

Richard L. Schulz College
Clinton, New York

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REMARKS OF THE FIRST LADY
AT BLACKHAWK TECHNICAL COLLEGE,
JANESVILLE, WISCONSIN

MRS. CLINTON: Thank you so much. I am just delighted to be here and to see this great crowd talking about, wondering about, and planning for health care reform, and I am delighted that I could have with me one of your Rock County hometown boys, Russ Feingold, and he and I have had a great time the last few days. (Applause.)

I want you to know how effective he is in Washington, speaking on behalf of Wisconsin and Wisconsin's needs, but also on behalf of America. And one of the really important parts of health care reform is that we have tried to learn from what works in our state, and we've learned a lot from Wisconsin.

Probably the very first meeting I had where Russ was present he said, "look at the long-term care option program in Wisconsin, the community options program, and try to make it a model for the rest of the country, and try to give us some help so we can get people off waiting lists, and don't forget about prescription drugs for older Americans." So we've been listening to Russ and trying to follow his leads, and we're very grateful to him.

And it's a special privilege for me to be here with your new congressman, Peter Barca. -- Peter is continuing the fine tradition that Les Aspin started, of representing the first district with class and commitment, and a sense of humor.

I don't know what you all have in the water, here, to produce people like Les Aspin and Russ Feingold, and Peter Barca, but whatever it is, you ought to export it to the rest of the country, because it really does make a difference to have leaders like these three men. So I'm delighted to be here.

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I want to spend just a few minutes with you talking about health care reform and what we're going to try to do. But I also wanted to thank everybody associated with the college for helping to put this on. I know it is a big task when you have to pull together to do this.

I also particularly wanted to acknowledge Al Stegman (phonetic), who dislocated a shoulder putting up a banner, maybe that banner right there. I hope he's fine. I hope he'll be back at work and full speed ahead very shortly, but I appreciate it and wanted him and his family to know that. So I'm very grateful to all of you who had anything to do with this.

I also read an article from the local paper about whether or not Bess Truman was here. I don't have any insight into that. I have learned, though, since I've lived in the White House, that she was a whole lot more involved than folks knew.

Most evenings she and President Truman would retire together to his study, and she'd read most of his papers and correct his letters, and do things that needed to be done, so if she wasn't here physically, she was here in spirit, I can guarantee you that. And I'm delighted to be here in person and to have a chance (inaudible).

What is this health care reform debate all about? I mean, why are all of you here, and why am I here, and why are we spending all this time? And why are some people spending a lot of money to run advertisements against it? What is it that's going on?

Well, very simply, what's going on is that we have finally recognized the kind of fundamental difference between the two parts of our health care system. On the one hand, we have the finest doctors, nurses, hospitals, and medical care providers in the entire world. There isn't any doubt about that. We also have the stupidest financing system of any health care system in the world.

A lot of folks who studied this for a long time, and even more, people who have lived with it: doctors who have watched as their practice has gotten interfered with by insurance company regulations, or government regulations, who have found themselves having to call up some insurance bureaucrat to ask permission about running a test on a

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patient. Hospital administrators who have had to hire four clerical workers for every doctor they could hire because they had to keep up with all the paperwork demands generated by the way we pay for health care in this country. Nurses who went to nursing school because they loved being able to take care of people, who are spending half their time filling out forms that have nothing to do with patient care. The government spending more and more money on health care, the State of Wisconsin spending more and more money on health care. Employers like many of the five world leading businesses that have headquarters right in this congressional district spending more and more money on the same health care. Workers being told that they're going to have to pay more next year for the same health care -- more than they paid this year -- being told they could no longer go to the doctors with whom they had a relationship going back to childhood, because those doctors were not in the health plan that their employer was buying this year.

Those are the kinds of day-to-day involvements with the health care system that have caused people all over the country to lift their heads up and to say, "wait a minute." I mean, we can do better than this.

We can be more sensible in the way we purchase health care so that we can continue to support the doctors, the nurses, the hospitals, the things that we need when we're sick. As I have traveled around the country, that is what I have heard over and over again.

I've had people say to me, "you know, I don't understand why I can't get insurance. I'm willing to pay for it, but they tell me I have a preexisting condition, and they won't sell it to me."

I sat there with parents of chronically ill children, people who made good livings, who wanted to be responsible, who told me how they couldn't buy insurance at any price because their children were chronically ill. And I've listened to parents whose children got sick, and all of a sudden what they thought was a secure insurance policy turned out to have a lifetime limit, and that lifetime limit, once it was hit -- meant they didn't get any more insurance coverage.

I've talked to hundreds and thousands of Americans who get up every day, go to work, who pay their taxes but

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don't have health insurance because they don't work for somebody who helps provide health insurance. But the taxes they pay provide health insurance for people who don't work and are on welfare.

So all of those things added up together have gotten us to this point, where we've nearly 40 million Americans, most of whom work every single day, without health insurance. We've got another 22 or 25 million who have insurance, but do you know the kind of insurance it is? It's \$3,000, \$5,000 deductible insurance. It doesn't pay for primary or preventive health care.

And we have Medicare which -- let me remind you -- is a government health care system. A lot of people don't know that Medicare is paid for by taxes that come out of your paycheck every week. It is a government-run, taxpayer-supported health care system. And thank goodness we have it, for our citizens over the age of 65.

So we know that we can provide basic health care to senior citizens. We know we take care of the poorest of our citizens on welfare, but everybody else in the middle is basically in a big, giant roulette game. Whether your number comes up to have insurance or not depends upon how old you are, whether you or a member of your family has ever been sick before, whether or not you have an employer who will help you so that you can afford insurance.

And what the President decided is that we need to build on what works in our health care system. We need to maintain all of its strengths, and we need to fix what doesn't work.

So he has proposed the following: let's guarantee private insurance to every single American. Let's do so by building on the system we have, and that system is the employer-employee system.

You know if you believe, as the President and I do, that we should have everybody insured in America -- because once everybody is insured, then everybody is secure. You don't have to worry about losing your job. You don't have to worry about crossing state lines to take another job, or moving somewhere. You don't have to worry about the preexisting conditions. Everybody is insured.

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Then we can begin to control cost because what happens today is that because in our country people who don't have insurance eventually get health care. They go to the emergency room. They get health care, but because they can't pay for it, the rest of us pay for it. We continue to shift the cost around.

So when you go to the hospital and you get that bill, and you look at it, and it says \$15 for an Ace bandage -- right? -- \$25 for an ice pack. And you say to yourself, what is going on? What's going on is, that you, with your insurance through your employer, are helping to pay for all the people who couldn't pay for their health care. That's how our system works today.

If everybody is in the system, and everybody is paying something, then we can squeeze those costs down, and we can begin to streamline our system. If everybody is in the system we don't need 1500 different health insurance companies selling thousands of different policies, deciding who does or does not get insurance and how much they pay.

We don't need all of that paperwork. We don't need all of that bureaucracy. We can start having nurses taking care of patients again instead of filling out forms. Will be better and more cost effective for us to have that kind of health insurance.

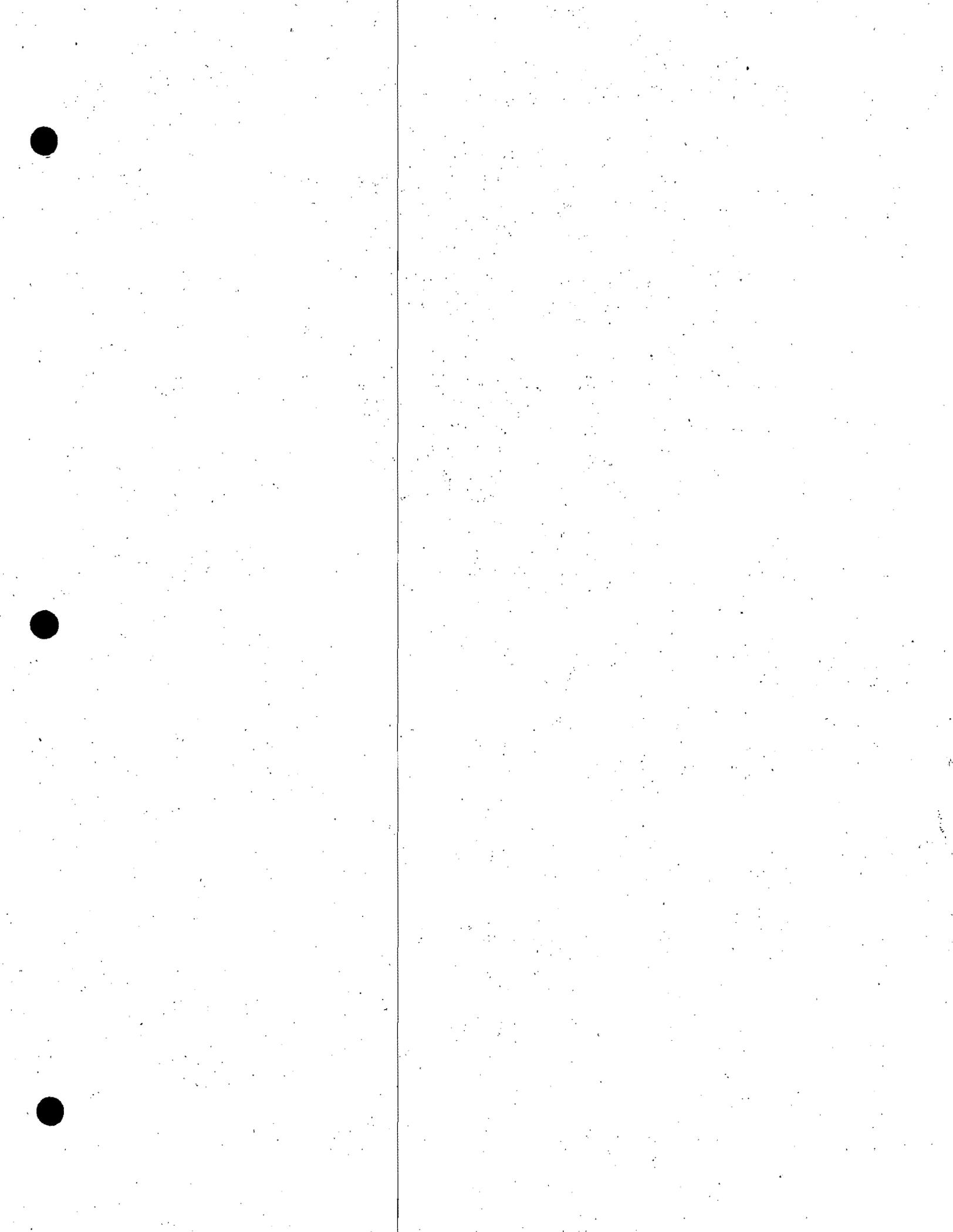
We also need to preserve and strengthen Medicare. We need to add to Medicare the two benefits that I hear people asking for all over the country. The number one out-of-pocket cost for older Americans are prescription drugs.

Yesterday when I was in South Dakota, I was talking to a bunch of folks in a small town called Lennox, and a man grabbed my hand. He said he and his wife lived on \$18,000 a year. He was retired, he had social security and he had a small pension. Last year, 1993, they paid over \$9,000 in prescription drug bills.

I was in a meeting at Steven's Point last night, and a woman told me her drug bills are \$4800 a year. That is not uncommon. I hear that everywhere I go.

And you know what happens because so many older Americans cannot afford the medication their doctors prescribe for them? They don't take it. Or they read that

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prescription, and it says: "take four pills a day for 10 days", and they say to themselves, "well, if I take one pill a day it will last for 40 days." It will last longer. So they don't take it right, and they end up back in the hospital.

Prescription drugs are not only the right thing to do for senior citizens, it is the smart thing to do economically. If we help them pay for prescription drugs, we will keep people out of hospitals and save money in the long run.

The other benefit we need to add to Medicare is long-term care. And long-term care modeled after Wisconsin, which means an option for home-based care and community-based care. I saw it in person, working.

I met with citizens at Steven's Point. I met with citizens in Milwaukee who are the recipients of the Wisconsin long-term care optioned program which, by the way, Sen. Feingold introduced and worked for when he was the State Senator instead of the United States Senator. And I listened to their stories, and what I heard over and over again was it is the right thing to do -- help people stay in their homes, but it saves money.

I sat this morning with a couple where the wife had had heart problems and then had a stroke. Her husband needed a little bit of help to keep her at home and take care of her. He couldn't find it at first. He had to put her in a nursing home. Her health began to deteriorate. He was upset and sick half the time. They finally got her in one of these community options programs.

They sat there holding hands, all three of us with tears in our eyes, while they talked about what it meant to be able to do that. But the point that the husband made was: not only was it the right thing, that he could take care of his wife, but it saved thousands and thousands of dollars.

When will we learn in this country to take care of people with respect and dignity, and save money, instead of warehousing them in nursing homes? And so all of us who are at this moment still under 65, we need comprehensive health care benefits that every American is entitled to, and those benefits should include primary and preventive health care.

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Because another problem with our insurance system is, they will not pay to prevent a problem, but they will pay for the hospitalization, and the surgery, and the chemotherapy. They won't pay for the well-child exam, but they'll pay when you take your child to the emergency room because that earache that you should have been able to get covered if you took him to the doctor has turned into a serious infection.

They won't pay in many instances for the mammogram or the pap smear, but they will pay for the surgery or the chemotherapy. We want a health care system that rewards responsible behavior and pays for primary and preventive health care, and the President's plan includes that as part of the benefits every American is entitled to.

Now some of you in this audience are employed by employers who pay all or a significant portion of your health care benefits. Others of you don't have quite as much of your benefits paid for, but you, too, have employer-based, employer-contributed health care.

Some of you are self-employed, and you're out there by yourselves trying to figure out how to insure yourself and your family, and we don't think it is fair that for those of you who are self-employed, you are discriminated against. And so the President's plan includes 100 percent tax deductibility for the health care benefits that a self-employed person has to pay for.

And for small businesses, we know that you are in the worst of all possible worlds. If you are among the majority of small businesses who do something about health care benefits for your employees, you are discriminated against more than any other part of the insurance market.

You pay more than the big businesses that are also in this country. You go into the insurance market even if you're in small groups or associations with two strikes against you, often paying 35 to 40 percent more than your larger neighbors.

What we are proposing is to level that playing field, to pool, to put into purchasing co-ops small businesses, farmers, ranchers, entrepreneurs, the self-employed, families, individuals, so that you could have the same bargaining power that government and big business does.

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Right now those of you in Wisconsin support health care for your state employees through your taxes. You support health care for federal employees, and spouses like myself, and Peter, and Russ. Your tax dollars pay for those plans.

And you know how both the state and the federal government operate? They operate, in effect, as a purchasing co-op. They pool all the dollars that your tax dollars are as the employer and the contribution of the employee. Then they go into the marketplace and they say to all the health care plans, if you want to give health care to state employees or federal employees you have to come, and you have to lay out what your options are.

And then it's not the employer's choice as to which health care plan to join, it is the individual's choice. So every state employee, every federal employee, every single year, has a period when he or she looks at all the health plans that the co-op, namely their employer, your government, have been able to secure for them, not government-run health care.

It's not the government which comes to the state employee, or to my husband and me, and says, we're going to run your health care. That's not how it works. It is the fact that we are in this big purchasing cooperative, so that as we get information, whether it's an insurance plan or a local doctor-hospital network, or whatever it is, we make the decision.

We take our dollars, the combined dollars from the government, our employer, and our own personal dollars, and we then buy the health plan we choose. And if we don't like it in a year, we switch and choose another one. It is that kind of choice that the President's plan guarantees for every American. What we want is to give to you the same choice that we have in Washington.

And what has happened, is, the insurance industry has tried to come in with this big advertising campaign of misinformation to say the President's plan wants to take your choice away. Well, I'll tell you what: the only choice they're worried about is the choice to keep denying you health insurance or charging you more than you should have to pay for insurance because the President's plan is not government run.

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And the President's plan guarantees choice to the person who should make the choice, not the employer, not the government, not the insurance company, but you, you and your family. And then what we hope will happen is that as literally millions of Americans, as we do now through the federal government, or as state employees do through the state government here in Wisconsin, millions of Americans will exercise their choice.

Some plans will get a lot of subscribers because they do a good job, and other plans will have to become more sensitive. They will have to figure out how to treat people better. They won't be able to keep you waiting in line or sitting in the waiting room, because they know that the next year if you're not satisfied you can go somewhere else.

And every area of the country will be guaranteed at least three plans, and most areas will have many, many more than that. Rural areas will be connected up with urban areas, because each state will decide what the plan area should be, and the rural and urban areas will all be pooled together.

And there will be incentives for doctors and nurses, and hospitals, to stay in rural areas. And farmers and ranchers, and small business people will have access to the same quality health care as people who are now being well insured in our current system. What we hope is that as this debate goes forward we will listen carefully to one another so that we can make the right decision.

Every time anybody has ever tried to do anything about health care, the same argument has been raised against change. Franklin Roosevelt tried. You know, he thought that health care security would follow on the heels of social security, but he couldn't get it done.

President Truman tried twice, in 1945 and 1947. He proposed health care reform legislation. And I've gone back and read some of his speeches and they make us all look mighty meek. I mean, he really laid it out there. He said exactly what he thought should be done, and he foresaw a lot of what our problems are today.

We finally got Medicare in the 1960s, but some of the very same people who are fighting against this reform today fought against Medicare. They called Medicare

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socialized medicine. They said that you would go to government bureaucrats for Medicare, instead of to doctors.

Well, I've talked to my mother a lot. I don't think she's ever seen a government bureaucrat for her condition. She goes to her doctor as everybody on Medicare does. So once again it was the big advertising campaign against change that was not successful because people overcame it.

Then President Nixon -- he came forward with a health care reform plan that is very much like what my husband has proposed. He said, let's build on what works. Let's build on the employer-employee based system and guarantee everybody is in it.

This is not a republican or democratic problem. When you're sick, when you're in the hospital, and your doctor comes to you and says this is what he thinks should be done, you don't say, "well, is that a conservative or a liberal, or a democratic or a republican proposal?" Is that medication ideologically (inaudible)?

We need to get the politics out of health care. We need to get the regulations and the paperwork out of health care. We need to give health care back to the people who should be involved in it: the doctors, and the nurses, and the hospitals, and the patients of America.

Now this is going to be a real struggle, because a lot of people have made a lot of money on the system just the way it is. There are hundreds of billions of dollars of fraud, of waste, of abuse, of duplication of unnecessary tests and procedures in this current system, and yet we don't even cover everybody.

And your premiums, your co-pays, and your deductibles keep going up, so we know we can do better. And the kind of plan the President has outlined lays out a system for preserving what works while we fix what is broken, and so it's going to be a challenge.

But you know, being here in Wisconsin, I can't help but think of two challenges that have been overcome in the last couple of months. I mean, I am from Illinois, and if anybody had said to me two or three years ago that you were going to have a Rose Bowl winning football team.

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But let me say this. If you liked what Donna Shalala did for the football team of the University of Wisconsin, she's going to be in charge of implementing the health care system. She's got a pretty good eye for talent.

The other, of course, is what happened just yesterday when Dan Jansen finally triumphed. I had the privilege of being in Norway last week, and I saw that first race, that terrible disappointment to Dan and his family, and to everybody in America who cares about him and has followed his career.

I went to see him after the race was over, because he said he wanted to meet me, and you know I told him that we were all proud of him, and I could tell that this was such a painful moment for him. But his character came through. You could tell by looking at him that, even without a medal, this was a champion in life because of the way he conducted himself and how he behaved under incredible pressure.

I also told him that I understood a little bit about being knocked down and getting back up, and keeping going and never giving up. And then, when he did win yesterday, I think all of us felt such a great sense of relief and gratitude that somebody who deserved to win really had put it together and done that.

I feel somewhat the same way about this health care reform struggle that we are in. You know, there aren't any gold medals at the end of it. But for over a year I have looked into the eyes of people like Bill and Jeannette, whom I met in Milwaukee today -- the husband taking care of his wife -- and I have listened to working men and women tell me the stories that affect their lives because they cannot afford health care.

I have talked with so many people in our country who every day get up and do the best they can, often against great odds. And I recognize that although this will be a challenge -- and members of congress like Peter and Russ are going to have to really struggle over this make sure we get it right.

If we do it this year, if we keep faith with ourselves and begin to free up the billions of dollars in our health care system to actually go to taking care of people instead of pushing paper, then we will not only have saved

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money, which is very important, we will also have saved lives. But maybe even beyond that, we will have saved faith with each other about the kind of people we are and the kind of country we have.

I feel so blessed that my family has been healthy. But I want to live in a country where every one of us will be guaranteed that our health care needs will be met if we need them, and where we can look at our neighbors, who are laboring under health care problems that came out of nowhere -- which there but for the grace of God go the rest of us -- and know that we live in a country that deserves a medal for taking care of people and showing compassion, for being the kind of America we ought to be.

Thank you all very much.

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