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National Institutes of Health

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A SPEECH BY THE FIRST LADY
AT THE NATIONAL INSTITUTES OF HEALTH

MRS. CLINTON: It is a real thrill for me to be here, and I want to start by acknowledging how much I appreciate the session I had this morning. As I told Dr. Varmus on my way in, I was only sorry my daughter could not have been with me as she would have understood if I were (inaudible).

She has been studying genetics in her biology class, and I said I would (inaudible) with her for a few hours a couple of weeks ago. (Inaudible) she was describing the retrovirus functions that Dr. Varmus was explaining to me.

And my contribution, since I didn't understand anything about it, was to help her color in (Laughter) the various (inaudible) while she tried to desperately, in that wonderful tone that 13-year-olds take to their parents, to explain to me very patiently all those things that she had been learning about (inaudible) and stuff that I have never heard of before. So this was a special treat for me, and I will take it back to her.

I am also honored to be on the same platform as the three people who are here with me. Three that are here, Secretary Shalala, Secretary Lee, and Dr. Varmus are appointments that really mark the first time that a president has chosen three people from research universities to the top positions at HHS.

As many of you know, Secretary Shalala served as the president of the University of Wisconsin and also on at least one board affiliated with NIH.

Dr. Lee and Dr. Varmus come from the University of California, at San Francisco. And Dr. Lee has had a long and distinguished history in working to improve health care in all of its aspects here in our country.

But I would like to offer special thanks to Dr.

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Varmus to agree to leave, at least warmer if not sunnier, California to come back to NIH to take the helm. He is not only the first Nobel Laureate to head these institutes, he is also a strong and able leader whose ideas about health care have been invaluable to this administration and will continue to be as we move to implement many of the ideas that you and he have brought to this administration.

So we are very grateful that he is providing the leadership that we knew we would count on when he agreed to take this position.

This institution is truly the epicenter of our nation's biomedical research efforts. For more than a century NIH has been a pillar of scientific achievement paving the way to fundamental discoveries that have revolutionized our understanding of biology and the practice of medicine, and improved the lives of people all over our globe. Eighty-three scientists affiliated with NIH have gone on to win Nobel prizes. And at least 35,000 scientists are supported by NIH at any given time.

Among the list of scientific and (inaudible) breakthroughs, although far too long to be exhaustive, you know, as well as I, and I want the country to know, are those affecting heart disease and cancer and strokes and schizophrenia. Those are just a few of the diseases that are less frightening, less threatening, less (inaudible) today because of basic and clinical research done right here at NIH and at research universities across the country.

I would like to take a moment to note that just this last week the scientific community lost one of its great leaders, Howard Temin. Professor Temin was at the University of Wisconsin, a close friend of Secretary Shalala's, Phil Lee's and Harold Varmus. His dogged pursuit of the enzyme immerge transcriptase (phonetic) won him a Nobel prize in medicine and exemplified the important work you and your colleagues do in finding cures and treatments for diseases.

No one would have called for Dr. Temin in AIDS research. Yet his work led directly to the quick identification of the AIDS virus. No one would have called him a bioengineer. Yet his work led to the birth of the biotechnology in this field. What his colleagues and all of you here in this auditorium, who counted yourselves among them, did call him, was a bench scientist -- words of very high

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praise -- whose work opened doors and saved lives. His death robs us of one of our most talented scientists, one of our country's best teachers, and one of our most passionate advocates of basic research.

Today if our nation attempts to fix a health care system that badly needs repair, the work of scientists like Dr. Temin and yourself is more important than ever. That's because medical research and health care reform go hand in hand. I am not a scientist. But even as a lay person, before I ever became involved with health care reform, I knew that scientific research is about exploration, discovery, and pushing for values.

I knew that science is a tool we use to evolve and survive as a species, and I also know that it's not just the contribution of the great researchers that count, it's the endless hours that researchers and labs, big and small, devote to studying everything from the common cold to genetic coping that will lead to the kinds of breakthrough research that we all count on.

Without basic research we would never have been able to beat diseases like hepatitis or polio. We would never have benefitted from vaccines and drug treatments and new diagnostic and surgical technique that save thousands of lives every year. In short, without basic biomedical research, we would never have achieved the quality of health care or the quality of life that most Americans enjoy.

The United States has had no rival in basic biomedical research because of our government's investment in NIH, and in our nation's great research universities, and in the brilliant research and development found in our private sector as well. And yet we know that the research in and of itself would not be what we see and feel every day were it not for the use that it has been put to.

Today I saw firsthand the methods when I met a seven-year old girl named Ashanti DeSilva. Near three and a half years ago she was in this hospital to receive the world's first gene therapy, to treat her ADA condition, a genetic deficit that destroys the immune system and leaves a person vulnerable to countless infections. Before her treatment her life was one of confinement and fear. Today she is healthy and living a full life.

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From the discovery in 1944 that genes are made of DNA, to the breaking of the DNA code in 1961, to the explanation of retroviruses in 1970, to the cloning of DNA in 1983, scientists at NIH put the pieces of the puzzle together that made Ashanti's treatment possible, and made it possible for me to see her in the company of a very happy follower this morning.

That's why the President believes so strongly in the need for continued investment in basic science and biomedical research and training. And that's why he also believes it is essential that we preserve the mission of the academic health centers which train young scientists and doctors and help treat some of the most vexing diseases facing mankind.

For much of the past decade biomedical research has been neglected and underfunded and even unappreciated. and the President intends to fix that. He intends to fix it by reaffirming our nations commitment to basic biomedical research and training, and by fixing our health care system overall. It is that dual commitment that brings me in part to you today.

In 1945, in his landmark reform, Dr. Bannager Bush said, "The progress in the war against disease depends upon a flow of new scientific knowledge, new products, new industries and more jobs requiring continuous additions to knowledge of the law of nature, and the application of that knowledge to practical purpose." In keeping with that philosophy the Clinton administration has provided new resources in the past year for the research enterprise here at NIH.

In fiscal 1994 the President and Congress increased the NIH budget by \$631 million over fiscal 1993. In the face of fierce spending restraints agreed to with Congress, the President has proposed another \$517 million increase for fiscal 1995; most of it for basic research.

The President also believes in establishing priorities for research that will provide direction without tying hands. There are significant new funds for AIDS research; 21 percent more last year, and another 6 percent increase this year.

There is a strong commitment to breast cancer research including funding for hundreds of new projects in this area. And there will be an 18 percent increase in the genal project in the fiscal 1995 budget.

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Without these kinds of expanded investments in medical research, we cannot have a health care system that gives us the kind of health care we want and expect as a nation. Key elements of reform, quality, prevention and saving simply cannot be achieved without continuing and strengthening our research efforts.

The President's approach to reform reflect the vital intersection between research and high quality affordable health care. The President's approach will provide health security for every citizen beginning with private health insurance coverage that guarantees comprehensive benefits. That means that every citizen can take full advantage of the breakthroughs you achieve here, breakthroughs that not only save lives, but save money. So that in the future we will not wake up, as we did this morning, to front-page articles about insurance companies determine arbitrarily who is entitled to the kinds of treatments and breakthroughs you work hard to provide for American citizens and those people around the globe.

Those of you in the medical profession know all too well the impact that a chronic illness can have on a family, or a pink slip that results in a lost job and lost health benefits. Or a preexisting condition that isn't covered by most health plans.

Several of you in the presentation that I heard this morning mentioned Alaska awards, and in particular the work and comment that Dr. Nancy Wessler made to me that made such a very big impression on me, which was reiterated by several of you today; that at the rate you are going, with the work you are doing, we will soon discover we all have preexisting conditions and are all totally uninsurable.

So if there is no other reason for the research and scientific community to support universal health care for all Americans, do it out of self-interest so that you too will have insurance when we reach the point where we know everything there is to know about what diseases we are genetically predisposed to (inaudible).

A few months ago a scientist pointed out to me that this kind of work that you are doing will obviously impact, not just in the future, but on a daily basis are the young children that I saw like Ashanti, and that part of what I would try to do is to spread that word as I travel around the country. And

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so when I speak, I speak not only about the insurance industry, although that's usually what gets the coverage, but I speak also about the need for research and support of basic research and clinical work that will lead to the ultimate for benefit in health care. The elimination, or certainly the amelioration, of many of the diseases that afflict us now.

If we are able to match our research progress with the reforms in our health care system, then we will be able to maximize the positive impact of the work that you are engaged in. Because health security not only means guaranteeing comprehensive benefits throughout a person's life, it also means emphasizing early diagnosis and prevention of diseases.

And I saw today very graphically illustrated with family tree, learning more about the genetic underpinning of diseases like colon cancer, will not only be able to serve as an early warning signal to those individuals who carry the gene, but also as a great relief to those members of the same family who do not. And that the obvious impact of bringing this work into the lives and the doctors' offices and the hospitals of America will be to provide real security and also real information about health challenges to all of us.

Now as we move forward in this health care debate, we have to recognize that without comprehensive benefits that include preventive care, that do what insurance plans today will not, namely pay for child immunizations, or sonograms for pregnant women, or clinical trials of experimental drugs, that many of the benefits that you are working to extend to Americans will remain out of reach.

Listen carefully as the debate goes forward and as it often (inaudible) between those who argue they are for universal access versus those who argue they are for universal coverage. We all have access right now to everything you have done to improve health care in the last decade, but we all cannot afford it, we all do not have insurance policies that will pay for it. So merely having access is being able to go right now to our nearest car dealership and buy the most expensive car on the lot. Everyone of us in America has that right. The fact is most of us could not afford realistically to do so.

The President's approach is the only one that covers clinical trials in the basis benefits package. So no longer will some be eliminated, because of the insurance coverage they

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have, if they are candidates for clinical trials that you are conducting or those with whom you work.

If we can more effectively put your knowledge and wisdom to use preventing diseases, or detecting them early enough, we can also begin to reign in the rising cost of American health care. We will spend towards a trillion dollars this year, and much of that will go for sick care, not health care.

Despite the remarkable work done at NIH on behavioral research, for example, we spend billions to treat the symptoms of disease and comparatively little to prevent.

Another critical part of the President's approach is Title 3 of the Health Security Act known as the Public Health Initiative. This maps out a vigorous plan of investment in public health and biomedical research that will ensure that all Americans truly do have access to top quality medical care that NIH research makes possible. The President's approach will promote research services, it will help answer important questions about the effectiveness of treatment and patient out (inaudible). This will be very useful to doctors and hospitals as well as academic health centers and research institutions training future doctors and scientists.

The President's approach also helps to strengthen academic health centers by requiring that all health plans contract with academic health centers for the treatment of rare and specialized diseases. And I want to emphasize this point. Many people are concerned about change in our health care system.

I am concerned about what will happen if we fail to change. I am particularly concerned that with the trends that are pushing more employers into managed care arrangements in order to save cost, because they bear a disproportionate share of the cost under the way our system currently operates, they are acceding to demand that they eliminate from their coverage access to academic health centers.

So that those who are employed or who are enrolled in such plans, which now are increasingly a majority of all Americans who receive health insurance through their employment, will not have the option of going to the academic health centers that you work with if they expect to have their insurance cover such treatment. This is particularly important

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that we pay attention to this and work very hard to achieve the President's approach which is to require all plans that provide health insurance coverage to contract with such academic health centers in order to preserve and protect the critical mission of these centers.

Academic health centers also will be crucially important in serving as the quality foundation for health care reform, helping to disseminate information out into clinical practice. And I have to say that one of those things that has surprised me in the past year is how difficult it often is to get information into the daily practice setting of the majority of physicians in our country. And providing some bridge between what you do and the academic health centers do through these quality foundations that will be established, we believe will more quickly disseminate the information you are compiling and analyzing so that it can actually be put into effect.

Above all, health care reform is not about government control, about the government making decisions. That's left to doctors or scientists or patients. Reform is about revamping a system so that private health plans truly compete not over which insurer can do the best job of screening out high-risk families, but over which can deliver the highest quality care at the best price.

One of the great attacks that is going on about the President's approach is to try to argue that it is government dominated or government controlled. That always amuses me because what we have in our country now is a mixed system in which we have government financed and supported institutions like NIH; we have those like the academic health centers that receive funding from private sources and government sources, both state and federal; and we have purely private health care institutions.

We intend to maintain that mix, but we intend to try to provide better support and better functioning of the health care plan in the private sector so that they can truly compete with one another, not in the way that they have competed in the past, which is to try to eliminate people from health care coverage, but by actually providing health care to people.

Reform is our opportunity for progress. It is our chance to succeed where past generations have failed. It is our chance to improve the health of individual Americans and protect the integrity of our entire health care system. If we

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can find a vaccine for polio, we can discover the structure of DNA, surely we ought to be able to make a political decision necessary to fix and treat a health care system that needs our help.

As scientists you are well schooled in the art of perseverance. You know what patience and fortitude it takes to solve the riddles of disease and to unlock the mystery of nature and the universe. You know how important it is to push ahead until you do succeed. Well, that is exactly the attitude we take with us into this health care debate. We do not expect it to be easy.

We are well aware of the history, starting with Franklin Roosevelt, of presidents, both Democrat and Republican, who have understood what was at stake and attempted to move for real health security. And we know full well that there are many interests arrayed against the changes that we believe will provide a better and more secure footing not only for individual health care status, but for the institutions like NIH that are so vital to our overall health care status in our country.

The next months will be very challenging and difficult months. It always is easier to maintain the status quo, which is what has happened repeatedly in our efforts to reform health care in the past. This time, however, maintaining the status quo cannot be an acceptable alternative.

We know that we have the finest doctors and researchers and scientists and hospitals and nurses in the world. But we also have the stupidest financing system for health care in the world. And the stupidity of that system threatens the quality of all that you do and are engaged in doing to try to improve the health of both individuals and the nation.

We are facing challenges from those who do not believe in research or do not believe in the government's role in research. We are facing challenges from those who believe that the billions of dollars we spend on the paperwork health care system are justifiable, and we are facing challenges of trying to explain to Americans why what they hold dear to their health care system and what they hope for with the breakthroughs that you are on the brink of giving them every day, are in danger unless we have the courage to change.

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We have to (inaudible) those who would undermine our commitment to basic research, who would engage in giving balanced budget amendments that would decimate many of the functions that we believe are important to investing in the future health care for all of us at an increasingly higher level of scientific understanding and the better delivery system that comes with that.

What we hope you will do as scientists and researchers and doctors is to take a stand on behalf of what you know and what you care about. And that is the commitment you have given your lives to, of improving health, of unlocking the mysteries that surround disease, of helping to cure and prevent all that ails each of us as we move through our lives. And if you bring that commitment to this challenge, your voices will be heard loudly.

You have more credibility than many of the forces arrayed against the changes that we seek to benefit all of us. With your help we can. In Louis Pasteur's words, "Extend the frontiers (inaudible) and make our fellow citizens and our nation healthier, happier and more secure."

Thank you very much. (Applause)

(The speech was concluded.)

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