that would require a very big, broad-based tax increase at this time. We already are spending more money than anyone else. We need to organize how we spend it better, not put more money into the system.

The individual mandate approach is troubling because currently there is no requirement that employers do offer health insurance, unless there is some kind of collective bargaining agreement.

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And we believe this would be an invitation for many employers who currently insure their employees, not to do so; or to keep people in low-wage positions, where they would receive a subsidy from the government in order to be able to buy their own health insurance. We fear that it would undermine the system that has worked for most of us.

So the President chose the third alternative. Build on the employer-employee system, but give discounts to small businesses, cap the amount of money that any large business must spend, and put a cap on the amount of money that any low-wage worker must contribute.

This is going to be one of the most controversial parts of this proposal. But if you look at what small business that insures is paying now, we will be saving billions of dollars for those responsible small business owners. They have, in effect, been subsidizing their neighboring businesses that have refused, or thought themselves incapable of providing health insurance.

Yet, if you run a retail store next to a car wash, and you try to struggle to provide health insurance, and your neighbor in the car wash doesn't, when the person working at the car wash gets sick they go to the same hospital that you help pay for. And your premiums go up the next year because they have not been able to pay for the care they receive.

We need to end the cost shifting that represents, and the hidden tax on businesses that pay for health care, which, in effect, has subsidized their competitors and neighbors for decades. And if we do it right --

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-- much more internationally competitive. Well, there are many aspects of this health care proposal that we will be talking about and arguing over during the next month. But what is important, I think, to all of us is that finally the debate has started.

Finally we can see a destination together as we embark on this national journey, because we do share a vision about what our country should be and what it should mean to be an American with respect to health care.

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I view this issue not just in light of legislation to be passed about health care, but, as I said earlier, as a way of addressing a lot of the problems confronting our country. I am particularly pleased that the women of Reform Judaism have adopted the statement they did this morning on gun control. (Applause)

That is not only a statement that supports law enforcement and criminal justice; that is a statement of values, about what kind of society we want, and it is also a statement about health care. Because we are a more violent nation than any of our competitors, we pay more to try to clean up that violence.

The issues of violence, the issues of physical security that afflict all of us, the issues of health care security and job security are ones the President has been talking about for a number of weeks now.

Because it suddenly became clear to him that in the face of all the problems we face as a nation, many of our fellow Americans did not feel secure enough, internally or externally, to take part in being productive citizens that would be able to take better care of themselves and their families, and contribute to the future of this country.

If we approach this health care reform debate with the idea that we will lay in a grounding of security, we will be doing so many things simultaneously. We will be saying to Americans, they have to be more responsible. We will be saying to people on welfare, "You no longer have that terrible choice of staying on welfare and getting medical assistance for your children, or going to work and having no medical assistance." (Applause) We will be saying to people, "Take the better job, because you can afford to do so."

As you go through all of the issues that will be impacted by health care, at bottom it is a statement of values about what we want to be and what we expect people to be.

I want to be in a position to go into any neighborhood in this country, to look into the eyes of young men and women and tell them, yes, there's a future for them. Yes, they have to be responsible. Yes, they have to take care of each other. Because together as partners they and

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their country have given them a base level of security to build on.

This is the kind of future we have to believe in. And I am just grateful that so many of you have seen that future, have worked to achieve it, and are ready once again to roll up your sleeves and make sure it happens this time. Thank you all very much. (Applause)

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